# CSCCC Partnership Form for Institutions.

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| Legal name of the applicant organization/Institution. | | |  | | | |
| Type of institution | | | Select from drop down menu: *(* ***Please click on Choose an Item and select an option)***  Choose an item.  Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Year of Establishment | | |  | | | |
| Registration Act(If Applicable) | | | Select from drop down menu: *(* ***Please click on Choose an Item and select an option)***  Choose an item.  Other/Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Certification or Registration with national or international networks | | | Mark the appropriate options:   * PCP * UNFCCC * CAN * CANSA * GEF CSO network * PHF   Others (Please specify): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Size of organization  *(# of Employees)* | | |  | | | |
| Sector(s) that the organization operates in | | | Choose an item.  **Others (Please specify)** | | • Sectors may include, for example, energy, agriculture, transportation, etc. | |
| Registered Address | | |  | | | |
| Official Website | | |  | | | |
| E-mail | | |  | | | |
| Primary Focal Person | Name | |  | | |  |
| Designation | |  | | |
| Email | |  | | |
| Telephone | |  | | |
| Secondary Focal Person | First Name | |  | | |  |
| Designation | |  | | |
| Email | |  | | |
| Telephone | |  | | |
|  | | | | | | |
| Type(s) of projects/programs undertaken by your organization | | | Mark the appropriate options:  **Mitigation:**  ⎕ Energy generation and access  ⎕ Energy efficiency  ⎕ Transport  ⎕ Buildings, cities, industries &appliances  ⎕ Land use/forestry (REDD+)  ⎕ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Adaptation:**  ⎕ Enhancing livelihoods  ⎕ Health and well-being and food and water security  ⎕ Infrastructure and built environment  ⎕ Ecosystem and ecosystem services  ⎕ Institutional and regulatory systems  ⎕ Climate information/early warning systems  ⎕ Awareness strengthening and climate risk reduction  ⎕ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Districts in which you are working  (Please share a soft copy of your latest annual reports for projects details with membership application) | | | | | | |
| KPK | |  | | | | |
| Punjab | |  | | | | |
| Sindh | |  | | | | |
| Baluchistan | |  | | | | |
| AJK | |  | | | | |
| FATA | |  | | | | |
| GB | |  | | | | |
| Please list down your previous and current funding institutions | | **Previous** | | **Current** | | |
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| 1. **Please state your organization’s vision, mission and objectives?** |
| 1. **Please identify core areas of interests /expertise?** |

***Membership Application Requirements:***

* For information regarding CSOs categories please visit ([www.csccc.org.pk/membership](http://www.csccc.org.pk/membership)).
* CSOs will provide the following documents along the application form
* Last year financial budget report
* Covering letter sign by the head of the organization.
* Registration Certificate with Government Authorities.
* **The International non-governmental organizations (INGOs)** will provide following documents along the application form.
* Registration Certificate with Ministry of Interior (MOI) Pakistan.

• Covering letter sign by the head of the organization.

* **Private Sector:**
* Registered/certified by Chamber of Commerce
* **Media Companies:**
* Registered/certified by PEMRA/APNS/APP etc.

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| CSCCC MEMBERSHIP FEE STRUCTURE. | |
| INGOs | **25000/-** |
| CSOs (Large) | **15000/-** |
| CSOs (Medium) | **10000/-** |
| CSOs (Small) | **5000/-** |
| Private Sector | **15000/-** |
| Media Companies | **15000/-** |

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*For further information regarding membership kindly contact at: 0345-8589010 or email at* [*info@csccc.org.pk*](mailto:info@csccc.org.pk)*.*