



Office of the CDMO cum DMD

District Khordha

Health and FW department, odisha



Adv., No. 01/NVBDCP/2018-19

Date 12.11.2018

Proposal invited from credible NGOS/Trusts for impregnation of community owned bed nets under public privet partnership mode.

CDM & PHO cum DMD KHORDHA Invites Application from credible NGOs/Trusts for impregnation of community owned bed nets in malaria burden areas of followings areain Partnership mode.

| Sl no | Name of the CHC/Block | Name of the Scs | Total No of Nets |
|-------|-----------------------|--|------------------|
| 1 | BANPUR | Niladriprasad, Aranga, Bhatpara, Gambharimunda | 10000 |
| | Total | | 10000 |

The registered NGOs/Trusts should have good track record and proven field experience in health & Family Welfare or any social Development Sectors, Presence the NGO/Trust in the District is Mandatory.

Eligibility Criteria

- **Registration-** One year under the society registration act / Indian Trust Act.
- **District Presence-** Office in the Khordha district for last one year.
- **Experience** – Minimum one year of proven experience in H & FW programme or any social development sectors. Preference will be given to the NGOs / Trusts having experience in respective scheme specific areas.
- **Assets-** Minimum fixed assets of rupees Five lakhs in the name of organisation in terms of land / building/assets.
- **Turn over** – Minimum of rupees five lakhs as per the last balance sheet.
- **Not been blacklisted or placed under funding restriction** by any Govt. or Govt agencies.
- Adverse report from District /NHM/Department or poor performing organization as per the external evaluation report will not be eligible.

Interested NGOs/Trusts fulfilling eligible criteria mentioned above may apply with all relevant documents through speed post/registered post only to the CDM & PHO, Khordha on or before 30.11.2018 by 5.00 P.M in the prescribed application format. The envelope containing application should be superscripted as “Proposal for impregnation of Community Owned bed nets in Khordha district”. Incomplete applications or applications received in an open envelope or applications of blacklisted NGOs or Trusts will summarily be rejected .The authority reserves the right for cancellation /modifications of the guideline for selection without assigning any reason there of . No personal enquiry shall be entertained.

Sd/-

CDM & PHO CUM DMD, KHORDHA



APPLICATION FORM FOR IMPREGNATION COMMUNITY
OWNED BED NETS IN PPP MODE UNDER NVBDCP.

Name of the CHC/Block and SCs _____

Name of the District _____



| | | |
|----|---|--------|
| 1 | Name of the organisation | |
| 2 | Registered Office Address with Phone Fax Number and E. Mail ID. | |
| 3 | Name of chief functionary with mobile number : | |
| 4 | Office address with phone number of the District for which funding seeking (Attach the land record /lease agreement etc. as documentary evidence) | |
| 5 | Whether district office located in own or rented building. | |
| 6 | Year of operation of the activities in the district for which funding seeking. | |
| 7 | Which year the organisation has received first grant from Govt/Non-Govt.(Attach copy) | |
| 8 | a.Date& year of Society registration under society Registration Act/Indian Trust Act (Attach copy) | |
| | b .Act under which registered. | |
| 9 | Year of 12 A registration (Attach Copy) | |
| 10 | a.Whether registered under 80n G(Attach copy) | Yes/no |
| | b.whether FCRA registered organisation (attach copy of registration) | Yes/no |
| 11 | Bank details(account number and address) | |
| 12 | PAN Number (Attach photocopy) | Yes/no |

13. Financial turn over

| Year | Income (Rs.) | Expenditure(Rs.) | Fixed assets as per the balance Sheet (Rs.) |
|---------|--------------|------------------|---|
| 2015-16 | | | |
| 2016-17 | | | |
| 2017-18 | | | |

14. Experience in Health and Family Welfare Programme (with Govt. Support)

| Name of the programme | Supported by | Programme duration(from-to) | Operation area | Remark |
|-----------------------|--------------|-----------------------------|----------------|--------|
| | | | | |

(Attach copy of the sanction order /MoU)

15. Experience in Health and Family Welfare Programme (with Support from other Agencies)

| Name of the programme | Supported by | Programme duration(from-to) | Operation area | Remark |
|-----------------------|--------------|-----------------------------|----------------|--------|
| | | | | |

(Attach copy of the sanction order /MoU)

16. Experience in other social Development Sector (With Govt. Support)

| Name of the programme | Supported by | Programme duration(from-to) | Operation area | Remark |
|-----------------------|--------------|-----------------------------|----------------|--------|
| | | | | |

(Attach copy of proof)

17. Experience in other social Development Sector (with support from other agencies)

| Name of the programme | Supported by | Programme duration(from-to) | Operation area | Remark |
|-----------------------|--------------|-----------------------------|----------------|--------|
| | | | | |

(Attach copy of proof)

18. Details project proposal for impregnation of community Bed Nets:**19. List of members of Managing Committee/Executive committee of the organisation:****20. Staff position of the Organisation as on 30/11/2015:**

| Staff categories | Full time(NUMBER) | PART TIME () |
|------------------|-------------------|---------------|
| | | |
| | | |
| | | |

21. Undertaking by the agency that it has not been that it has not been blacklisted or placed under funding restriction by any Government or Govt, agencies.

22. Undertaking that any office bearer on behalf of the organisation has not been convicted by any court of law in India or abroad for any criminal offence:

23. Any other Information:

Declaration:

I hereby certify that, I have read the rules and regulation of the Scheme/Project and the above information furnished is true to the best of my knowledge and belief.

Signature of Chief Functionary with Seal

Name of the Chief Functionary _____

NB:

1. Incomplete application will be rejected.
2. Each Page of the proposal document should be signed by the chief Functionary of the agency.

Documents to be submitted with the application/proposal:

1. Proposal for impregnation of community owned bed nets.
2. Self-Certified copy of the Society registration /Indian trust act Certificate.
3. Self Certified copy of the 12-A Registration Certificate.
4. Self Certified copy of the 80 G registration Certificate(If Available)
5. Self Certified copy of Audit Report For Last Three financial years(2015-16,2016-17, 2017-18)
6. Self certified copy of the last three Annual Reports(2015-16,2016-17, 2017-18)
7. Proof of Infrastructure, land and building of minimum 5 lakhs as fixed assets in the name of the Agency and minimum of Rs.5 lakhs turn over as per last balanced sheet of 31/3/2018(Self certified copy)\
8. Proof of District presence since last one year on the basis of land year/patta/lease agreement etc(Self Certified copy)
9. Bye law and memorandum of the agency (self certified copy)
10. Grand letters received from different organisation /Govtetc (self certified copy)
11. Experience on Health and family welfare program with the support of govt./Donor Agencies (attach the proof documents with self-certification).
12. Experience in other social developmental sector (attach the proof documents with self certification)
13. Undertaking by the Agency that it has not been blacklisted or placed under funding restriction by any Government or Government Agencies.
14. Undertaking that any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
15. Human resource details (full time, Part Time staffs etc).
16. Copy of PAN card.
17. Copy of Bank Account Number
18. Any other documents in support of the organization.
