



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

| | | | |
|--|--|----------|--|
| 1.7 Indicator 1.7: Number of resources from the private sector | | | |
| Activity Date: _____ | | | |
| Activity Description | | Venue | |
| | | District | |
| | | Region | |

| SN | Name of Support Received | Type of support (in-kind/funds, firms/individual giving, etc.) | If Cash, please indicate amount in (USD/UGX) | Name of Private entity giving | District | Sub-county | Name of Contact Person | Tel/email contact |
|----|--------------------------|---|--|--|----------|------------|------------------------------|----------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

Completed by: _____ Date: ____/____/____

Verified by: _____ Date: ____/____/____