



USAID/Uganda Civil Society Strengthening Activity (CSSA) Data Collection Form

Indicator 1.1: Number of individuals trained in management skills and advocacy to strengthen their CSO supported by CSSA assistance			
Activity Date: _____			
Activity Description		Venue	
		District	
		Region	

SN	Name of Participant	Sex			Age (Tick appropriately)						PWDs		Organization/women group	Designation	Telephone/Email	Signature	
		Female	Male	Others	10-14	15-19	20-24	25-29	30-34	35+	Yes	No					
1																	
2																	
3																	
4																	
5																	

Implemented by: Name: _____ Signature: _____	Reviewed by: Name: _____ Signature: _____
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Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____