

## Feedback from NPOs evaluated for Certification by the Centre

(Note: This form should preferably be filled by the person who was actively involved in all stages of PCP's evaluation process)

Date .....

### 1. Organisation's Information

Name \_\_\_\_\_

Address, Telephone/ Fax \_\_\_\_\_

Email and Website \_\_\_\_\_

Date of submission of Application \_\_\_\_\_

Dates of Field Evaluation \_\_\_\_\_

Names of the evaluation team members who were assigned to your organisation's case

### 2. How did your organisation first hear about PCP's Certification programme?

Workshop/Seminar/ Session of PCP  PCP's Brouchers & Publications

Media (T.V, Radio, Newspapers, etc.)  PCP's Website

Any Other Source (Please Specify) \_\_\_\_\_

Through  
the  
following

FBR/ Income Tax Official (Specify Name) \_\_\_\_\_

Certified NPO (Specify Name) \_\_\_\_\_

International Aid Agency (Specify Name) \_\_\_\_\_

National Donor Organisation (Specify Name) \_\_\_\_\_

Gov. Ministry/ Department (Specify Name) \_\_\_\_\_

Corporate Body (Specify Name) \_\_\_\_\_

### 3. What was the reason for applying to PCP?

<input type="checkbox"/> Improvement in organisational systems	<input type="checkbox"/> Inclusion in PCP directory
<input type="checkbox"/> Stamp of credibility	<input checked="" type="checkbox"/> Evaluation for availing Tax Benefits
	<input type="checkbox"/> U/S 2(36) <input type="checkbox"/> Under Clause 58
<input type="checkbox"/> Any Other Source (Please Specify) _____	
<input checked="" type="checkbox"/> Fulfilling donor requirement (Please Specify Names)	<input checked="" type="checkbox"/> Access to Funding by (Please Specify Names)
<input type="checkbox"/> International Aid Agency _____	<input type="checkbox"/> International Aid Agency _____
<input type="checkbox"/> National Donor Organisation _____	<input type="checkbox"/> National Donor Organisation _____
<input type="checkbox"/> Govt. Ministry/ Department _____	<input type="checkbox"/> Govt. Ministry/ Department _____
<input type="checkbox"/> Corporate Body _____	<input type="checkbox"/> Corporate Body _____

### 4. Accessibility of application form and other necessary information from PCP's website;

Easy                     
  Moderate                     
  Difficult

### 5. PCP's application form was;

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
Easy to fill				
Concise				
Requiring relevant information				

Any suggestion about the improvement of application form;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. First communication from PCP after submission of application was;**

- Within 15 days                       Within 1 - 2 month                       Within 2-3 months  
 After 3 months (Please Specify)                      -----

**7. After submission of application, field evaluation of your organisation was conducted;**

- Within 1 month                       Within 1 - 2 month                       Within 2-3 months  
 After 3 months (Please Specify)                      -----

**8. Evaluation team was;**

	Exceptional 1	Good 2	Unsatisfactory 3	Poor 4
Competent				
Facilitative				
Professional				
Possessed understanding of the nonprofit sector				
Possessed understanding of certification system				
Knowledgeable about your organisation				

**9. Did the evaluation team avail any of the following facilities from your organisation?**

Facilities	Yes	No	If yes, Reimbursed	If yes, not reimbursed
Food				
Transport				
Boarding & Lodging				
Others (Please Specify)				

**10. Was the draft evaluation report shared with your organisation, for comments, before being presented to the Certification Panel?**

- Yes  No

**11. Was your organisation provided enough time to give comments on the draft evaluation report?**

- Yes  No

**12. Did you receive the final evaluation report?**

- Yes  No

If yes please specify the date \_\_\_\_\_

**13. Were your comments incorporated in the final report of your organisation?**

- Yes  Partially  No

**14. Quality of the evaluation report was;**

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
Comprehensive				
Factually Correct				
Objective				
Representative of the organisation				
Proposed practicable recommendations				

In your opinion, are there any critical areas that were not captured in PCP's evaluation report;

\_\_\_\_\_

\_\_\_\_\_

**15. Does your organisation value PCP certification by,**

15.1 Displaying PCP's logo/seal of good practices in its publications, and brochures

- Yes  No

15.2 If the NPO has website, than by displaying PCP's logo/ seal of good practices on its website

- Yes  No

**16. Do you think that PCP certification added some value to your organisation?**

	Exceptional 1	Good 2	Unsatisfactory 3	Poor 4
Improvement in organisation's structure & systems with reference to, Internal Governance Financial Management Programme Delivery				
Access to funding, International Aid Agency National Donor Organisation Govt. Ministry/ Department Corporate Body				
Facilitated in availing tax exemptions U/S 2(36) Under Clause 58				
Any other benefit (Please Specify)				

**17. In your opinion, are there any critical areas that have not been captured by PCP's certification model;**

-----  
-----

**18. Any suggestion(s) to improve PCP's NPO certification process;**

-----  
-----

**19. Any suggestion(s)/ comment(s) for overall improvement;**

-----  
-----

Signature of Respondent

Seal of Organisation .....

Name .....

Designation .....