

AgroRef Uganda – Partner Information & Expression of Interest (EOI) Form

Thank you for your interest in partnering with **AgroRef Uganda**.

This form is designed to help us understand your organization, partnership interests, and potential areas of collaboration. Kindly complete all relevant sections as accurately as possible.

SECTION 1: ORGANISATION DETAILS

1. **Full Legal Name of Organisation:**

2. **Type of Organisation:**

- NGO
- CBO
- Private Company
- Government Agency
- Academic/Research Institution
- Donor/Funding Agency
- Cooperative/Producer Organisation
- Other (please specify): _____

3. **Country of Registration:**

4. **Year of Establishment:**

5. **Registration Number:**

6. **Physical Address:**

7. **Postal Address:**

8. **Website:**

9. **Social Media Handles (if applicable):**

SECTION 2: CONTACT PERSON DETAILS

1. **Name of Primary Contact Person:**

2. **Title/Position:**

3. **Email Address:**

4. **Phone Number (with country code):**

5. **Alternative Contact (optional):**

SECTION 3: ORGANISATIONAL PROFILE

1. **Mission Statement:**

2. **Core Areas of Operation (tick all that apply):**

- Sustainable Agriculture
- Climate-Smart Agriculture
- Research & Innovation
- Farmer Training & Extension
- Agribusiness Development
- Market Linkages
- Agroecology
- Environmental Conservation
- Policy & Advocacy
- Digital Agriculture
- Youth & Women Empowerment
- Other (please specify): _____

3. **Geographical Areas of Operation (Districts/Regions/Countries):**

4. **Target Beneficiaries:**

- Smallholder Farmers
- Youth
- Women
- Farmer Groups/Cooperatives
- SMEs
- Government Institutions
- Other: _____

SECTION 4: PROPOSED AREA OF PARTNERSHIP WITH AGROREF UGANDA

1. **Type of Partnership Sought:**

- Technical Collaboration
- Project Implementation
- Funding/Grant Support
- Research Partnership
- Training & Capacity Building
- Product/Service Distribution
- Investment
- Other: _____

2. **Brief Description of Proposed Collaboration:**

3. **Expected Outcomes of the Partnership:**

SECTION 6: SAFEGUARDING, COMPLIANCE & POLICIES

Please confirm if your organization has the following:

- Child Protection Policy
- Environmental Policy
- Anti-Corruption Policy
- Gender Equality Policy

A Sexual Harassment, Exploitation, and Abuse (SHEA) policy

SECTION 8: DECLARATION

I certify that the information provided in this form is true and accurate to the best of my knowledge.

Name: _____

Title: _____

Signature: _____

Date: _____