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P. O. Box MP 1311
MT PLEASANT
HARARE
ZIMBABWE

98/100 Central Avenue
Harare
ZIMBABWE

Telefax Number: 263 4 791243

E-mail: secretariat@nac.co.zw

Organisation Details Form

(To be completed once and submitted to the local DAC Office)

ORGANISATION DETAILS

***Required fields**

*Name Of Organisation:		Acronym
*Organisation Type	Please Select One Option: <input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Parastatal Organisation <input type="checkbox"/> Faith Based Organisations <input type="checkbox"/> Community Based Organisations <input type="checkbox"/> Private Sector <input type="checkbox"/> Local Authority <input type="checkbox"/> Academic <input type="checkbox"/> Networking <input type="checkbox"/> UN Agency <input type="checkbox"/> Other: Specify: _____	
*Implementation Level	Please Select One Option: <input type="checkbox"/> National <input type="checkbox"/> Provincial <input type="checkbox"/> District <input type="checkbox"/> Ward <input type="checkbox"/> Community/Village	
Physical Address (Not Box Number)		
Telephone Number	Area Code	
	Telephone Number	
Fax Number	Area Code	
	Fax Number	
*Area of Operation	Province	
	District	
Email Address		
Website Address (URL)	http://	
*Major Activities (Should encompass everything the organisation does)		



Organisation ID:
_____/_____/_____

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National AIDS Council

Programme Details Form
(Strategic / Programme Area Framework)

Strategic Area	Programme Areas	Please tick relevant areas covered.
Prevention	Prevention Of Mother To Child Transmission (PMTCT)	<input type="checkbox"/>
	Voluntary Counseling & Testing (VCT)	<input type="checkbox"/>
	Behavior Change Communication (BCC)	<input type="checkbox"/>
	Youth- in School (YIS)	<input type="checkbox"/>
	Youth- out of School (YOS)	<input type="checkbox"/>
	Youth in Tertiary Institutions (YTI)	<input type="checkbox"/>
	Sexually Transmitted Infections (STI)	<input type="checkbox"/>
	Male Circumcision	<input type="checkbox"/>
	Condom Promotion & Distribution (CP)	<input type="checkbox"/>
	Blood Safety (BS)	<input type="checkbox"/>
	Gender/Women and Girls on HIV/AIDS (G/WGHA)	<input type="checkbox"/>
	Workplace	<input type="checkbox"/>
	High Risk Groups (HRG)	<input type="checkbox"/>
	Infection Control (Nosocomial) (IC)	<input type="checkbox"/>
Injected Drug Users (IDU)	<input type="checkbox"/>	
Mitigation & Support	Orphans and Vulnerable Children (OVC)	<input type="checkbox"/>
	Income Generation (IG)	<input type="checkbox"/>
	People Living With HIV/AIDS (PLWHA)	<input type="checkbox"/>
	Nutrition (NUT)	<input type="checkbox"/>
	MIPA	<input type="checkbox"/>
Care For Infected	Tuberculosis (TB)	<input type="checkbox"/>
	Opportunistic Infections (OI)	<input type="checkbox"/>
	Antiretroviral Therapy (ART)	<input type="checkbox"/>
	General Home-Based Care or Palliative Care (HBC)	<input type="checkbox"/>
Advocacy	Advocacy (A)	<input type="checkbox"/>
Capacity Building and Infrastructure	Core Training Staff (CB)	<input type="checkbox"/>
Research	Research	<input type="checkbox"/>



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Programme Area Details Form

***All fields required**

Programme Area:			
Funding Organisation			
Funded Amount		NACZ Grant Code	
Programme Status		Please select one only:	
		<input type="checkbox"/> Planned	
		<input type="checkbox"/> Current	
		<input type="checkbox"/> Completed	
Programme Area Contact Person:	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms/Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Rev <input type="checkbox"/> Other	
	First Name		
	Surname		
	Telephone/ Cellphone		
	Email Address		
Target Population		<i>(Tick as apply)</i>	
		<input type="checkbox"/> General Population	
		<input type="checkbox"/> Women	
		<input type="checkbox"/> Men	
		<input type="checkbox"/> Youth	
		<input type="checkbox"/> Children	
		<input type="checkbox"/> Elderly	
		<input type="checkbox"/> Handicapped	
		<input type="checkbox"/> Other (Specify) _____	
Geographic Type		<input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Growth Point <input type="checkbox"/> Trans-Border <input type="checkbox"/> Farming <input type="checkbox"/> Mining <input type="checkbox"/> Other (Specify) _____	
Coverage Area	Province		
	District		
	Ward		