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**Expression of Interest (EOI)**

**For Local Partnership for Community Development Project Implementation**

***An eligible applicant is a local NGO registered as a non-profit organization (NGO) with the Social Welfare Council and having;***

* Valid registration, SWC affiliation/renewal, and latest tax clearance certificates
* Permanent Account Number (PAN)
* Demonstrated experience in proposed project sectors for two or more years
* Policies and mechanisms in place for program, administrative, human resource, and financial management
* Conducted annual audit(s) and submitted reports to concerned authorities

**Annex 1: Organizational Details (To be submitted with the EOI)**

|  |  |
| --- | --- |
| **EOI for** | *Write the name of the district* |

**1. Contact Details**

|  |  |
| --- | --- |
| Organization name |  |
| Address |  |
| Contact address |  |
| Telephone No. |  |
| Email address |  |
| Website |  |
| Focal person name/ position |  |
| Contact details of focal person | Telephone No.: |
| Email: |

**2. Registration Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Registration Information:** | **DAO** | **Social Welfare Council** | **IRD** |
| Registration/affiliation No. |  |  |  |
| Type of legal entity (i.e. type of organization) |  |  |  |
| Registered district |  |  |  |
| Date of registration |  |  |  |
| Date of renewal |  |  |  |

**3. Organizational Overview**

|  |  |
| --- | --- |
| Vision |  |
| Mission |  |
| Objectives |  |

**4. Executive Committee and Human Resource**

*4.1 No. of executive members*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Female** | **Male** | **Total** | **Remarks** |
| No. of executive members |  |  |  |  |
| Frequency of executive committee meeting in a year | | |  |  |
| Annual general meeting (AGM) (Yes/No) | | |  |  |

*4.2 Details of executive committee*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Position** | **Gender** | **Ethnicity** | **Education** | **Experience (Yrs.)** |
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*4.3 No. of staff members (existing)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Female** | **Male** | **Total** | **Remarks** |
| No. of full-time staff members |  |  |  |  |
| No. of part-time staff members |  |  |  |  |
| No. of volunteers/interns |  |  |  |  |
| Others (specify) |  |  |  |  |
| **Total no. staff members** |  |  |  |  |
| No. of staff members [working both as executive and staff members] |  |  |  |  |

*4.5 Details of senior management team*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Position** | **Gender** | **Ethnicity** | **Education** | **Experience (Yrs.)** |
|  |  |  |  |  |  |  |
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**5. Organizational Affiliations**

|  |  |  |
| --- | --- | --- |
| **SN** | **Name of organization/networks** | **Key roles** |
|  |  |  |
|  |  |  |
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**6. Project/Program Experience**

*6.1 Major projects implemented in the past five years*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name of Project** | **Sector** | **Duration (MMYY-MMYY)** | **District** | **RM/M** | **Budget (NRs.)** | **Donor** | **Major Achievements** |
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**7. Program Management**

|  |  |  |
| --- | --- | --- |
| **Organizational Practice** | **Yes/No** | **Justification** |
| ***7.1 Policies and procedures*** |  |  |
| Program-related policies (planning and execution guideline, standard operation procedures, etc.) |  |  |
| Participatory planning process |  |  |
| Alignment with priorities of local governments' in plan(s) |  |  |
| Annual plan(s) endorsed by local governments |  |  |
| ***7.2 Project execution*** |  |  |
| Project operation manual |  |  |
| Operational calendar |  |  |
| Beneficiaries selection process |  |  |
| ***7.3 Monitoring, evaluation, and reporting*** |  |  |
| M&E guideline |  |  |
| M&E plan (project-wise) |  |  |
| Practice of social audit |  |  |
| Project review process/system |  |  |
| Reporting (internal and external) |  |  |

**8. Finances, Assets, and Procurement Process**

*8.1 Financial turnover of organization in the past five years (as per financial audit)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Total Budget (NRs.)** | **Source of Funds** | | | |
| **Development Partners** | **Government** | **Private Sector** | **Others** |
|  |  |  |  |  |  |
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*8.2 Organization's assets*

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Description (list key assets)** | **Number** | **Status** |
|  |  |  |  |
|  |  |  |  |
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*8.3 Procurement process and inventory management*

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | | **Yes/No** | **Justification** |
| **Procurement Management** | |  |  |
| *Procurement policy/guideline in plan* | |  |  |
| *Procurement committee* | |  |  |
| **Procurement Method/Process** | |  |  |
| *Budget Ceiling* | *NRs.* | *Methods of procurement* | |
|  |  | |
|  |  | |
|  |  | |
| **Inventory Management** | | *Yes/No* | *Justification* |
| *Provision of Goods demand form* | |  |  |
| *Purchase order form* | |  |  |
| *Store inventory* | |  |  |
| *Fix assets inventory* | |  | *if yes, frequency in a year* |

