Annexure - 1

ADVERTISEMENT FOR INVITING APPLICATIONS FROM NGOs/ CBOs FOR EMPANELMENT

The Government of India has received a Credit (Credit- 4299-IN) from the International Development Association (IDA) and a grant from the Department for International Development (DFID), U K in various currencies towards the cost of the Third National HIV/AIDS Control Project and it is intended that a part of the proceeds of this credit/ grant will be applied to eligible payments under the contract for which this invitation for consultancy is issued. **The project is an intervention with a goal of reducing the burden of HIV/AIDS cases in the country. The components of the project are prevention, care and support and treatment, programme management and strategic information management with one of its sub-components being targeted interventions for high risk groups, as well as utilizing civil society organisations for providing access of vulnerable populations to various HIV/AIDS interventions.** It is proposed that applications would be invited from interested civil society organisations in the State / UT of _____ for empanelling themselves to (a) implement HIV/AIDS targeted interventions with highly vulnerable population groups (b) work in providing access to HIV/AIDS interventions like care and support, people living with HIV/AIDS and other vulnerable groups.

CBOs/NGOs that are registered societies / trusts and active in community work are eligible to apply. Applications in the specified format which is available in the following web-site or would be mailed on request would need to be submitted on or before_____ (DD/MM/YY)

Letters of interest with accompanying materials (formats are available at the web-site given below) seeking empanelment should be submitted to the:

Project Director/NGO Coordinator

_____ State AIDS Control Society

(_____) (Address of SACS)

e-mail:_____

_____(web-site)

Please note that this is not a request for proposals.

Annexure - 2

EMPANELMENT DATA FORM FOR NEW NGOs

Section A: Basic Information

1. Name of the Organisation : _____

2. Postal Address : _____

PIN: District:

_____

3. Telephone : Telex Fax E-mail

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

5. Registration Details : Registered on (Date)

By _____

6. Contact person : _____

Designation : _____

Section B: Organisational Background

7. Assets/Infrastructure of the organisation

Category Worth in rupees

(eg. Land, building)

8 a. Please provide details, regarding the annual budget of your organisation.

Year	Source	Amount
2006-07		
2005-06		
2004-05		

8.b.: Whether blacklisted by CAPART or any other government organization in the past? If yes, provide details:

Section C: Current Programmes being run by the organisation

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

10. Population with which they are presently working:

( ) Rural/Urban :

( ) Socio-economic group :

( ) 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)

Section D: Documentation Required

13. Copies of the following documents need to be provided

- Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./Trust Deed
- Activity Report/Annual report of the organisation for the last three years
- Annual Audit Report of the organisation for the last three years
- Income Tax Registration and Exemption Certificate if any
- FCRA Registration Certificate if any
- List of Board/Governing Body members with Contact details and occupation

14. Name of the person who filled this form:

Qualification and experience :

Designation :

Address :