Partner Profile Form

# Introduction

GOAL defines partnerships as where two or more parties have a compatible vision, shared values and agree to collaborate, with a commitment or resources, skills, and competencies, ultimately entering into a formal agreement to work together to achieve a common goal. For GOAL, partnership is about working together with entities; from co-creation to implementation; in a mutually beneficial relationship that maximises the value of the partnership’s combined resources, in order to achieve a more meaningful impact on the lives of the vulnerable communities it serves.

We believe that GOAL’s work is optimised when we work in partnership with vulnerable communities, local civil society partners, peers, governments, donors and both the public and private sectors.

GOAL completes a detailed due diligence process for all potential partner organisations. This comprehensive process enables GOAL to have a good knowledge of the partner organisation prior to a decision to sign a partnership funding agreement for on-granting funds. The review process also provides an opportunity for the partner to learn about GOAL and jointly identify any areas for organisational support that may be required.

Throughout the process a GOAL partner focal point will be appointed to facilitate the process, respond to partner questions, and introduce other GOAL staff involved in the process.

The process is in three stages (occasionally all three stages may be conducted concurrently):

1. **Partner profile screening** – this in an initial review for suitability for a potential partner to receive a grant from GOAL. Potential partners must pass this prior to proceeding with the next steps.
2. **Pre-award assessment** – this is a more detailed assessment on organisational systems and resources. This is used to determine the size of grant that may be awarded and the required compliance measures.
3. **Proposal review** – this review of proposed activities considers technical capacity for project delivery.

# Stage 1 - Guidance

This document is the partner profile form. Please complete the form as fully as you can and return it to GOAL. Where a question is not applicable, please write ‘n/a’ and do not just leave it blank so your response it clear. If you are not authorised or willing to respond to a question, please briefly explain why.

Ensure that you submit all requested supporting documents and clearly name any documents submitted. If you are not willing or authorised to share requested documents, please mark as no in section 12 and provide a brief explanation with your submission.

GOAL may follow-up and request further information or clarification on responses. Note that failure to respond to questions or share requests documents may prevent the partnership from proceeding.

If you have any questions or would like support to complete the form, please contact your partner focal point.

By sharing the following information, Partners understand that this information, which may include personal data, will be used by GOAL for the purpose of due diligence checks. The Partner understands that such information, including personal data may be shared with third parties and will be retained for the period of the partnership or as set out in GOALs Partnership Funding Agreements in the case an agreement is signed. The Partner is responsible to ensure due process prior to sharing any data.

## Partner Profile

|  |  |
| --- | --- |
| **SUMMARY** | |
| Organisation Name: |  |
| Country of proposed activities: |  |
| GOAL partnership office: |  |
| GOAL partner focal point – name: |  |
| Partner Focal Point – name: |  |
| Partner Focal Point – contact details: |  |
| What is the purpose of the proposed partnership? |  |
| What is the vision of the organisation? |  |
| What are the organisational core values? |  |

|  |  |  |
| --- | --- | --- |
| 1. **ORGANISATION DETAILS** | | |
| **1** | Full legal name of organisation |  |
| **2** | Name abbreviation (if applicable) |  |
| **3** | When was the organisation established? dd/mm/yyyy |  |
| **4** | Is the organisation an affiliate or part of an organisational network?  (If yes provide details) |  |
| **5** | Organisation’s website |  |
| **6** | Is the organisation legally registered in the country of proposed partnership activities? (Y/ N)  (if yes go to Q7, if no go to Q8) |  |
| **7** | **In-country registration:** | |
| **a** | Which government body is the organisation registered with? |  |
| **b** | Registration number |  |
| **c** | Registration dates |  |
| **d** | What type of entity is the organisation legally registered as? |  |
| **e** | Does the organisation submit annual returns e.g. tax, activity reporting or other as part of registration requirements? (Y/N)  If yes list the documents and last submission date. |  |
| **8** | If NO for Q6: What is operating status of the organisation? |  |
| **9** | Is the organisational headquarters in a different country (Y/N)  (if yes go to Q10, if no go to Q11) |  |
| **10** | **Organisational Headquarters in another country:** | |
| **a** | What country are the organisational headquarters in? |  |
| **b** | What type of organisation is it registered as? |  |
| **c** | Registration number |  |
| **d** | Briefly describe the relationship between the headquarters and country office. Especially in relation to legal liability and governing policy documents |  |
| **11** | Is the organisation legally registered in any other countries?  (if yes please list) |  |

