

Annex 1: List of Identified NGOs in the Project Area

- Cooperative Society - Menza
- Sons of the Church Assemble
- Saint Vincent de Paul Association
- Maciss Sports Association
- The Youth Center for Awareness and Guidance
- The Armenian Relief Cross in Lebanon
- Saint Joseph Charity Association
- Light of Life Association
- Love and giving association
- Armenian General Assembly
- Dar Al Amal Association
- Caritas Lebanon (2 branches)
- Health Care Association
- Development Services Center
- Fraternity family cultural charity
- Janichian Charitable Project
- Kahil Foundation
- Hamaskayin Association
- Homenetmen Society
- Development Services Center (Ministry of Social Affairs)
- Oasis of hope vocational (social movement)
- Arc en ciel
- UNRWA - Relief and Social Services Department
- Our Hands Association
- ACTED
- Armenian Catholic Non-profit
- Charitable Society for Women with Disabilities
- Howard Karagheusian Commemorative Corporation (HKCC) International organization
- Armenian Fund for Economic Development (AFED) Community organization without external affiliation (indigenous)
- Ghadi Association
- The Association of Social Workers of the Lebanese Armenian Community
- The National Association for Social and Health Development

- Jinchian Memorial Society
- Farmers Association
- Armenian Charitable Society, Bura Geek
- Social convergence Association
- Free Lebanese Armenian Movement
- PATRIDIA Legacy and Dialogue
- Charles Sheikhani Foundation
- Mutual faith Association
- Loyalty Association

Annex 2: Grievance Registration Form

Reference No:	
Full Name (you may remain anonymous if you wish):	
Contact Information: Please mark how you wish to be contacted (mail, telephone, e-mail)	<input type="checkbox"/> By Post: Please provide mailing address: _____ _____ _____ <input type="checkbox"/> By Telephone: _____ <input type="checkbox"/> By E-mail _____
Preferred Language for Communication:	<input type="checkbox"/> Arabic <input type="checkbox"/> English
Description of Incident or Grievance:	What happened? Where did it happen? Who did it happen to? What is the result of the problem?
Date of Incident/Grievance:	<input type="checkbox"/> One-time incident/grievance (date: _____) <input type="checkbox"/> Happened more than once (how many times? ____ since: _____) <input type="checkbox"/> On-going (currently experiencing problem)
What would you like to see happen to resolve the problem?	