**ANNEX I:**

**Organizational Details (To be submitted with EOI)**

**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 number: |  |  |  |
| 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 staffs (existing)*

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| --- | --- | --- | --- | --- |
| **Description** | **Female** | **Male** | **Total** | **Remarks** |
| No of full time staffs |  |  |  |  |
| No. Part time staff |  |  |  |  |
| No. Volunteers/interns |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Total No. staffs** |  |  |  |  |
| No. of staffs [working both as executive member and staff] |  |  |  |  |

*4.4 Details of Senior Management Team:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Position** | **Gender** | **Ethnicity** | **Education** | **Experience (Yrs.)** |
|  |  |  |  |  |  |  |
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**5. Affiliation and Networks of organization:**

|  |  |  |
| --- | --- | --- |
| **SN** | **Name of organization** | **Key Roles** |
|  |  |  |
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**6. Project/Program Experience:**

*6.1 Major Projects implemented in past five years:*

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

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| --- | --- | --- |
| **Practice in organization** | **Yes/No** | **Justification** |
| ***7.1 Policies and Procedures:*** |  |  |
| Program related policies (planning & execution guideline, Standard Operation Procedures, etc.) |  |  |
| Participatory planning process |  |  |
| Priorities of Local Governments aligned in plan |  |  |
| Annual plan endorsed in Local Government |  |  |
| ***7.2 Project execution:*** |  |  |
| Project operation manual |  |  |
| Operational Calendar |  |  |
| Process of beneficiaries selection |  |  |
| ***7.3 Monitoring, Evaluation & Reporting:*** |  |  |
| M&E Guideline |  |  |
| M&E Plan (Project wise) |  |  |
| Practice of Social Audit |  |  |
| System of Project Review |  |  |
| Reporting (Internal & External) |  |  |

**8. Financial Management System**

*8.1 Financial Turnover of organization in 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 Status of organization assets*

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Description (List of key assets)** | **Number** | **Status** |
|  |  |  |  |
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*8.3 Logistic 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 |  |  |
| Policy on fraud, theft and misappropriation |  |  |
| Every transaction supported by relevant documentation |  |  |
| Financial records entered and up to date |  |  |
| Specify 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's 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 EOI)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name of Document** | **Yes** | **No** | **Status** |
| 1 | Renewed Registration Certificate |  |  |  |
| 2 | PAN Certificate |  |  |  |
| 3 | Renewed Affiliation certificate with SWC |  |  |  |
| 4 | Tax clearance/exemption Certificate |  |  |  |
| 5 | Organizational Structure |  |  |  |
| 6 | Organization Bylaws |  |  |  |
| 7 | Audit report (Last two fiscal years) |  |  |  |
| 8 | Annual Report (Last two years) |  |  |  |
| 9 | Admin guideline |  |  |  |
| 10 | HR guideline |  |  |  |
| 11 | M&E guideline |  |  |  |
| 12 | Financial guideline |  |  |  |
| 13 | Child protection policy |  |  |  |
| 14 | Staffs' code of conduct |  |  |  |
| 15 | Social audit guideline/manual |  |  |  |
| 16 | Social audit report |  |  |  |
| 17 | Procurement policy |  |  |  |
| 18 | Project implementing (operation) guideline/Manual |  |  |  |
| 19 | GESI policy/Guideline |  |  |  |
| 20 | Others (please specify) |  |  |  |

**Authorized Signature**: ……………………..………

**Name and Title of Signatory**:

**Name of Organization**:

**Date:**

Stamp of Organization: