**Potential Partner Inquiry Form - EAC**

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

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| **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 * Multilateral Bank | * Bi-lateral Aid Organization * Foundation * Individual * Other (Specify) [ ] |
| Which EAC Programme focus area are you interested?   * Out-of-School Children (OOSC) * Children At Risk of dropping out of school | |
| **Background Experience** | |
| Does your organization have experience enrolling out of school children (OOSC) at the primary level and/or experience in implementing primary educational activities in support of OOSC? | |
| Yes  No | |
| Does your organization have experience in implementing primary level educational activities in support of children who are at high risk and the most at risk of dropping out of primary school? | |
| Yes  No | |
| Does your organization have a track record of providing educational programmes to OOSC who face barriers to education? | |
| Yes  No | |
| **Partnership Contribution** | |
| Does your organization have the willingness and demonstrable ability to provide at least 50% match funding? (EAC works to maintain cost effectiveness, thereby maintaining an EAC investment of no more than $125 per child for the duration the project) | |
| Yes  No | |
| Does your organization have a demonstrated ability to reach OOSC on a large scale? (EAC requires its partners to enroll at least 10,000 OOSC per year of a programme OR to support at least 5,000 children at risk of dropping out). | |
| Yes  No | |
| Does your organization have a demonstrated success in advocating for education? | |
| Yes  No | |
| Does your organization have a demonstrated understanding of and practiced alignment with national education action plans (where they exist) in support of OOSC? | |
| Yes  No | |
| Does your organization have plans to ensure impact will continue beyond the life of the project? | |
| Yes  No | |
| **\* Please note: EAC does not have the mandate to support early childhood development. It only supports activities directly tied to the enrolment and retention of OOSC targets at the primary level.** | |
| **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/Questions:** | |

Comment box.