

Empanelment Format

EMPANELMENT DATA FORM FOR NEW NGOs and CBOs

NOTE: Filling of all information is mandatory. Forms that are not filled up / partially filled up will be rejected. In case a point / cell is not applicable, please mention "NA"

Section A: Basic Information

Project and District Applied for: (Tick the relevant box for the program you want to apply).

District	FSW	MSM	IDU	Migrant	Truckers
Belgaum					
Dharwad					
Bellary					
Chikmangalore					
Bidar					

Agency Status: (Tick the relevant box)

NGO	FSW / MSM / Transgender CBO	Migrant CBO	Truckers CBO

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1. Name of the Organization:

2. Postal Address:

○ PIN

○ District:

3. Telephone Landline and mobile:

○ Fax

Email

4. Legal status : () Society () Company () Others (specify)

5. Registration Details: Registered on (Date)

○ Registered By:

6. Contact person for the NGO/ CBO:

○ Designation of the contact person:

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Section B: Organizational Background

7. Assets/Infrastructure of the organization

Category

Worth in rupees (eg. Land, building)

8.a. Please provide details, regarding the annual budget of your organization at least last three years (attach the detailed audited statement for 3 years):

Year	Source of funding	Amount	List of activities	Activities similar to the TOR/Scope of Work	Geographical area of activities as mentioned in column no. 5
1	2	3	4	5	6
2010 -11					
2009 -10					
2008 -09					

8.b. Whether blacklisted/debarred by any agency (both government, private or World Bank/ UN bodies) in the past?

- If yes, provide details in an Affidavit.

8.c. Whether any staff or board member of your organisation is part of any SACS/TSU staffs currently or in the past. Please provide the above information in the form of an Affidavit.

Section C: Current Programmes being run by the organisation

9. Geographical location of Work List -Village, Panchayat, Block, Taluk/SubDivision, District (Each location should be separately specified)

10. Population with which they are presently working:

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- () Rural/Urban :
- () Socioeconomic group:

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- () Occupational group:
- () Sex groups:
- () Students/Educational Institution:
- () Youth:
- () Women groups:
- () Others:

11. Please provide basic information on the key projects carried out by your organisation since the last three years (5 lines for each subject – attach separately).

- Community served
- Objective
- Strategies
- Main outcomes
- Evaluation methods employed
- Evaluation results

12. A brief write up on the programmes the organisation currently runs (*no more than three pages*)

13. Agencies with experience in Health and HIV sector. Please specify and provide details of the client/donor agency, nature of projects, project period, contract value, continuing/completed.

14. Agencies with experience of working with projects supported by SACS/DACS. If yes, provide in details name of the SACS/DACS, nature of projects, project period, status of the project (continuing/completed/terminated). In case of termination please provide the reason for termination. Attach any relevant document issued by SACS/DACS clarifying termination or the relevant reports including evaluation reports.

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Section D: Documents Required

15. Copies of the following documents need to be provided with self attestation by competent authority of the organization

Sl. No	Documents	Submitted (Yes/ No)
1	Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./Trust Deed	
2	Activity Report/Annual report of the organization for the last three years	
3	Annual Audit Report of the organization for the last three years	
4	Income Tax Registration and Exemption Certificate if any	
5	FCRA Registration Certificate if any	
6	List of Board / Governing Body members with Contact details and occupation	
7	Copies of the affidavit as required above	

16. Name of the person who filled this form:

Qualification and experience:

Designation:

Address and contact # (Phone and mobile)