CBM – Christian Blind Mission e.V.

Potential Consortium Partner Organizational Profile

(Fast track Partner Assessment)

In preparation for the potential consortium partnership between CBM and your organization, CBM will conduct a Partner Identity and Background Review. This assessment is designed to ensure smooth and transparent collaboration, and avoid any unnecessary disruptions to the partnership, as part of CBM´s standard process in preparation for partnership and project cooperation.

This survey will be applied as an alternative approach to the regular CBM Partner Assessment process. This survey is meant specifically for consortium project applications where CBM is meant to have the partnership contract with the respective partner organisation at headquarter level and where initial transfer of funds is done from CBM headquarter to the respective headquarter office of the partner organisation.

The assessment ensures that CBM has a stronger understanding of your organization to maximize the prospects of a successful partnership.

*Approval: By completing the survey below, you agree to conducting the CBM´s partner assessment and review.*

# General information about the organization

|  |  |
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| **Name of organization**: |  |
| **Year established:** |  |
| **Director(s) / Member(s) of the Board**  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Contact for humanitarian programming.**  Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Phone: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Responsible Office address**: |  |
| **Your organization is registered in which country and under which national registration and/ or tax number?** | *Kindly provide a copy of a proof document of NGO status* |

# Finance Criteria / Certificates and Standards

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| --- | --- |
| **Fiscal year of latest audited annual statement of your organization** | *Kindly provide a soft copy of the latest audited statement* |
| **Is your organization in possession of a valid certificate from the following list?** *(Please state YES / NO and where possible also provide a soft copy of the respective document)* | |
| **German Federal Foreign Office (GFFO) Quality Profile** |  |
| **ECHO Humanitarian Partnership Certificate** |  |
| **Deutsches Zentralinstitut für Soziale Fragen (DZI) “Spendensiegel” (German NGOs only)** |  |
| **Core Humanitarian Standard on Quality and Accountability (CHS) Membership / CHS Self-Assessment conducted** |  |
| **US System for Award Management (SAM) registration and / or Unique Entity Identifier (UEI) Number** |  |
| **Comment on sanctions compliance (e.g., OFAC) with regard to the organization and board members/ CEOs of the organization** |  |
| **Others, including official relations with international bodies (*please specify)*** |  |

# Expertise and Experience on Disability Inclusive Programming

|  |  |
| --- | --- |
| **Does your organization have specific policies and/or guidelines on disability inclusion in place?** | *Kindly attach guidelines and other documents of relevance* |
| **Does your organization implement disability-sensitive projects and programs?** | *Kindly provide two or three examples on concrete activities related to* *disability-sensitive programming* |
| **What needs in terms of capacity building on disability inclusive programming do you see at HQ and/or operations level?** |  |

# Additional comments

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| *Space for any additional comments that might be relevant for the collaboration* |