

GOVERNMENT OF WEST BENGAL

DEPARTMENT OF HEALTH & FAMILY WELFARE

WBSAP&CS

Swasthya Bhawan, 1st Floor, Wing-B, GN-29, Sector-V, Salt Lake, Kolkata-700 091

ANNEXURE – II OF MEMO NO: HFW-28014(99)/3/2021-CST SEC-DEPT. OF H&FW/396 DATE:06.08.2021

Format for information related to Expression of Interest (EoI)

Please fill up all the below mentioned all details properly:-

Section A: Essential Information

1. Name of the organization: _____

2. Postal address: _____

PIN _____, District _____, State _____

3. Contact No. : a) _____, b) _____

4. Email ID: _____

5. Tick in the legal status: Society (), Company (), Others () _____ [Please specify]

6. Registration details: Registered on ___/___/___ (date) by _____

(Please attached a copy of the Society Registration certificate / Trust Deed and latest renewal certificate of registration certificate)

7. Registration number of NITI Ayog / NGO Darpan: _____ (Please attached copy of registration certificate/number of NITI Aayog/ NGO Darpan portal).

8. Organizational structure (Please tick): NGO () / CBO () [Here in CBOs at least 1/3 of the governing body members are from the PLHIV community itself]

9. Name of the authorized person of the organization: _____

9.a. Designation of the authorized person: _____ (Please attached a copy of valid photo ID and address proof of the contact person of the organization).

9.b. Contact number of the authorized person: _____

9.c. Full address (with PIN) of the authorized person: _____

9.d. Email ID of the of the authorized person: _____

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Section B: Organisational Background

10. Assets / Infrastructure of the organization: a) Tick in the category (Land / Building),

b) Worth in Rupees: _____

11. Name the districts where organization run any health project within last 5 (five) years:

12. Please provide the below mentioned details activities of last 3(three) years:

Year	Source of funding	Amount (in Rs.)	List of activities	Activities similar to the TOR/Scope of Work	Geographical area(block / district) of activities as mentioned in column no. 5
1	2	3	4	5	6
2020-21					
2019-20					
2018-19					

13. Please provide details regarding the annual budget of the organisation (2021 - 2022): _____

14. Tick the detailed audited statement (3 years for NGOs and 1 year for CBO)

a) for the financial year 2020-21 (Yes / No)

b) for the financial year 2019-20 (Yes / No)

c) for the financial year 2018-19 (Yes / No)

15. Whether blacklisted/debarred by any agency (both government, private or World Bank/ UN bodies) in the past? (If yes, provide details in an Affidavit) Yes / No _____ (Tick).

16. Whether any staff or board member of your organization 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 Programme being run by the organization

17. Geographical location of work (Each work location should be separately specified in the below mentioned format clearly):

Sl. No.	List of work	Work done at				
		Village	Panchayet	Block	Taluk / Sub Division	District

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18. Population with which organization is presently working (Please tick / multiple response):

- () Rural/Urban:
- () Socioeconomic group:
- () Occupational group:
- () PLHIV:
- () Sex groups:
- () Students/Educational Institution:
- () Youth:
- () Women groups: _____ (Please specify)
- () Others: _____ (Please specify)

19. Work experience in Health and HIV sector (Yes / No). If yes then please fill up the below mentioned format:

Sl. No.	Client / Donor agency	Nature of Projects	Project Periods	Contract value	Project continuing / completed

20. Work experience in SACS / DACS supported projects? Yes / No (Please tick). If yes the please fill up the below format:

Sl. No.	Name of SACS / DACS	Nature of projects	Projects period	Status of the Project (Continuing / Completed / Terminated)	If terminated then please provide the reason	Evaluation report attached (Yes/No)	Reason of termination attached (Yes/No)

21. Basic information on the key projects carried out by the organization since last three years. (5 lines for each subject – attached separately)

- a) Community served
- b) Objective
- c) Strategies
- d) Main outcomes
- e) Evaluation methods employed
- f) Evaluation results

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22. A brief write up on the programmes the organization currently runs (no more than three pages).

Section D: Documents required

23. Copies of the following documents need to be provided with self-attestation by competent authority of the organisation and please give a tick if attached.

- Society Registration Certificate and Memorandum of Association & Articles /Trust Deed> (Yes / No).
- Activity Report/Annual report of the organisation: NGO (last 3years), CBO (last 1 year)> (Yes / No).
- Annual Audit Report of the organisation: [NGO (last 3years), CBO (at least 1 year)] > (Yes / No).
- Income Tax Return Document: [NGO (last 3years), CBO (at least 1 year)] > (Yes / No).
- FCRA Registration Certificate (if any) > (Yes / No).
- Copy of the PAN Card> (Yes / No).
- List of Board/Governing Body members with Contact details and occupation> (Yes / No).
- Copies of the affidavit as required above (Yes / No).
- Copy of registration certificate/number of NITI Aayog-Darpan porta> (Yes / No).
- Identification document of Authorized signatory submitting Eol (Govt. photo ID with address)> (Yes / No).
- Documents related to minimum financial turn over criteria (NGO -10 lakhs PA, CBO - Nil) > (Yes / No).