



Questionnaire

A. General Profile

1. Name of Organization:

2. Address:

3. Name of Chief Executive

4. Name of President:

5. Contact Details of CEO Ph. STD Code

Number

Mobile no:

Email ID

6. Website url:

7. Registered as

Trust

Society

/ Section 25 Company

Registration No./ Dt.

8. Please tick on most appropriate category of Your Organization

Consumer Organization

Non-governmental organization (NGO) handling consumer issues

Others (Please specify)

9. If any legal cases/ proceedings are pending against your organization

B. Technical

1. Please describe your Organization's Vision, Mission & Objectives (please provide the profile/ brochure of the organization):

(i) Mission

(i) Vision

(ii) Objectives:

2. Please tick on the categories in which your organization is working

Education / Training	<input type="checkbox"/>	Complaint handling /Redressal	<input type="checkbox"/>
Class Action / Litigation	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>
Lobbying	<input type="checkbox"/>	Awareness Campaigning	<input type="checkbox"/>
Information Dissemination	<input type="checkbox"/>	Others	<input type="checkbox"/>
		(PI specify)	

3. Please tick Area of your operation Rural Semi Urban Urban

4. Please tick on the territory of your operation:

District Wise State-wise National International

5. Please specify Name of District/ State/ Countries Covered:

6. Do you have membership programme in your organization? If yes, specify their numbers

Individual Members	<input type="text"/>
Partner Organizations	<input type="text"/>
Service Providers	<input type="text"/>

7. Does your organization participate in Consultation Process: Yes No

8. Number of Members in your Governing Board

Please attach a separate sheet containing details like their names, educational qualifications and experience. Also indicate the duration for which they are appointed.

C. Human Resource

1. Does your organization currently have any paid employees?

Yes No

2. Please provide number of staff working on Consumer Affairs in your organization:

Full-time paid staff	<input type="text"/>	Part-time paid staff	<input type="text"/>
Part-time unpaid staff	<input type="text"/>	External resource (like Consultants /Fellows (unpaid))	<input type="text"/>

Others, please specify.....

3. List out Sector of Industries for which Domain Experts are available
1.
 2.
 3.

4. List out Institutions such as Ministries/Regulatory Authorities/Service providers/Quality related bodies etc. with whom affiliated /empanelled/associated
1.
 2.
 3.
 4.
 5.

Please inform

If there is a system of target allocation and performance appraisals.

If staff meetings are held at regular intervals to share information, improve coordination.

D. Organisational Infrastructure

1. Do you maintain:
 - a. Computers available for key staff/ volunteers:
 - b. Internal computer network
 - c. Computerized financial records
 - d. Broadband Internet access
 - e. Written governance policies or by laws

- f. Written code of ethics
- g. Written strategic plan
- h. Written fundraising plan
- i. Written staff personnel policies
- j. Formal volunteer recruitment and induction program
- k. System for timely production of Annual report Evaluation or assessment of program outcomes within last two years
- l. Recent audited financial statement

2. Is your organization currently involved in working with other organizations/ NGOs/ others (Select one response only)

Yes, How many under formal arrangement	
Yes, how many under informal arrangement	
No	

3. Please specify, Area of Cooperation in case answer to above is yes

.....

.....

4. If answer to above is no, please specify whether you would be willing to collaborate with other NGOs/VCO

Yes, my organization would like to make formal arrangement with other organisations if it had the capacity and/or technical assistance to do so.	
No, my organization has the capacity and capability for formal arrangement but would not like to do so	

E. Financial

1. Revenue/ Expenditure

Total Revenue received / Expenditure during last 3 years:

	2010-11	2011-12	2012-2013
Revenue Received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expenditure incurred	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. What are the sources of funding for your organisation? Please indicate the percentage breakdown as Appropriate:

