**Submission of Proposals**

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| **ORGANIZATIONAL PROFILE** | | |
| **S. No.** | **Item** | **Information** |
| 1. | Full Name of Organization (as per registration document) |  |
| 2. | Registered Office Address (Please provide complete address with PIN Code) |  |
| 3. | Telephone Number/s |  |
| 4. | Legal Status (Please specify whether Registered Society/Trust/Section 25Company/Other) |  |
| 5. | (1) Registration No. and Date:   (2) Place of Registration and Other Details:  (**Please append self-attested copy of Certificate of Incorporation/Registration to this application form**) |  |
| 6. | Name of the Director/President/Head of the Organisation |  |
| 7. | Name and Designation of Contact Person(s) |  |
| 8. | Mobile No. and Email ID of Contact Person(s) |  |
| 9. | Total number of paid staff working full time |  |
| 10. | Names of districts in state (same state as SSR application) where organisation has programmes |  |

**Applicants are required to ensure that soft copy of their applications in Form 1 is received by YRGCARE via email to the id given above, before the due date for the initial screening of applications**. Please note that, in the event of the attachment to the email exceeds the prescribed limit, the applicants can submit multiple emails, ensuring that the completed application along with all the mandatory attachments are sent to YRGCARE.

A signed copy of the application, along with the annexures be sent to the following address, superscribing **“RFP/02/2024-2025”** on the envelope.

**The Procurement Division,**

**Y.R. Gaitonde Medical, Educational and Research Foundation**

**58, Alsa Cresent, Alsa Gardens, Harrington Road,**

**Chetpet, Chennai 600031**

*\*Note: Telephone calls will not be entertained for any reference and this may disqualify the NGO from the application process.*

**Annexure A**Form - 1

|  |  |
| --- | --- |
| Name of State where applying for SSR |  |
| Name of District where applying for SSR (as per Annexure A) |  |

(Note: This is a self-administered form. Please fill out ALL sections of the form and provide supporting evidence, where mentioned. Supporting evidence MUST be self-attested by an authorised signatory. Please mention section and item no on the evidence provided.  If required, please use additional pages. Only forms that have been accurately filled in its entirety will be considered)

