

Local Partner Registration Form

Section 1: Basic Information

Field	Details
Organization Name (Arabic)	
Organization Name (English)	
Acronym	
Year of Establishment	
Official Registration Number	
Issuing Authority	
Full Address (Headquarters)	
Governorate	
City	
Neighbourhood	
Phone	
Email	
Website (if any)	
Official Facebook Page	

Section 2: Legal Information

Field	Details
Legal Form	☐ Association ☐ Foundation ☐ NGO ☐ Other (Specify):
Is the organization registered in Syria?	☐ Yes ☐ No
Does the organization have an office in the target area?	☐ Yes ☐ No
If Yes, please state the address	

Section 3: Contact Information of Officials

Position	Full Name	Email	Phone
Chairperson of the Board			
Executive Director			
Focal Point for IDO Coordination			
Finance Officer			

Section 4: Previous Experience

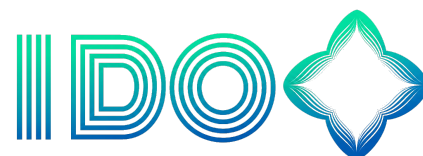
Field	Details
Years of Experience in Community Work	
Main Areas of Work	☐ Social Cohesion ☐ Youth Empowerment ☐ Women's Empowerment ☐ Conflict Resolution ☐ Psychosocial Support ☐ Education ☐ Health ☐ Other (Specify):
Number of Permanent Staff	
Number of Volunteers	
Current Target Areas	

Previous Projects (Last Two Years):

Project Title	Donor	Duration	Budget	Target Area	Number of Beneficiaries

Section 5: Financial and Administrative Capacity

Field	Details
Does the organization have an electronic accounting system?	☐ Yes ☐ No
Does the organization have a financial record-keeping system?	☐ Yes ☐ No
Does the organization have a written procurement policy?	☐ Yes ☐ No



Does the organization have a bank account in its name?	☐ Yes ☐ No
Bank Name	
Account Number	
Has the organization worked with international donors before?	☐ Yes ☐ No
If Yes, please list the donors	

Section 6: Commitments

Field	Details
Does the organization commit to neutrality and impartiality?	☐ Yes ☐ No
Does the organization commit to PSEAH policies?	☐ Yes ☐ No
Does the organization have a Child Safeguarding Policy?	☐ Yes ☐ No
Does the organization have an Anti-Discrimination Policy?	☐ Yes ☐ No
Does the organization have a Code of Conduct?	☐ Yes ☐ No

Section 7: Signature and Declaration

I, the undersigned, declare that all information provided in this form is true and complete, and I agree that the International Development Organization (IDO) may verify this information. I understand that providing false information may lead to the disqualification of the organization's application.

Field	Details
Full Name of Signatory	
Position	
Signature	
Date	

Organization Official Stamp (if available):

Note: Please attach all required supporting documents with this form.

For Inquiries:

✉ alnijers@ido-de.org