*8.4 Financial audit*

|  |  |  |
| --- | --- | --- |
| **Statement** | **Yes/No** | **Justification** |
| Practice of internal audit |  |  |
| Practice of submission of annual financial statement |  |  |
| Selection process of external auditor | *Write in brief* | |
| Name of external auditor (last time) | *Write the name of person/company* | |
| No. of years with this external auditor | *Write in brief* | |

*8.5 Financial management system*

|  |  |  |
| --- | --- | --- |
| **Statement** | **Yes/No** | **Justification** |
| Accounting software |  |  |
| Manual accounting |  |  |
| General administration procedures |  |  |
| Segregation of duties |  |  |
| Authorization levels defined |  |  |
| Cash disbursement policy |  |  |
| Internal controls specified |  |  |
| Policies on fraud, theft, and misappropriation |  |  |
| Every transaction supported by relevant documentation |  |  |
| Financial records entered and up to date |  |  |
| Specify the type of records kept (if necessary) |  |  |
| Annual organizational budget |  |  |
| Monthly budget monitoring (variance) reports produced |  |  |
| Tax exemption status |  |  |
| *Others (please specify)* |  |  |
|  |  |  |

**9. Human Resource Management**

|  |  |  |
| --- | --- | --- |
| **Statement** | **Yes/No** | **Justification** |
| ***Policies and procedures*** |  |  |
| Written HR procedures/policies |  |  |
| Updated personnel file for every employee |  |  |
| ***Job descriptions and contracts*** |  |  |
| Employees have written job description |  |  |
| Employees have written contract |  |  |
| ***Staff performance*** |  |  |
| Performance management system in place |  |  |
| ***Labor legislation*** *(adherence to national labor legislation relating to)* |  |  |
| -      Payment of statutory deductions |  |  |
| -      Working hours |  |  |
| -      Minimum wage/benefits/allowances |  |  |
| * Provision of gratuity |  |  |
| * Provision of provident fund |  |  |
| * Insurance of staffs |  |  |

**10. Document Checklist**

*(Please check the Yes/No section with (🗸) mark and fill the status section. No need to submit these documents with the EOI)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Document** | **Yes** | **No** | **Status** |
|  | Renewed registration certificate |  |  |  |
|  | PAN Certificate |  |  |  |
|  | Renewed SWC Affiliation certificate |  |  |  |
|  | Tax clearance/exemption certificate |  |  |  |
|  | Organizational structure |  |  |  |
|  | Organization bylaws |  |  |  |
|  | Audit report (last two fiscal years) |  |  |  |
|  | Annual Report (last two years) |  |  |  |
|  | Admin guideline |  |  |  |
|  | HR guideline |  |  |  |
|  | M&E guideline |  |  |  |
|  | Financial guideline |  |  |  |
|  | Child protection policy |  |  |  |
|  | Staff' code of conduct |  |  |  |
|  | Social audit guideline/manual |  |  |  |
|  | Social audit report |  |  |  |
|  | Procurement policy |  |  |  |
|  | Project implementation (operation) guideline/manual |  |  |  |
|  | GESI policy/guideline |  |  |  |
|  | Others (please specify) |  |  |  |

**Annex 2: Concept Note Template (maximum 8 pages)**

**1. Background and context (maximum 1 page)**

*(State the situation of target groups as regards to proposed interventions in the target districts, rural municipalities/municipalities)*

**2. Relevance of the action (maximum 1 page)**

*(Describe how the proposed actions are relevant to needs of target beneficiaries, geographical context and meet the priorities of national and local governments)*

**3. Major interventions (maximum 1 page)**

*(List out key proposed interventions to meet the developmental needs of beneficiaries and priorities of national and local government as regards to specific objectives and themes of the community development project)*

**4. Implementation approach (maximum 1.5 pages)**

*(Describe how the proposed interventions will be implemented and outline the rationale of the approaches and methodologies)*

**5. Partnership and networking (maximum 0.5 pages)**

*(Explain roles of potential partners, networks including government, NGOs, CSOs, etc. for the project)*

**6. Human resource management (maximum 1 page)**

*(Propose an outline of staff members/volunteers/interns for the proposed project)*

**7. Budget allocation (maximum 0.5 pages)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Particulars** | **Annual Budget (NRs)** | **%** | **Remarks** |
|  | Program cost |  |  |  |
|  | Human resource |  |  |  |
|  | Admin and project management cost (indirect cost) |  |  |  |
|  | *Other (please specify)* |  |  |  |
|  |  |  |  |  |
|  | **Total** |  |  |  |

**8. Value for money (maximum 0.5 pages)**

*(Outline the strategies of ensuring the maximum utilization of project resources, exploring local resources, and matching grants from the community, government, and other potential collaborators)*

**9. Sustainability (maximum 0.5 pages)**

*(Outline the strategies/possibilities of sustaining the projects' results after the phase-out of the project)*

**10. Particular added value elements (0.5 pages)**

*(Indicate any specific added-value elements for the project, e.g. the promotion or consolidation of public-private partnerships, innovation, and best practice, etc.)*

**Authorized Signature**: ………………………

**Name and Title of Signatory**:

**Name of Organization**:

**Date:**

*Stamp of Organization:*