

Checklist for Selection

Date: Checked by:

Organisation Details

Name of organisation

Province

Please make a tick in the appropriate block.

	Yes	No	Comments
Address			
Telephone			
Fax			
E-mail			
Contact person			
Banking details			
Auditors			
Other funders			

Project Outline (as contained in the proposal)

	Yes	No	Comments
Project name			
Description of organisation			
Goal			
Objectives			
Activities			
Evaluation plan			
Budget (including the requested amount)			
Implementation plan/time frame			

Project Capacity (reviewer's analysis)

Attended all training sessions	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	Yes	No	Comments
Links to organisational developmental issues			
Organisational capacity			
Constraints			
Partnerships			

Which area does this proposal fall into?

- Prevention/promotion programmes
- Home-based care programmes
- Human rights initiatives
- Sexuality and life skills courses
- Targeted intervention (e.g. VCT)

Target group:

Checklist for Selection

Additional Comments:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Final Recommendation:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Signature:

Date: