

CAPACITY ASSESSMENT TOOL

Name of Organization/Cooperative: _____

Address: _____

Contact Number/s : _____

Email Address: _____

Date Established: _____

Registered with what Government Agency: _____

1. Are the following organizational documents available and updated?

Type of Organizational Document	present	not present	main points
Vision - Mission			
Goals			
CBL			
Strategic Plan (year covered)			
Annual Operational Plan			
Membership Policy			
Gender Policy			
Business Operations Policy			
Others, please specify			

2. Organization's structure (please draw)

3. Organization support and source of funds

Type of support (e.g. dues, grant, credit, etc)	Amount	Period Covered	Source of Support/Funds/Donors

4. Affiliations and/or Network Membership, please specify:

a.

Presence in government line agencies and programs In what government structure and/or program does your organization participate to discuss policy ?

b.

In country cooperation (linkages (NGO/ coop/ association) what major partnerships or linkages does your organization have? Please specify.
Regional Level
Provincial Level
Municipal Level
Barangay Level

c.

Cooperation with research institutes what are the major partnerships with research institutes and universities? Please Specify.

d.

International Memberships Is your organization a member of an international organization? If so, please state name of international organization?

5. Geographical Area of Operations (please specify location):

Province	Municipality	Barangay	Sitio/Purok (if applicable)

6. What is the organizational membership? (please check):

Household _____ Individual _____ Others (please specify) _____

7. How many members do you have as of December 2006?(please provide the breakdown)

Farmers		Others: _____		Others: _____		TOTAL	
Male	Female	Male	Female	Male	Female	Male	Female

8. What are the major programs and services being offered by the organization to its membership? Who are entitled to benefit from these programs/services?

Type of Program/Service, including business operation/enterprise	Target Beneficiaries (e.g. women, youth, farmers, fishers, IP)	No. of Beneficiaries/members availed	Status (on-going and how many years in operation)

9. What are the assets, facilities, and equipments of the organization? Please specify.

Equipment/Facility/Asset	Size/Capacity	Present Condition- operational or not

10. What is the major source of livelihood, average farm size, major crops of the members?

	Major source of livelihood (Please provide estimates only in terms of percentage)			Average farm lot size of the members	Major crops (e.g. rice, corn, coconut, banana, etc.)
	Farming	Fishing	Others		
Farmers					
Fishers					
others					

11. What is the member's status in terms of land ownership and access?

Membership	Land ownership/access status (in terms of %)			
	Fixed rent	Shared tenancy	mortgaged	owned
Farmers				
others				
Total				

12. Are you interested to join a national farmer's federation?

Yes, why?

No, why not?

13. What are your existing marketing initiatives?

Marketing Initiatives (what product are you marketing)	No.of members involved	Total volume	Where do you sell product	Total capitalization and source of fund	no.of paid staff managing the marketing project	problems	Remarks/ Rating 1- poor 2- struggling 3- break-even 4-highly potential 5-viable

14. Interview Details

Interviewed by: _

Date of Interview: _

Names of Persons Interviewed and Position :

Name	Designation