**Rights of Migrants in Action**

**Applicant Organisational self-assessment grid**

**Country :**

Please fill in this questionnaire and attach it to the concept note. Information given in this questionnaire will be treated with confidentially. Any false, misleading or incomplete information will lead to the exclusion from the call for proposals. Please attach all other documents requested in the questionnaire.

1. Full Official Name of the applicant / [*Acronym*]:

Head office at [*Full Official Address*]:

Country:

Website:

Contact Person (s) [Full name]:

Telephone: FAX:

E-mail:

2. What type of entity/entities does the applicant belong to?**[[1]](#footnote-1)**

Non-Governmental Organisation  migrants associations workers associations

employers’ associations  private sector  academia

Other, *please specify*

3. Does the organisation have a registered statute?

Y  N

*If so please provide a copy of the*: number of registration, copy of the statutes etc.

4. Does the organisation prepare financial statements which are externally audited?

*Please check* Y  N

*If so please provide a copy of the last set of audited financial statements, including Auditors’ opinion. If not, please provide copies of any financial statements available for the last financial year.*

Please provide details of total income and expenditure for the last 2 financial years:

Last financial year ended: /\_\_/000Currency \_CHF\_\_\_ Income \_\_\_\_ Expenditure \_\_\_\_

Previous financial year ended:\_\_/000/\_\_Currency CHF Income \_\_\_\_ Expenditure \_\_\_\_\_

5. Is the organisation’s mandate exclusively dedicated to work with migrant population assistance to migrants?

*Please Check* Y  N

*If not please specify:*

*6.* Is the organisation able to provide 10% of the submitted budget( in cash, kind etc.)

*Please Check* Y  N

7. Has the organisation established rules and procedures to guarantee impartiality, while

providing assistance, without discrimination regarding race, religion, nationality, political

opinion (…)?

*Please check*Y N

*If so please specify* **:**

8. Has the organisation established rules and procedures to guarantee neutrality in controversial situations and independence from any military, political, religious or ideological influence?

*Please check* Y  N

*If no please specify*

9. Is your organisation implementing activities in line with the following Fundamental Principles of the International Red Cross and Red Crescent Movement:

*Humanity, Impartiality, Neutrality, Independence,*

*Please check* Y  N

*If so please specify* **:**

10. Do you guarantee that no public allegations or legal proceedings are or have been made against your organisation which may call into question the integrity of the organisation’s activities ?

*Please check* Y  N

*If not please specify:*

**11.** Do you guarantee that your organisation respects human rights, labour rights and the protection of rights of migrants ( e.g. domestic labour and trafficking)?

*Please check*Y  N

*If not please specify:*

**12. .** Do you guarantee that your organisation respects the local/national laws and regulations of the countries where it operates?

*Please check*Y  N

If not please specify:

Full official name of the organisation, [acronym]

I, [name, forename, function] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify in my capacity of legal representative of the organisation and in its behalf that all information provided on this application is true and complete and that any false, misleading or incomplete statements made by me are grounds for denial or revocation of services by the Federation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONLY FOR INDIPENDNT EVALUATION COMMITTEE**

Applicants that has responded with **NO** under point **3, 6, 9, 10, 11 and 12** fall into **risk category** and are **automatically disqualified from a competition** for grants under this call for proposals and their submitted concept note will be not evaluated by the Independent Evaluation Committee

Please mark the column by inserting **X**

|  |  |
| --- | --- |
|  | A potential risk has not been identified and we believe the partnership **should proceed** |
|  | A potential risk has been identified but we believe the partnership **should be approved** |
|  | **A potential risk has been identified** and we believe the partnership **should not be approved** |

|  |  |
| --- | --- |
| **A. Independent Evaluation Committee** | |
| Name/title/department/email and phone:   1. Focal point 2. EU Delegation 3. Academia | 1.  2.  3. |
| 11Date assessment conducted: |  |

**. Recommendation ( mark the Coolum by inserting X ):**

1. [↑](#footnote-ref-1)