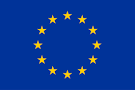
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**EVALUATION AND INSTITUTIONAL SUPPORT FOR CSOs**

**ENGAGEMENT LETTER**

I, the undersigned name of the representative acting on behalf of and on behalf of the non-governmental organization name of the NGO, hereby certify that my organization, which wishes to obtain support for institutional development, formally commits itself to respect the following points:

• Respect and support the values and principles of the NDH-Cameroon project leader and coordinator of the support program.

• Be available, participate in evaluation activities during the duration of the program;

• Attend / participate in sessions and activities from the program

• Provide evaluation officers with the internal documents needed to facilitate the evaluation process

• Provide all the information necessary for the proper conduct of this assessment

• Be open-minded and respect all employees involved in this program

• Promote communication and cooperation links between my organization, the consultants in charge and all stakeholders in the PAAJP

• To contribute within the limits of our competences to the assistance and accompaniment of persons deprived of liberty in my locality

In accordance with the selection guidelines, the NGO's name also acknowledges the following criteria:

* To be a legal entity of private non-profit law that voluntarily brings together members, natural or legal persons, and created on the basis of a constitutive act of national private law, with a purpose, operation, financing and governance Statutory in accordance with the laws;
* To have been created and to continue activities for at least two (02) years at the time of the solicitation of an institutional support;
* Be independent of governments and political parties;
* Have working relations with NDH-Cameroon or aspire to work in collaboration with the NDH-Cameroon;
* To be able to relay to the civil society, the government, the actions and works this program

**NB: The breach of one of its prerogatives automatically exclude you from the list of beneficiaries of the support and this, at any time of the implementation of this program.**

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| --- | --- | --- |
| **This commitment must be signed by the director of the organization who undertakes by this act to respect all clauses related thereto** | | |
| **Name of the organization** | |  |
| **Name of director** | |  |
| **Signature** | | **Date (dd / mm / yy):** |
| Click here to type text. |
|  |