|  |  |  |
| --- | --- | --- |
| **2. ORGANISATION CONTACT DETAILS** | | |
| **1** | Organisation’s authorised person for proposed partnership  (Authorised person is the person who is legally authorised to sign contracts on behalf of the organisation) |  |
| **2** | Designation of authorised person |  |
| **3** | Authorised person telephone number |  |
| **4** | Authorised person email address |  |
| **5** | Organisation’s registered address in the country of proposed partnership |  |
| **6** | Organisation’s telephone number |  |
| **7** | Organisation’s HQ address (International Organisations) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. GOVERNANCE** | | | | |
| **1** | What is the governance structure of the organisation?  (complete sections 2, 3 and/or 4 as appropriate) |  | | |
| **2** | If the organisation has a **country level** **board**: | | | |
| **a** | Is in an executive or non-executive board? |  | | |
| **b** | Number of board members | Total | Male | Female |
|  |  |  |
| **c** | What is the eligibility/qualification for membership? |  | | |
| Note – you must provide a full list of current board members. Detailing:   * Full legal name * Country of residence * Nationality * Date of Birth * Contact details * Position on the board * Membership of any other boards | | | | |
| **3** | If the organisation has a **global board or Headquarters board**: | | | |
| **a** | Is it an executive or non-executive board? |  | | |
| **b** | Number of board members | Total | Male | Female |
|  |  |  |
| **c** | What is the eligibility / qualification for membership? |  | | |
| Note – you must provide a full list of current board members. Detailing:   * Full legal name * Country of residence * Nationality * Date of Birth * Contact details * Position on the board * Membership of any other boards | | | | |
| **4** | If the organisation is governed by persons who are not constituted as a board: | | | |
| **a** | Number of governing persons | **Total** | **Male** | **Female** |
|  |  |  |
| **b** | Are they paid for their role? |  | | |
| **c** | Are they classed as organisational employees? |  | | |
| Note – you must provide a full list of current governing persons. Detailing:   * Full legal name * Country of residence * Nationality * Date of Birth * Contact details * Role | | | | |

|  |  |  |
| --- | --- | --- |
| **4. PARTNERING EXPERIENCE** | | |
| **1** | Have you worked in partnership with GOAL before?Yes / No (If yes, please state dates and country) |  |
| **2** | If yes, describe that partnership relationship i.e. consortia partner, budget, sectors, outcome |  |
| **3** | Have you been an on-grant sub recipient toother organisations in this country in the last 3 years? Yes / No (If yes, please list organisation name and dates) |  |
| **4** | If yes, please describe the work you carriedout |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. PROGRAMME EXPERIENCE** | | | | | | |
| **1** | Is the organisation currently active in the country of proposed partnership? | | YES  NO | | | |
| **a** | If yes list districts (or equivalent) | |  | | | |
| **b** | If no how do you propose to implement activities?  (proceed to Q4) | |  | | | |
| **2** | Is the organisation currently active in the proposed geographical area of the partnership activities? | | YES  NO | | | |
| **a** | If yes summarise presence and activities. | |  | | | |
| **3** | List the sectors in which the organisation has or is working in in-country (e.g. WASH, Sustainable livelihoods, Education, Primary health care, Adult literacy, Nutrition, etc.) and then within each identify the target group | | | | | |
|  | **Sector** | | **Target group** | | | |
|  | *e.g. WASH* | | *e.g. Internally displaced people* | | | |
|  |  | |  | | | |
|  |  | |  | | | |
| **4** | **Previous (completed) projects** in country of proposed partnership in the last 5 years (insert rows as required) | | | | | |
|  | **Project name** | **Donor** | | **Location** | **Project period** | **Budget** |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **5** | **Current projects** in the country of proposed partnership – detail all current project activities (insert rows as required) | | | | | |
|  | **Project name** | **Donor** | | **Location** | **Project period** | **Budget** |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **6** | List any clusters or other coordination forum the organisation participates in in-country? |  | | | | |
| **7** | If the organisation does not have any in-country experience detailed in section 4 and 5 please provide a summary of other relevant experience. |  | | | | |
| **8** | Is the organisation implementing activities in any bordering countries?  (if yes please list countries) |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. FINANCE** | | | |
| **1** | Is there a current written organisational financial policy? | YES  NO | |
| **2** | What accounting system is used? |  | |
| **3** | How many organisational bank accounts are there in-country? |  | |
| **4** | How many signatories for each account? |  | |
| **5** | What currencies does the organisation have bank accounts in, in-country? |  | |
| **6** | Name and account details of organisation’s bank account which will be used for transfer of fund from GOAL |  | |
| **7** | Does the organisation have an exchange rate policy?  If yes how is currency conversion applied? |  | |
| **8** | Previous two years country annual operating budget | Year 1 | Year 2 |
|  |  |
| **9** | Does the organisation prepare an annual consolidated, country budget (for internal use) that shows all operations, including central support costs |  | |
| **10** | Does the organisation have an internal audit function?  (if yes please summarise role, responsibility and staffing numbers in country) |  | |
| **11** | Has the organisation had an independent external audit for the last two financial years? (Y/N)  If Y – submit a copy of the audit report  If N – provide a copy of current bank statements for all organisational bank accounts. |  | |
| **12** | Has the organisation received an independent donor specific audit for activities in country in the last 3 years? |  | |
| **a** | If yes please list donor, audit period, funding value (insert rows as required) |  | |
| **13** | Does the organisation have a DUNS number for receiving US funding? (Y/N) |  | |
| **14** | Does the organisation have any donor specific certifications that are applicable in country e.g. EU certified partner, CERF rating, Start Network member? If yes please detail. |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7. HUMAN RESOURCES** | | | | |
| **1** | Is there a current legally compliant HR manual in place? | YES  NO | | |
| **2** | Number of national staff members in-country | Total | Male | Female |
|  |  |  |
| **3** | Number of international staff members in-country | Total | Male | Female |
|  |  |  |
| **4** | Is there a staff organigram? (Y/N) |  | | |
| **5** | Note – you must provide a full list of current management team for the in-country and global management team. Detailing:   * Full legal name * Country of residence * Nationality * Date of Birth * Position * Qualification | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. ASSET MANAGEMENT** | | | | |
| **1** | Is there a current written organisational asset management policy? | YES  NO | | |
| **2** | Is there a system of tracking and recording stock and assets; which is internally verified on an annual basis at minimum? |  | | |
| **3** | What is the stated value of organisational assets in-country as per the last financial report? |  | | |
| **4** | How many offices does the organisation currently have in-country? |  | | |
| **5** | What size of fleet does the organisation operate in country? |  | Number rented | Number owned |
| Vehicle |  |  |
| Generator |  |  |
| Motorcycle |  |  |
| Boat |  |  |
| **6** | Is there insurance for the following: |  | | |
| **a** | Fleet | YES  NO | | |
| **b** | Stock / Assets | YES  NO | | |
| **c** | Cash | YES  NO | | |