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| **S.No.** | **Item** | **Response** | **Please Attach Supporting Documents** |
| **Section  A** | | | |
| 1. | The organisation has been operational for at least two years in the district where applying for SSR | * Yes * No | Annual Report / Financial report for 2020- 2021 & 2021 -2022, 2022- 2023 |
| 2. | Bank account exists in the name of the organization | * Yes * No | Copy of bank passbook showing A/c name and address |
| 3. | At least two signatories are required for all banking transactions | * Yes * No | Name and designation of authorised signatories |
| 4. | Organization is registered with income tax authorities as charitable organization (registered under Sections 12A OR 80G of Income Tax Act 1961) | * Yes * No | Copy of registration certificate |
| 5. | Organization has Permanent Account Number (PAN) | * Yes * No | Copy of PAN Card |
| 6. | Executive committee/ board/trustee formed through a democratic process | * Yes * No | Latest copy of meeting minutes from last one year (Not earlier than April 2022) |
| 7. | Annual turnover/grant portfolio in each of the  last 2 years | * More than 2 lakh * Less than 2 lakh | Audited financial statements for each of the last 2 years  2021-2022, 2022-2023 |
| 8. | The organisation receives grants from : | * Government * Private sector * NGOs * Individual donations * Others, pls. specify |  |
| 9. | The organisation has been blacklisted by a government agency or funding withdrawn by a donor  NOTE: Ticking Yes will not necessarily disqualify the applicant. However, withholding information may constitute reason for rejection of application | * Yes * No | Please provide details |
| 10. | The organisations activities have been evaluated by SACS | * Yes * No, skip to Section B |  |
| 11. | Organisation activity evaluated by SACS | * DIC * CCC * DLN * GIPA Project * Stigma reduction * TI | Copy of evaluation/s with score |
| **Section B** | | | |
| 1. | Salary to staff paid through cheque | * Yes * No | Copy of bank statements |
| 2. | Appointment letters issued to all staff with job description and signed copies kept by HR | * Yes * No | Copy of appointment letter |
| **Section C** | | | |
| 1. | Period that the organization has been implementing HIV programmes in the district for where applied as SSR | * > 3 years * > 2 years * < 2 Years | Annual Report/ programme documentation |
| 2. | The HIV activities of the organisation cater to | * PLHIV * MSM * Sex workers * IDU & partners * TGs/Hijra * WLHIV * CLHIV * Truckers * Migrants   Others, pls specify | Project contract documents |
| 3. | The HIV focus of the organisation is on | * HIV prevention * HIV care and support * Stigma reduction * Advocacy |  |
| 3.A | The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health | * Yes * No |  |
| 3.B | The organisation works on  treatment literacy | * Yes * No |  |
| 3.C | The organisation conducts activities to improve the adherence level for people taking ARV | * Yes * No |  |
| 4 | The organisation conducts HIV related advocacy at district level | * Yes * No | Please provide evidence of successful advocacy efforts |
| 5. | The organisation currently facilitates access for PLHIV to social entitlement schemes/welfare services | * Yes * No | Annual report/program reports |
| 6. | The organisation has experience of providing home-based care to PLHIV and their families | * Yes * No | Annual report/program documentation |
| 7. | Organisation provides information on access to treatment, education and adherence | * Yes * No | Programme documentation |
| 8. | Organisation provides psychosocial counselling to PLHIV & their families | * Yes * No | Annual report/program documentation |
| 9. | Organization has referrals and linkages for PLHIV to avail legal aid services in the district | * Yes * No | Program documentation |
| 10.. | Organization regularly participates in the district level co-ordination meetings with DAPCU, SACS & ART coordination; other line department’s e.g.  TSU, STRC Or is member of academic committee/empanelled with SACS | * Yes * No | Program documentation, invitation letter, meeting minutes |
| 11. | In case of NGOs, organisation has referrals and linkages with local level PLHIV networks | * Yes * No |  |
| 12 | Organization addresses issues of stigma and discrimination reported at the district or taluka level | * Yes * No | Please provide evidence |
| **Section D** | | | |
| 1. | The organisation routinely collects data and submits monthly/quarterly reports on time to donor | * Yes * No | Copy of monthly/quarterly reports from last 6 months |
| 2. | Organisation maintains confidentiality of all clients | * Yes * No |  |
| **Section E** | | | |
| 1. | PLHIV are involved in the decision making in your organisation | * Yes * No | Meeting minutes |
| 2. | Organisation has paid full time staff openly living with HIV | * Yes * No |  |
| 3. | Organisation has board members openly living with HIV | * Yes, some members * All members * No members |  |
| **Section F: Operational Plan**  Please describe in no more than two pages: (Please use font Arial Size 11 with a line spacing of 1.5 and all four margins of 2.54cms)   1. Activities that your organisation will conduct to make CSC a safe space for PLHIV from high-risk groups (HRG - including FSWs, MSM, Transgender, Hijras and IDUs) to access information and services 2. Outreach strategy to reach loss to follow up cases and to address treatment adherence of PLHIV, including orphans and vulnerable children 3. Mechanisms at CSC to ensure that PLHIV and their families receive social protection/entitlement benefits from various government schemes 4. Plans for meaningful involvement of PLHIV from HRG in the programme 5. What are the constraints or hurdles for PLHIV to access care and support services and how do you plan to address them? 6. Please provide details of any innovation/unique approach that your organisation has been responsible for in the area of care and support | | | |

**Section G: UNDERTAKING (By authorised office bearer)**

 I (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as (Designation)\_\_\_\_\_\_\_\_\_\_\_\_\_ of (organisation Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby undertake that should my organisation be selected as SSR, the organization will establish a CSCs within 15 days of confirmation, no more than 2kms radius from of a major ART centre in the district

I have been duly authorized by the Board /Executive or Managing Committee/Trustees of (organisation Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sign this undertaking.

 Signature:                             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section H: UNDERTAKING (By authorised office bearer)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby undertake that should my organisation be selected as SSR, the organization will work with any organisation that has been selected as Sub-Recipient for the State/Region to effectively implement the project.

I have been duly authorized by the Board /Executive or Managing Committee/Trustees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sign this undertaking.

Signature:                             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation                           \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:**

**If the applicant is already running a CSC in the same district, provide answers to the following questions:**

**1   Name of the district and state where the CSC is located:**

**2.  Name of the ART centre to which CSC is currently attached with:**

**3.  What is the total no. of PLHIVs registered in the CSC as on 31st March 2024**

**4.  Provide the list of staff in place with details of joining dates.**

**Section I: DETAILS OF KEY PROJECTS EXECUTED BY THE ORGANIZATION IN THE DISTRICT WHERE APPLIED FOR SSR**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Period (month & year)** | **Name of Project\*** | **Source of Funding** | **Amount (in Rs.)** | **List of Key Project Activities** | **Major Outcomes/ Outputs of the Project** | **Identify Specific Activities Similar to TORs/Scope of Work for SSRs** | **Geographical Area of Activities Mentioned in Column 5 (mention districts)** | **Specify Project Involvement with PLHIV/ PLHIV Networks, if any** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
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\* Please provide details of projects for the past three years