



COORDINATING MECHANISM FOR NACS IMPLEMENTATION

SURVEY QUESTIONS

Dear Valued Partners/ Colleagues

You are kindly requested to complete and submit this form.

SECTION A - Contact Details

- 1 Title
- 2 Name
- 3 Surname
- 4 Office Tel No.
- 5 Mobile No.
- 6 Email

SECTION B - Survey Questions

- 1 Country
- 2 Organisation
- 3 Programme name, duration and value (budget)

Name:

Duration:

Budget:

4 Description of programme objectives and indicators (plain language)

Objectives:

Indicators:

5 Description of NACS pillars being supported by programme
(how NACS implementation is supported)

6 Work packages or projects

7 Major activities

8 South African partner organisation

9 SA partner contact details