|  |  |  |
| --- | --- | --- |
| **9. PROCUREMENT** | | |
| **1** | Is there a current written organisational procurement policy? | YES  NO |
| **2** | Is there minimum segregation of duties in procurement (requestor - buyer – receiver - payer)? |  |
| **3** | Describe the procurement process (from request to receipt of goods including any thresholds for different procedures) |  |
| **4** | Describe the procurement procedure for purchase of pharmaceutical products and medical devices |  |
| **5** | Are there any exceptional procedures in place for emergency situations? If yes, please detail |  |

|  |  |  |
| --- | --- | --- |
| **10. RISK MANAGEMENT** | | |
| **1** | Is there a risk management policy in place?  Comments: | YES  NO |
|  |
| **2** | Is there a risk register? | YES  NO |
| **3** | Are the following policies (or equivalents) in place: | |
| **a** | Conflict of interest | YES  NO |
| **b** | Anti-Fraud | YES  NO |
| **c** | Code of conduct | YES  NO |
| **d** | Protection from Sexual exploitation and abuse | YES  NO |
| **e** | Child and Adult Safeguarding Policy | YES  NO |
| **f** | Child Protection Policy | YES  NO |
| **g** | Whistleblowing | YES  NO |
| **h** | Social Media and Online Messaging | YES  NO |
| **i** | IT user policy | YES  NO |
| **j** | Gender Equality | YES  NO |
| **k** | HIV in the workplace | YES  NO |
| **l** | Environmental Protection | YES  NO |
| **4** | If the answer to any of Q3 is NO please briefly describe how you meet these standards within the organisation. |  |
| **5** | Have staff been trained in safeguarding? (Y/N)  If Y, what type of training and how frequently? | YES  NO |
|  |
| **6** | Is there a complaints mechanism in place?  If Y, please attach a process diagram and provide a brief description  If N, please describe how complaints are managed | YES  NO |
|  |
| **7** | Have your staff undergone training in how to use the complaints mechanism? | YES  NO |
| **8** | What number of complaints are reported annually? |  |
| **9** | Is there a data protection policy in place? | YES  NO |
| **10** | Have staff been trained in data protection? | YES  NO |
| **11** | Is there an Anti-terrorist and sanctions check (ATSC) policy and procedure in place?  (if no proceed to Q12) | YES  NO |
| **a** | Is there a manual or automated procedure to complete ATSCs?  Please provide description of the process including:   * terrorist and sanctions lists screened, * frequency of screenings, * what individuals and entities are screened * thresholds around screening |  |
| **b** | If there is a manual procedure, please describe how you document that terrorist and sanctions checks are complete |  |
| **12** | If there is no ATSC policy what does your organisation do to ensure no funding/financing to organisations which are sanctioned or linked to terrorism? |  |
| **13** | Are there any on-going issues GOAL should be aware of that may be controversial or pose reputational risks to GOAL in partnering with the organisation? E.g. if the organisation has been subject to investigation or is barred by certain donors |  |

