



Friendship Bench Suitability Checklist

Thank you for your interest in the Friendship Bench.

If you are looking to partner with us, please complete the assessment form below to enable us to determine suitability for engagement and partnership.

SECTION 1

Organization Details

ORGANIZATION NAME:

ORGANIZATION WEBSITE:

CONTACT PERSON:

YOUR ORGANIZATIONAL ROLE:

CONTACT E-MAIL:

CONTACT TELEPHONE:

SECTION 2

Organization Background

OVERVIEW:

Please provide a brief description of your organization (please include your mission and a summary of programs/ services you provide).

GEOGRAPHY:

Where is your organisation headquartered (City, Country)? In which country or countries do you operate?

TARGET POPULATION & REACH:

Describe the population that you serve. How many individuals have you served to date?

LEGAL ENTITY:

What is your organisation's legal status (e.g. Nonprofit Trust, For-Profit, Government Agency, etc.)?

Non-Profit Entity

Corporation/ For-Profit Entity

Government Agency

Other, please describe:

BUDGET FOR THIS FISCAL YEAR

Please submit your budget in US\$ equivalent

BUDGET FOR NEXT FISCAL YEAR

Please submit your budget in US\$ equivalent

TEAM:

How many FULL TIME staff do you employ?

How many PART-TIME staff or CONTRACTORS do you employ?

How many VOLUNTEERS do you employ?

OTHER:

How did you hear about the Friendship Bench?

SECTION 3

Partnership Interest

Define the problem that you are facing. What needs do you see related to mental wellbeing in the communities you serve?

What solutions, if any, have been implemented or explored to date (by your organization or others) to address this problem?

Please describe your interest in partnering with Friendship Bench.

How do you envision us working together? Please tick the boxes that apply;

My organisation is interested in implementing the full Friendship Bench model with a target population as a franchisee/affiliate

My organisation is interested in receiving training on Problem Solving Therapy

My organisation is interested in receiving training/support on other elements of the Friendship Bench model (e.g. talk therapy, Theory of Change, etc.)

My organisation is interested in using the Friendship Bench as a campaigning tool and/or physical space to facilitate conversations with a target population

Other, please describe:

SECTION 4

Resources & Partner Mobilization

FINANCIAL RESOURCES:

What financial resources do you have available to implement this innovation, if any? Are you able to identify/generate additional resources?

PARTNERSHIPS:

What partnerships (government, private sector, and/or non-profit) do you have in place to support implementation of this model?

ORGANIZATIONAL CAPACITY:

What organizational capacity (human resources, technical expertise, monitoring and evaluation capabilities, etc.) do you have in place to support implementation of this model?

GEOGRAPHY - REACH - TIMELINE”

Please describe the geography, reach, and timeline in which you would like to implement this model.

SECTION 5

Other Information

IS THERE ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH US?

Thank you for completing the Friendship Bench Suitability Check.

Please return form to : info@friendshipbench.io

Your submission will be assessed by the Friendship Bench Leadership team and Board of Representatives, this process takes up to 4 weeks. Once we have established your level of suitability we will be in contact for further discussions.