

**INDEPENDENT  
CORRUPT  
PRACTICES AND  
OTHER RELATED  
OFFENCES**



**COMMISSION (ICPC)**

**MEMBERSHIP APPLICATION FORM FOR THE  
NATIONAL ANTI-CORRUPTION COALITION (NACC)**

**HEADQUARTERS**

*Plot 802 Constitution Avenue, Central Business District,  
P.M.B. 535, Abuja, FCT*

REF. ICPC/EDU/NGO/.....

DATE.....

Please note that:

1. This form is given free of charge.
2. Completion of this form is not a guarantee of membership
3. Claims made in the form may be vetted to confirm accuracy.

**INDEPENDENT CORRUPT PRACTICES AND OTHER RELATED OFFENCES  
COMMISSION (ICPC)**

## MEMBERSHIP APPLICATION FORM & DATA QUESTIONNAIRE FOR THE NATIONAL ANTI-CORRUPTION COALITION (NACC)

**Part 1:**

- a) Name of Group /Organization.....
- b) Physical office address (Not P. O. Box) .....
- c) Mailing address .....
- d) Is your organization formally registered? Tick as appropriate

Yes	No	Don't Know
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- e) If yes above, describe the level of your registration

	Local	
	State	
	National	
	Others	
	Don't Know	
	Not Registered at all	

- f) Official registration number and year (Please attach evidence)

Registration Number	Year	Agent of Registration

- g) Location of Headquarters: .....
- h) Telephone/GSM No.....
- i) Fax No. ....
- j) Email Address: .....
- k) Website (if available).....
- l) Contact Person (s) (i) .....
- (ii) .....
- (iii) .....

- m) How long has your organization been in existence?

	Less than a year	
	Less than 3 years	

	Less than 6 years	
	More than 10 years	

**Part II:**

**Expertise and Specialization**

1. What are the major objectives that your group/ organization set out to achieve at its inception

- i.....
- ii.....

2. Have these changed? **Yes** ..... **No**..... **Can't say** .....

3. What can you say is your area of specialization/focus area now?

	Democracy	
	Development	
	Transparency & Accountability	
	Integrity	
	Anti-Corruption	
	Child-Right	
	Election	
	Budget/Public Expenditure	
	Poverty/ Welfare	
	Others (Specify)	

4. In which Zones/States does your organization run its programs/project?

.....

5. Do you or have you ever run programme/project in any of the following focus areas? [Please tick]

	Democracy	
	Development	
	Transparency & Accountability	
	Integrity	
	Anti-Corruption	
	Child-Right	
	Election	
	Budget/Public Expenditure	

	Poverty/ Welfare	
	Others (Specify)	

6. At which of the following level does your organization normally run its Programmes? [Please tick]

	Local	
	State	
	National	
	Regional	
	Rural	

7. Who are or were the target audience of your organization? [Please tick]

	Government officials	
	Elected representatives	
	NGOs/CBOs/CSOs	
	Professionals	
	Community Leaders	
	Workers and ordinary citizens	
	Others (Specify)	

8. In practical / empirical terms, what have you done in the last 12 months? Which organization funded/sponsored the project?

S/N	Activities in the last 12 months	Sponsor(s)

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9. Does your organization belong to any Coalition or Network? [Please tick]

<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
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10. If yes, which Coalitions or networks (Indicate name in full)

i.....

ii.....

11. Does your organization work in an informal way with other organizations (e.g. joint projects/programme)

<b>Yes</b>		<b>No</b>		<b>Don't Know</b>	
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12. If yes, how regularly? Which organizations?

	Very regularly	
	Occasionally	
	Rarely	
	Never	

13. Has your organization ever worked with other organizations in a formal way involving contract or some form of agreements?

	Very regularly	
	Occasionally	
	Rarely	
	Never	

**Passion Test:**

1. What does your group/organization believe about corruption?

2. What is your view about how Corruption is being tackled in Nigeria today?  
[Please tick]

	Active	
	Reactive	
	Leaves much to be desired	

	Strategy is defective	
	Allright	
	Adequate	
	Others (specify)	

3. What are your organization's/group's suggestions to improve the strategy being adopted in the Anti-corruption agenda of government?

4. Would your organization/group be willing to operate within an official coalition that works in the areas of Transparency, Integrity, accountability and anti-corruption at all levels, especially at the grassroots level?

<b>Yes</b>		<b>No</b>		<b>Cant' Say</b>	
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5. If yes above, in which of these areas would you particularly be interested to work within the official coalition? [Please tick]

a.	Grassroots mobilization and sensitization	
b.	Fund raising for Anti-Corruption activities	
c.	Lobbying for legislative empowerment	
d.	Organizing community meetings/ village hall meetings	
e.	Advocacy	
f.	Institute and participate in annual Anti-Corruption week	
g.	Instilling sound value in the youth through public awareness/education	
h.	Any others (specify)	

**Organizational Capacity**

1. What type of leadership does your organization have? [Tick as appropriate]

	Board of Directors	
	Trustees	

	Governing Board	
	Elected executives	
	Other (specify)	

2. Which of the following does your organization have?

	Constitution	
	Articles of Association	
	Code of Conduct	
	Internal Controls	
	Condition of Employment	
	Others (specify)	

**\*Please attach proof of claims above**

3. Does your organization have a bank account? If yes, state the name of Bank, Account Name and Account Number.....

4. What was the highest annual sum money ever managed by your organization?

	None	
	Less than 500.000.00	
	Less than 1 Million	
	Less than 2 Million	
	Less than 3 Million	
	Less than 4 Million	
	Less than 5 Million	
	More than 5 Million (Specify)	

5. How are your projects/programmes funded?

	Membership fee	
	Donations	
	Grants from foundations	
	Public sector/Government grants	
	International Donors /Charities	
	Internally generated resources	
	* If combination, please specify percentage of each	

6. How is your organization run or managed?

	Elected executives	
	Employed staff	
	Volunteers	
	Others (specify)	

7. Does your organization have written policies?

Yes		No		Don't Know	
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8. If yes, what written policies are these?

9. What financial control measures have you got in place?

	Audit	
	Financial Records	
	Financial Report	
	Others (specify)	

10. What are the major challenges facing your organization?


11. What area(s) will your organization require support?

	Finance	
	Advocacy	
	Training and capacity building	
	Monitoring and Evaluation	
	IEC Materials	
	Human resources	
	None	
	Others (Specify)	

**Declaration:**

I/We..... declare that the information stated above is to the best of my knowledge and belief correct in every detail.



**Note:** This Application form should be returned with proof of formal Registration, Constitution of the group and profile of members of Board of Trustees to: The NACC Secretariat, Education Department ICPC, Abuja

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Sign  
Name and Designation  
Date