**Potential Partner Inquiry Form - EAC**

Please fill out this form and send it to: [eacpartners@eaa.org.qa](mailto:eacpartners@eaa.org.qa)

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| **Note: EAC only supports the enrollment and retention of OOSC and/or retention of children At-Risk of dropping out of primary education. EAC does not have the mandate to support Early Childhood Education, secondary, higher education or TVET programmes.**  **EAC requires its partners to enroll at least 10,000 OOSC per project year or to support at least 5,000 children at risk of dropping out of primary education.** | | |
| **Organization Contact Information** | | |
| Name of Organization: [ ]  Organization Email Address: [ ]  Organization Address: [ ]  Organization Phone Number: [ ]  Organization Website: [ ] | | |
| **Type of Organization** *(select all applicable)* | | |
| National/Local NGO  INGO  Multilateral Organization  Bi-lateral Aid Organization | | Foundation  Community Based Organization  Faith Based Organization  Other (Specify) [ ] |
| Which EAC initiative(s) area are you interested in?  Out-of-School Children (OOSC) Number of targeted children [ ]  Children At Risk of dropping out of school Number of targeted children [ ]  Targeted country(ies) for this project [ ] | | |
| **We wish to know a little more about your organization’s experience. Kindly answer the following questions with a brief statement noting that each section has a word limit.** | | |
| **Background Experience** | | |
| Cite your experience in enrolling Out of School Children (OOSC) at the primary level and/or experience in implementing primary educational activities in support of OOSC? | | |
| {Maximum 80 words} | | |
| Cite your experience in supporting children who are at risk of dropping out of primary education (only if applying for the at-risk initiative). | | |
| {Maximum 80 words} | | |
| List OOSC/At Risk projects that you have implemented previously in similar contexts and the total number of children supported. | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Project | | Country | Year | Number of OOSC Enrolled/ At-Risk Retained | |  | |  |  |  | |  | |  |  |  | |  | |  |  |  | |  |  | | | | | | |
| **Partnership Contribution** | | |
| EAC works in partnership with organizations willing to contribute at least 50% of the project budget.  What is your overall budget for the planned project (including EAC contribution)? US$ [ ]  What proportion of the budget for the planned project can your organization mobilise towards the project? US$ [ ] | | |
| **Focal Point(s) Contact Information** *(2 persons max.)* | | |
| Full Name [ ]  Position/Title [ ]  Email Address [ ]  Phone Number [ ] | Full Name [ ]  Position/Title [ ]  Email Address [ ]  Phone Number [ ] | |
| **Comment:** | | |

Comment box.