



Vienna International Centre
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\* Please fill out this form and return it to the above address for a complete information about your organization in our database.

FACT SHEET FOR NGOS WORKING IN DRUG DEMAND REDUCTION
(PLEASE PRINT OR TYPE)

1. Name of organization:

\_\_\_\_\_

2. Postal address:

\_\_\_\_\_

3. Tel (with country and local area code): ( - ) \_\_\_\_\_

Fax: ( - ) \_\_\_\_\_

E-mail : \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

4. Is your organization focussing mainly on drugs? Yes [ ] No [ ]

Please tick the areas of drug demand reduction in which your organization is involved:

[ ] Prevention [ ] Treatment [ ] Rehabilitation [ ] Training

[ ] Education [ ] Counselling [ ] Research [ ] Others: \_\_\_\_\_

5. If your organization is involved in other issues (health, education, other addictions...), please list them:

\_\_\_\_\_

\_\_\_\_\_

6. Target groups (general public, children, teenagers, women, indigenous peoples, workers ...):

\_\_\_\_\_

\_\_\_\_\_

7. How does your organization reach the target groups (in schools, the streets, through mass media, publications,...)?

\_\_\_\_\_

\_\_\_\_\_

8. Give a brief description of your demand reduction methods:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please list any materials that your organization has produced (publications, posters, videos...):

\_\_\_\_\_

\_\_\_\_\_

**NB: IF ADDITIONAL PAGES ARE USED TO ANSWER QUESTIONS, PLEASE INDICATE THE QUESTION NUMBER(S).**

10. What skills or resources could your organization share with others (information, fund-raising, training, etc...)?

\_\_\_\_\_

\_\_\_\_\_

11. To what extent is your organization supportive of the UN policy in drug control as set forth in the current international drug control treaties and UN resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. If your organization is affiliated to a larger organization and/or a network, complete the following:

Name of organization: \_\_\_\_\_

Address of headquarters \_\_\_\_\_

\_\_\_\_\_

Name of network: \_\_\_\_\_

Address of headquarters: \_\_\_\_\_

\_\_\_\_\_

13. Provide the following information about your organization:

Founded in (year): 19\_\_\_\_\_ Number of staff: Paid \_\_\_\_\_ Volunteer \_\_\_\_\_

Annual budget (in US Dollars and your currency unit): \$ \_\_\_\_\_ .00 / \_\_\_\_\_

Main sources of income: \_\_\_\_\_

\_\_\_\_\_

Recognized by Government? Yes [ ] No [ ] Registration number: \_\_\_\_\_

14. List any government departments or other organizations with which your organization is cooperating:

Governmental: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

15. REFERENCE (Indicate a person who is not part of your organization but is familiar with its activities):

Family name: \_\_\_\_\_ Given name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: ( - ) \_\_\_\_\_ Fax: ( - ) \_\_\_\_\_

16. Please describe any cooperating activities with UNDCP (project, grant, participation in major event, others).

\_\_\_\_\_

17. If your organization is currently in ECOSOC status, please mark it on the followings.

General Consultative Status

Special Consultative Status

Roster

Fact sheet completed by: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_

Month Year