**PARTNER BIO-DATA**

**International NGO**

**Local NGO**

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| **Name of the Organization:** | |  | | | | | | | | |
| **Name/Title of the duly authorized Representative of the Organization:** | | |  | | | | | | | |
| **Contact Information :** | |  | | | | | | | | |
| **Phone:** |  | | **Mobile:** | |  | **E-mail** |  | | | |
| **Address:** |  | | | | | | | | |
| **Details of Contact Person:**  **(if other than the representative specified above)** | |  | | | | | | | | |
| 1. **Registration** | | | | | | | | | | |
| Legally registered in Ukraine (please attach registration certification) | | | | | | | | | **Yes  No** | |
| if No, Applied for Registration to Government of Ukraine on: (please attach registration request) | | | | | | | | | dd-mm-yyyy | |
| For International NGO Only: Legally registered in their country of origin | | | | | | | | | **Yes  No** | |
| 1. **Financial Management System** | | | | | | | | | | |
| Have the authority to operate bank account in Ukraine | | | | | | | | | **Yes  No** | |
| Agree to maintain a separate bank account for the UNHCR funding | | | | | | | | | **Yes  No** | |
| Have a waiver from UNHCR to use pool account (for International NGOs Only) | | | | | | | | | **Yes  No** | |
| Agree that any additional costs incurred due to pool account not to be charged to UNHCR | | | | | | | | | **Yes  No** | |
| Accounting System: | | **Accounting Software  Maintained in Excel  Manual/Paper based** | | | | | | | | |
| Have an accounting system that allows for the proper recording/tracking of financial transactions related to UNHCR projects, including allocation of expenditures in accordance with the requirement of the partnership agreement | | | | | | | | | **Yes  No** | |
| Cost allocations to the various funding sources made accurately and in accordance with established agreements | | | | | | | | | **Yes  No** | |
| Accounting department have appropriate staff (adequately qualified and experienced) | | | | | | | | | **Yes  No** | |
| Number of finance related staff: | | **1  2  3  4  5  6  more than 6** | | | | | | | | |
| Average years of professional experience of the finance staff: | | **1 year  2 years  3 years  4 years  5 years  6 years  more** | | | | | | | | |
| Following functional responsibilities performed by different units or persons:  (a) authorization to execute a transaction (delegation of authority plan);  (b) recording of the transaction; and  (c) custody of assets involved in transactions | | | | | | | | | **Yes  No**  **Yes  No**  **Yes  No** | |
| Have the organization’s accounts been audited in the past two years?  If yes, please share the Management Letters and audit reports | | | | | | | | | **Yes  No** | |
| If yes, please list the year(s) of audit | | **2016  2017  2018** | | | | | | | | |
| 1. **Procurement Capacity** | | | | | | | | | | |
| Is there a functioning procurement unit? | | | | | | | | | **Yes  No** | |
| Do you have procurement policy/manual? If yes, please share | | | | | | | | | **Yes  No** | |
| Do you have UNHCR Pre-Qualification for Procurement (PQP) | | | | | | | | | **Yes  No** | |
| Number of International procurement Staff (if any): | | **1  2  3  4  5  6  more than 6** | | | | | | | | |
| Number of National procurement Staff: | | **1  2  3  4  5  6  more than 6** | | | | | | | | |
| Average years of professional experience of the procurement staff: | | **1 year  2 years  3 years  4 years  5 years  6 years  more** | | | | | | | | |
| Does the organization have a demonstrated experience in undertaking procurement over the past three years? | | | | | | | | | **Yes  No** | |
| Procurement type | | **Goods  Services  Construction works** | | | | | | | | |
| Specify the year and value in US$ | | **2016**  **Below $500 K  Above $500 K  Above $1 million**  **2017**  **Below $500 K  Above $500 K  Above $1 million**  **2018**  **Below $500 K  Above $500 K  Above $1 million** | | | | | | | | |
| Relevant projects requiring procurement implemented with: | | **UNHCR**  **Other UN agencies**  **Other agencies** | | | | | | | | |
| Please provide specific examples: | |  | | | | | | | | |
| 1. **Experience working with UN/ UNHCR/ Other Donors** | | | | | | | | | | |
| Currently have Project Partnership Agreement with UNHCR Ukraine (in 2019) | | | | | | | | | **Yes  No** | |
| Have held partnership agreements with UNHCR previously ( **2016  2017  2018**) | | | | | | | | | **Yes  No** | |
| Have worked with UNHCR in other operations: (for International NGOs Only) | | | | | | | | | **Yes  No** | |
| If yes, specify any major operations (up to 5): | |  | | | | | | | | |
| Partnerships with other UN agencies in Ukraine | | | | | | | | | **Yes  No** | |
| If yes, please list the agency and the year of partnership: | | **UNICEF  WHO  WFP  UNFPA  UNDP  FAO  Other** | | | | | | | | |
|  | | **2016  2017  2018  2019** | | | | | | | | |
| If yes, main areas of intervention: | | ☐ Education ☐ Distribution of relief items ☐ Health Care ☐ Shelter ☐ Persons  with Disabilities ☐ Elderly Persons ☐ Psychosocial Support ☐ Community  Mobilization/ Development ☐ Livelihoods ☐ Legal Aid ☐ SGBV ☐ Child  Protection ☐ Water ☐ Sanitation | | | | | | | | |
| Any Other (specify): | |  | | | | | | |
| Registered in the UN Partner Portal | | | | | | | | **Yes  No** | | |
| Participated in the Ukraine Humanitarian Response Plan (HRP) | | | | | | | | **Yes  No** | | |

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| --- | --- |
| Signature: |  |
| Name/title of the duly authorized Representative of the Organization: |  |
| Date: |  |