IOM Mission – (name)

IOM Call for Expression of Interest ID#: UA1-2021-3002.1

**Annex C Implementing Partners General Information Questionnaire**

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| Call for Interest ID number: |   |
| Full name of the Organization and abbreviation: |   |
| Address and e-mail of contact person: |   |
| Date of completion: |   |
| Existing partnership with IOM? |   |
| If yes, when did the cooperation with start? |   |
|  |  |
| **A. BACKGROUND AND GOVERNANCE**  |
| Is your organization legally registered in the country(ies) of implementation? If yes, please provide registration number/proof. If not, please explain.  |  |
| What is the status of the organization (e.g. IO/iNGO, NGO, etc)?  |   |
| Does the organization produce an annual audited financial statement that is publicly available? If not please explain.  |  |
| Does the organization`s management or ownership have any affiliation to IOM that would result in a conflict of interest?  |  |
| Who has influence over the organization? |   |
| When was the Organization founded? |  |
| When was the Organization last assessed by IOM or another UN entity?  |   |
| Date of last external evaluation and the name of the evaluator. Can the evaluation be shared with IOM? |   |
| **B. Organizational Structure**  |
| Is an updated organizational structure/chart and the CVs of key personnel attached to the application? |  |
| Where does the organization work in the country and what is its in-country structure and field presence? |   |
| How many staff members work in the country office/programme? |   |
| Are the all the main operational functions adequately staffed and resourced (finance, logistics, implementation, M&E)? |  |
| Does the organization have personnel guidelines? |  |
| Does the organization have personnel security procedures? |  |
| **C. EXTERNAL ENGAGEMENT AND INFLUENCE** |   |
| **Networks and coordination** |  |
| Is the organization involved in networking with other Civil Society Organizations, humanitarian organizations or networks? If yes, please provide details.  |  |
| Does the organization coordinate its work with other Civil Society Organizations (local, national, international)? If yes, please provide details. |  |
| How does the organization interact with beneficiaries and communities? |  |
| Does the organization coordinate with the government/authorities? |  |
| Does the organization engage in public or political processes (i.e. national and local government policy or budget discussions / decisions) |  |
| **Information and advocacy** |  |
| Does the organization produce information materials regularly? If yes, please describe. |  |
| Does the organization hold public events for fundraising or other purposes? If yes, please describe. |  |
| Does the organization work through the media? |  |
| Does the organization use advocacy as a foundation of its work? If yes, please describe. |  |
| Does the organization perform any lobbying activities? If yes, please describe. |  |
| **D. PROGRAMMATIC CAPACITY** |   |
| Does the organization have a stated mission and vision? Please provide the link if publicly available. |   |
| What are the target group(s)/ beneficiaries of the organization? |   |
| What is the geographical focus of the organization? |   |
| What is the programmatic focus of the organization? |   |
| Does the organization have a documented risk register and a risk management process? |  |
| **Does the organization:** |  |
| Uphold and abide by the humanitarian principles? |  |
| Support the provision of impartial assistance solely based on needs? |  |
| Operate independently without the imposition of a political agenda? |  |
| Uphold a do-no-harm approach? |  |
| Have a long-term plan/strategy in place? |  |
| Have a framework for Accountability to Affected Populations? |   |
| Have a Code of Conduct or other ethics policy? |  |
| Have policies and procedures to prevent sexual exploitation and abuse? |  |
| **E. FINANCIAL CAPACITY** |  |
| What donors are currently supporting the organization’s programmatic activities? |   |
| What is the current overall budget for the organization’s activities? |   |
| Has the organization faced any liquidity or solvency related challenges during the past three years? If yes, how was it resolved?  |   |
| **Accounting system** |  |
| Does the organization have detailed policies documenting its accounting standards, rules and procedures?  |  |
| Which accounting standards the organization follows (IPSAS; IFRS, national)?  |   |
| Which accounting software does the organization use and is it integrated with other functions (e.g. HR, procurement, etc.)?  |   |
| What is the document retention policy in relation to accounting and supporting documents? How does the organization ensure a safety of archives from theft, fire, flooding etc.? Were there any challenges faced in this respect during the last three years? |   |
| Are all costs booked in the organizations accounts in a timely manner? |   |
| Can the organization provide periodic financial reports at the project level? |   |
| **Financial control** |  |
| Does the organization have its own bank account registered in its own name? |   |
| Does the organization have established internal audit functions?  |   |
| Is there a regular requirement for external audit on the companies accounts and if yes, is it carried out in a timely manner? |   |
| Does the organization comply with the audit recommendations received? |   |
| What are the main characteristics of the internal control system in place? Were there any challenges faced in this respect during the last three years? |   |
| How does the organization ensure sufficient segregation of duties?  |   |
| Is there a system in place to avoid double reporting of expenses to donors? Des the organization have a project accounting solution in place to facilitate related controls?  |   |
| **Cost effectiveness** |  |
| Is the organization cost conscious? What principles are followed to minimize costs? |  |
| Are quotations or invoices collected before purchases are made? |  |
| **F. PROCUREMENT AND SUPPLY CHAIN CAPACITY** |  |
| Describe the logistical setup of the organization. |   |
| Does the organization have and follow counterterrorism policies requiring systematically vetting partners and suppliers against recognized lists of terrorists? |  |
| **Procurement** |  |
| Does the organization have clear procurement regulations? If yes, please share a copy.  |   |
| Was the organization's procurement policy reviewed and accepted by other organizations and/or donors? |   |
| Does the organization have a clear policy for segregation of duties and delegation of authority in the procurement process? |  |
| Does the organization have (and use) a procurement plan? |  |
| Does the organization uses ERP system to post procurement transactions? |  |
| **Asset and warehouse management** |  |
| Does the organization have an asset database? |  |
| Does the organization have established protocols for handing over, write-off, sales and disposals of assets? |   |
| Does the organization have procedures for managing stocks and warehouses? |   |

I, the undersigned, warrant that the information provided in this form is correct and, in the event of changes, details will be provided as soon as possible:

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Name/ Signature/ Date