

Appendix 1 Partner Agreement

Partner Organisation (PO) details

Name and address of Partner Organisation

Name partner Organization

Mailing address

P.O. Box

Code

City

Visiting address

House/Building/Street name

City

Phone Number(s)

Email Address

Fax

Organisation specifics

Is your organisation part of a larger national organisation? If yes, please specify name and location of the head office in Kenya

Yes No

Is your organisation part of a larger international organisation? If yes, please specify name, location and country of the international head office

Yes No

Type of organisation

Hospital / Medical Centre

Limited Company

Women's Group

Other

Educational

Vocational Training Centre

Youth Group

If other, please specify

Specialisation of your organisation

Health

Awareness creation

Social work

Water project

EducationInstitution

Sports

Community based Rehabilitation

Other

If other, please specify

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Partner Organisation Details

Target group of your organization: please specify what type of programs your organisation specialises in

Please add a short description of the activities of your organisation

Head Representative of the Partner Organisation (this cannot be the same person as the project supervisor)

Title	
First name(s)	
Last name	
Phone	
Email	

Signature Head Representative of the Partner Organisation

Date

Financial Representative of the Partner Organisation

Title	
First name(s)	
Last name	
Phone	
Email	

Signature of the Financial Representative of the Partner Organisation

Date