Atlas Logistique / HI

NGO IDENTIFICATION FORM

Phase 1 – Call for Identification

Skills Transfer Process – Humanitarian H2H Logistics / Warehousing

Field	Information
Submission deadline	30 June 2026
Submission email address	m.ghamaizai@hi.org (copy: mo.houche@hi.org and e.thiery@hi.org)
Purpose of the form: This form is an initial expression of interest. It is not intended to provide a full assessment of the organisation's capacities and does not replace the in-depth diagnostic phase. The information provided will be used only by Atlas Logistique / HI to analyse the NGO's initial eligibility for a possible diagnostic phase.	
No commitment / no promise: Submission of this form does not constitute a promise of training, funding, partnership or operational transfer. Any possible next step will remain subject to the process stages, operational needs, programme arbitration, available funding and applicable checks.	
Expected response format: Where checkboxes are provided, please tick one answer only, unless otherwise specified. Free-text fields should be limited to the information necessary for identification and initial analysis.	

1. General information about the organisation

Information requested	NGO response
Full name of the organisation	
Acronym	
Year of creation	
Legal registration number, if available	
Head office / main office address	
Contact person for this application	
Position	
Email	
Phone / WhatsApp	

2. Minimum legal status

This section is used to verify basic administrative eligibility. More detailed documents may be requested during the diagnostic phase or before any possible partnership.

Question	Response
Is the organisation legally registered?	☐ Yes ☐ No
Is a valid registration certificate available?	☐ Yes ☐ No ☐ To be provided later
Can the organisation provide a short institutional presentation?	☐ Yes ☐ No

Question	Response
Does the organisation have a clearly identified management or coordination team?	☐ Yes ☐ No
Documents to attach at this stage, if available	Legal registration certificate; short organisational presentation; latest activity report or recent presentation document.

3. Humanitarian experience and operational presence

Question	Response
Main sectors of intervention	☐ Health ☐ Nutrition ☐ WASH ☐ Food security ☐ Protection ☐ Shelter/NFI ☐ Education ☐ Logistics ☐ Other: _____
Approximate number of years of humanitarian experience	☐ Less than 1 year ☐ 1 to 2 years ☐ 3 to 5 years ☐ More than 5 years
Has your organisation already been an operational partner of another humanitarian organisation?	☐ Yes ☐ No ☐ To be confirmed
If yes, type of collaboration already carried out	☐ National NGO ☐ International NGO ☐ United Nations agency ☐ Local authorities ☐ Community networks ☐ Other: _____
Current geographic areas of intervention	Please indicate the main provinces / districts / localities: _____
Does the organisation have field staff or regular access in these areas?	☐ Yes ☐ No ☐ To be confirmed
Recent emergency or humanitarian activities to report	☐ Yes ☐ No If yes, please briefly specify: _____

4. Basic logistics experience

This section is intended only to identify a relevant baseline of experience. Detailed analysis of logistics capacities will be conducted during the diagnostic phase, if applicable.

Question	Response
Has the organisation already managed logistics activities on behalf of others?	☐ Yes ☐ No
Has the organisation already managed storage or warehousing activities on behalf of others?	☐ Yes ☐ No
Has the organisation already managed transport activities on behalf of others?	☐ Yes ☐ No
Has the organisation already managed humanitarian distributions?	☐ Yes ☐ No
Does the organisation currently have logistics or operational staff?	☐ Yes ☐ No
Does the organisation have a storage space or potential access to a storage space?	☐ Yes ☐ No ☐ Potentially

Question	Response
If yes, briefly specify the type of space	☐ Warehouse ☐ Office with storage space ☐ Temporary space ☐ Potential access through a third party ☐ Other: _____
General location of the space	Province / district only: _____
Estimated capacity	☐ Low ☐ Medium ☐ High ☐ To be confirmed

5. Availability for a possible diagnostic or training phase

Question	Response
Would the organisation be available for diagnostic interviews?	☐ Yes ☐ No ☐ To be confirmed
Indicative availability period for interviews or visit	☐ August ☐ September ☐ October ☐ To be confirmed
Could the organisation mobilise staff for a training process if selected later?	☐ Yes ☐ No ☐ To be confirmed
Indicative number of people who could be mobilised for a long training cycle	☐ 1 person ☐ 2 people ☐ 3 people or more ☐ To be confirmed
Does the organisation's management support this process?	☐ Yes ☐ No ☐ To be confirmed

6. Motivation and strategic interest

Please answer briefly. These elements complement the initial analysis but do not replace the in-depth diagnostic phase.

Question	Response
Level of organisational interest in the process	☐ General information ☐ Confirmed interest ☐ Strong strategic interest
Why does your organisation wish to participate in this process?	Short answer: _____
What role could your organisation eventually play in strengthening the local logistics response?	Short answer: _____

7. Understanding of the process

Confirmation	Response
Submission of this form does not guarantee pre-selection for diagnostic.	☐ Yes
Pre-selection for diagnostic does not guarantee access to training.	☐ Yes
Possible participation in training does not guarantee funding or partnership.	☐ Yes
Any possible pilot partnership phase would be subject to the results of the process, operational needs, programme arbitration, available funding and a full due diligence.	☐ Yes
The information submitted may be verified during the diagnostic phase.	☐ Yes

Confirmation	Response
The detailed diagnostic results will remain confidential and will be shared individually with the organisation concerned.	☐ Yes
The organisation accepts that the information submitted may be used for an internal pre-selection analysis by Atlas Logistique / HI.	☐ Yes

8. Validation by the organisation

Item	Response
Name of the authorised representative	
Position	
Date	
Signature	
Organisation stamp, if applicable	