|  |  |  |
| --- | --- | --- |
| **11. SECURITY** | | |
| **1** | Is there a Health and safety policy in place? | YES  NO |
| **2** | Is there a full-time security staff member? | YES  NO |
| **3** | Is there an updated risk assessment for the proposed area of work?  If yes, please attach and highlight any concerns  If no, detail plans for a risk assessment | YES  NO |
|  |
| **4** | Is there an up-to-date security SOP for the proposed area of work? | YES  NO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **12. ACCOMPANYING PAPERWORK** | | | | |
| Please include copies of the following documents (or equivalents) for the current year or prior year if the current year is not available. The policy versions must be those that would be applicable for any activities implemented under the proposed partnership. For each listed document tick yes for attached, no if it exists but you have not attached it and n/a where you do not have the requested document. Make sure the document is clearly named. | | | | |
|  | | **YES** | **NO** | **N/A** |
| **1** | Copy of registration documents – original language |  |  |  |
| **2** | Copy of registration documents – translated |  |  |  |
| **3** | Board organigram |  |  |  |
| **4** | Staff organigram |  |  |  |
| **5** | Full list of board members (country board) – name, country of residence, nationality, date of birth, contacts, board position, membership of other boards |  |  |  |
| **6** | Full list of board members (global board) - name, country of residence, nationality, date of birth, contacts, board position, membership of other boards |  |  |  |
| **7** | Full list of governing persons – name, country of residence, nationality, date of birth, contacts, role |  |  |  |
| **8** | Full list of senior management staff[[1]](#footnote-2) – name, country of residence, nationality, date of birth, position, qualifications (global and country management teams) |  |  |  |
| **9** | Bank statement for account which will be used for proposed partnership |  |  |  |
| **10** | Human Resources Policy (as applicable for staff contracted in-country) |  |  |  |
| **11** | Financial Management Policy / Procedure |  |  |  |
| **12** | Procurement Policy/Procedure |  |  |  |
| **13** | Asset Management Policy/Procedures |  |  |  |
| **14** | Risk Management Policy |  |  |  |
| **15** | Conflict of Interest Policy |  |  |  |
| **16** | Anti-fraud Policy |  |  |  |
| **17** | Code of Conduct |  |  |  |
| **18** | Protection from Sexual Exploitation and Abuse Policy |  |  |  |
| **19** | Child and Adult Safeguarding Policy |  |  |  |
| **20** | Child Protection Policy |  |  |  |
| **21** | Whistleblowing Policy |  |  |  |
| **22** | Gender Equality Policy |  |  |  |
| **23** | HIV Workplace Policy |  |  |  |
| **24** | Environmental Protection Policy |  |  |  |
| **25** | Social Media and Online Messaging Policy |  |  |  |
| **26** | IT Acceptable Use Policy |  |  |  |
| **27** | Data Protection Policy |  |  |  |
| **28** | Anti-Terrorist Financing and Sanctions Checks Policy |  |  |  |
| **29** | Complaints and Response Mechanism Overview |  |  |  |
| **30** | Last two financial years financial statement |  |  |  |
| **31** | Last two financial years audit report |  |  |  |
| **32** | Current bank statement for all organisational bank accounts (if no audit reports) |  |  |  |
| **33** | Risk assessment for proposed project area |  |  |  |
|  | List any other supporting documents submitted: |  |  |  |

|  |  |
| --- | --- |
| **13. Completion details** | |
| Profile completed by (Name) |  |
| Designation |  |
| Date |  |
| Signature |  |

1. Principal officers of the organisation's governing body (including individuals with an ability or potential ability to divert funds or have influence over assistance). The principal officer and deputy principal officer of the organisation (executive director, deputy director, president, or vice president). The programme manager or chief of party for the program; and any other person with potential significant responsibilities for administration of GOAL funded activities or resources. [↑](#footnote-ref-2)