Government or public agencies (e.g., grants, fees, project) _____%

Donations & gifts (individuals, corporations) _____%

Special events (net of expenses) _____%

Membership fees _____%

Other sources (including endowment, interest) _____%

F. Capacity Build-Up

1. Sectors covered by your organization (Please tick one or more as appropriate:

S.No.	Sector	Capacity & capability Exists			Would you require capacity build up support	
		Excellent	Reasonable	No	Yes	No
1	Telecom					
2	Banking					
3	Insurance					
4	Electricity					
5	Consumer Goods & Services					
6	Misleading Advertisements					
7	Healthcare & Medicine					
8	Railways					
9	Food Safety and Public Distribution System					
10	Investment					
11	Real Estate					
12	Fertilisers and Agriculture Produce					

13	Postal Services					
14	Education					
15	Legal Metrology					
16	Right to Information Act					
17	Problems faced by Rural Consumers					
18	Others					

2. Please describe briefly, up to three of your organization's most important programs or activities

Most important program/ activity : _____

2nd most important program/ activity : _____

3rd most important program/ activity : _____

3. Please provide details of following type of activities your organization has carried out during last two years viz. 2011-12 and 2012-13 (Please attaché extra sheet if required)

S.No	Type of Activity	Name of Programme/Activity	Partner Organization/ Sponsor	Target Audiences	No. of Participants	Whether programme objective achieved
1	Consumer Education and awareness programmes					
2	Class Action/ Litigation					
3	Lobbying / Consultation					
4	Advocacy					
5	Complaint handling/ Redressal Mechanism					
6	Information Dissemination					
7	Others					

4. Please provide us the following details for the previous two years i.e from 1st April 2011 to 31st March 2013.

S.No	Name of the training Programme/ Event	Organised by	Name and designation of the participants from your organization

G. Capacity Building Needs for Consumer Protection

1. Please indicate the level of challenges faced by your organization in implementing Consumer Protection Act (please tick the appropriate column)

S.No	Activity	Sub-Activity	The level of challenge		
			No Challenge	Minor Challenge	Major Challenge
1	Programme Implementation	Identifying /enrolling new members			
		Assessment of consumer needs			
		Participation of consumers in the activities			
2	Human Resource	Provisioning of adequate number of staff			
		Staff with adequate skills/knowledge/qualification/experience			
		Recruitment and training of the staff			
		Retaining of staff			
		Non-availability of volunteers			
3	Financial Resources	Adequate Funds			

		Donations			
		Preparation of proposals			
		Expansion of membership base			
		Implementation of projects			
		Office space			
		Infrastructural facilities			
		Organisational culture (team work/ disputes)			
		Management Skills			
		Coordination with other consumer organizations			
		Lack of consumer's interest			
		Coordination with Service Providers			
		Relationship with key policy makers			
		Lack of skills for research analysis			
		Webs-site Content Development & Maintenance			
		Non-availability of knowledge database			
		Understanding of consumer concerns			

2. Which challenges would you like to be addressed (priority-wise)

Challenge 1

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Challenge 2

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Challenge 3

.....

Challenge 4

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Challenge 5

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3. Which of the following type of support for capacity building need would you prefer to support your work on consumer protection? **You may choose more than one ASSISTANCE.** Please tick HOW HELPFUL for each form of assistance as appropriate.

Technical Support	Working with outside consultants
	Workshops, conferences
	Internship programme
	Awareness Campaign
	Trainings
	Scholarships/ Gifts
	Consumer studies
	Manuals and Toolkits
	Joint activities to share resources
	Advocacy
Funding	Grants/Aid
	Low interest loans
	Project grants for specific topic
	Space requirement
	Expanding membership
	Litigation support
	Class Action
Others	

4. Please state 3 top most important capacity building requirement of your organization for effective implementation of Consumer Protection in your territory of operation:

a.

b.

c.

5. Would you like to offer capacity building activities that other organization may need

Yes

No

6. If yes, please indicate types of capacity building services that you can offer:

a.

b.

c.

d.

7. Does your governing board require training on governance issues, compliances and responsibilities.

8. Please suggest measures? to improve coordination among various consumer organisations/ other NGOs/ VCOs

Signature

Name of the representative

Date

Place