



GROUP INVESTMENT ACTIVITY

Local Supplier Directory Template

This is a companion document to [A Guide to CARE's VSLA in Emergencies](#), and a sub-tool of the [VSLAiE Group Investment Activity Standard Operating Procedure](#).

Use this form to collect details about suppliers of goods or services that each group will need for its group investment activity.

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VSLA*i*E GROUP DETAILS

Group Name: _____ Group Location: _____

Type of Group Investment Activity: _____

Supplier Name	Location	Product/ Service	Contact Person Name, Email, Phone Number	Payment Terms	Delivery Time	Notes Is this a preferred vendor?

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PREPARED BY:

Name: _____ **Date:** _____

Position: _____

Additional Notes: