



Capacity Building Plan Template for Assisting Organisations

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

1 ORGANISATIONAL ASSESSMENT

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

Competence	Comments	Rating (1 – 5)
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.

Competence	Nature of intervention(s)	Time frame	Estimated budget
Leadership / Governance			
Financial Planning and Management			
Project / Programme planning and management			

Monitoring, Evaluation and Reporting			
Human Resource Management			
<u>Other (specify):</u>			
TOTAL ESTIMATED BUDGET			

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 _____