



## Capacity Building Plan Template for Assisting Organisations

<b>Sector</b>	<input type="checkbox"/> Charities <input type="checkbox"/> Sports <input type="checkbox"/> Arts <input type="checkbox"/> Miscellaneous		
<b>Name of <u>assisting</u> organisation</b>		<b>Name of <u>assisted</u> organisation</b>	
<b>Contact details of main contact person</b>		<b>Contact details of main contact person</b>	
<b>Name</b>		<b>Name</b>	
<b>Telephone (w)</b>		<b>Telephone (w)</b>	
<b>Telephone (m)</b>		<b>Telephone (m)</b>	
<b>Email address</b>		<b>Email address</b>	

# 1 ORGANISATIONALASSESSMENT

Please describe your assessment of the assisted organisation's capacity in the following areas:

<b>Competence</b>	<b>Comments</b>	<b>Rating (1 – 5)</b>
Leadership / Governance		
Financial Planning and Management		
Project / Programme planning and management		

Monitoring, Evaluation and Reporting		
Human Resource Management		
Organisational learning and growth		

**Rating scale:** 1 = no capacity, or substantial improvement required; 2 = basic capacity, some improvement required; 3 = some capacity, moderate improvement required; 4 = adequate capacity, minimal improvement required; 5 = good practices established, little or no improvement required.

## 2 CAPACITY BUILDING PLAN

Please describe how you intend to assist the organisation to improve in the areas where improvement is required (where none, indicate N/A). Intervention could be training, mentoring, coaching, review etc.

<b>Competence</b>	<b>Nature of intervention(s)</b>	<b>Time frame</b>	<b>Estimated budget</b>
Leadership / Governance			
Financial Planning and Management			
Project / Programme planning and management			
Monitoring, Evaluation and Reporting			

Human Resource Management			
<u>Other (specify):</u>			
<b>TOTAL ESTIMATED BUDGET</b>			

### 3 PROGRESS MONITORING AND EVALUATION

Please describe how the assisted **and** assisting organisation will monitor progress and evaluate the impact of the capacity building intervention(s)

#### FOR THE ASSISTING ORGANISATION

##### PLAN COMPILED BY:

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

#### FOR THE ASSISTED ORGANISATION

##### PLAN ACCEPTED BY:

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_