


कार्यालय राज्य जल एवं स्वच्छतामिशन, देहरादून।
अभिव्यक्ति की अभिरुचि (Expression Of interest)

विज्ञापन संख्या: 453/N-574

राज्य जल एवं स्वच्छता मिशन, देहरादून के माध्यम से उत्तराखण्ड राज्य में संचालित जल जीवन मिशन के अन्तर्गत ग्रामीण पेयजल योजनाओं से सम्बन्धित कार्यों हेतु, यथा ग्रामीण पेयजल योजनाओं के आधारभूत सर्वेक्षण, स्रोत/जलगुणवता के आंकड़े एकत्रीकरण, स्रोत संरक्षण एवं संवर्द्धन के कार्य, सामुदायिक जनजागरुकता (आई0ई0सी0), मानव संसंधान विकास कार्यशाला/प्रशिक्षण इत्यादि एवं अन्य गतिविधियां उत्तराखण्ड राज्य के ग्रामीण क्षेत्रों में की जानी है। राज्य/जनपद स्तर पर उक्त कार्यों के संचालन हेतु इच्छुक अनुभवी गैरसरकारी संस्थाएं/ट्रस्ट/स्वैच्छिक संस्थाओं/स्वयं सहायता समूहों को कियान्वयन सहयोगी संस्था के रूप में सूचीबद्ध करने हेतु अभिव्यक्ति की अभिरुचि आमंत्रित की जाती है, जिसकी विस्तृत सूचना परियोजना प्रबन्धन ईकाई, स्वजल परियोजना उत्तराखण्ड देहरादून की वेबसाईट <http://swajal.uk.gov.in> पर उपलब्ध है।

प्रस्ताव प्रपत्र (Intake Form) परियोजना प्रबन्धन ईकाई, स्वजल परियोजना उत्तराखण्ड देहरादून की उपरोक्त वेबसाईट से डाउनलोड कर प्रस्ताव समस्त वांछित दस्तावेजों सहित पूर्ण रूप से भरकर दिनांक 05 दिसम्बर, 2020 को सांय 05 बजे तक राज्य जल एवं स्वच्छता मिशन, इन्सटीट्यूशन ऑफ इंजीनियर्स भवन प्रथम तल सहारनपुर रोड निकट आई0एस0बी0टी0 देहरादून पिन कोड-248002 में स्वयं अथवा डाक से जमा किया जा सकता है। अन्तिम तिथि के उपरान्त प्राप्त प्रस्तावों पर विचार नहीं किया जायेगा।

इस संबन्ध में पूर्व में किये गये विज्ञापन अपरिहार्य कारणों से निरस्त किये जाते हैं। जिन संस्थाओं/ट्रस्ट द्वारा पूर्व में आवेदन किया गया है तथा जिन्हें पूर्व में सूचीबद्ध किया गया है को भी नये प्रपत्र पर पुनः आवेदन किया जाना अनिवार्य होगा। पूर्व में प्राप्त प्रस्ताव मान्य नहीं होंगे।


मिशन निदेशक
जल जीवन मिशन, देहरादून।

Intake Form

Instructions on filling out the Implementation Support Agency Intake Form for the Jal Jeevan Mission

1. In order to enable the SWSM to make assessment please provide information regarding your organization in the Intake Form. Do not use any other format except this form. You may include additional information on separate sheet of paper.
2. Please ensure that the documents required in the intake form must be attached with the form. Send your filled up form by post or by hand latest by 5:00 PM on 10.11.2020.
3. The SWSM will assess and consider the Implementation Support Agency as its potential partner for the execution of the Jal Jeevan Mission. Your organization to be eligible shall have to meet the following criteria: -

a	A minimum three years' experience as a registered organization for organization under 4(a) including organizations under registration of Societies Act 1860 or a public trust registered under Indian trust act 1982 or a corporation registered under section 8 companies Act or experienced Self Help Group (SHGs) within District.
b	The organization should be a not-for-profit organization or use its profits, if any, or other income in promoting charitable objectives.
c	At least 3 years work experience in the field of drinking water and community management, Water Quality, Rain Water harvesting/recharge, water resource management, capacity building and awareness generation, public health engineering, gender & water of the chairpersons/board/ or relevant authority who is proposed to lead the initiative in JJM;
d	Experience of using Participatory Rural Appraisal (PRA) techniques and other communication tools in community mobilization;
e	Last three years duly Audited and properly maintained accounts and income tax returns and published Annual Reports.
f	Must have constitutional provision in Memorandum of Association to work in rural drinking water sector.
g	The ISA must have sufficient staff or demonstrated ability to recruit appropriate staff to undertake the assignment. This includes adequate field-level and supervisory staff for community development and construction activities.
h.	Be willing to provide stipulated up front Bank Guarantee/security against the agreement amount/payment.
i	The organization must Not be involved in political activities.
j.	Must be registered on JJM portal ejalshakti.gov.in/JJM/jjm/public/frm_SelfRegistration.aspx and Darpan Portal ngodarpan.gov.in

The ISAs not meeting the above criteria will not be considered for the assignment.

1. Name of the Organization:

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2. Address:

House No.

Mohalla /Village.

Gram Panchayat /Municipality	P.O.
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District	PIN
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Phone/Fax with area code	.
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Email :	.
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Postal Address :

Post Box No.	.
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G.P.O.	.
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District	.
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Phone/Fax with area code	.
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Email :	.
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Phone No. 1 :	.
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Phone No. 1 :	.
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Phone No. 3 :	.
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3. Registration Status :

(Please attach a copy of Society registration certificate, ad renewal or amendment as approp.)

- a) Date established:
- b) Registered as: Society/Company/Trust/Others.....
- c) Registration expires on:

4. Objective of the organization:

(Please attach a copy of the MoA/rules which includes names of all your board members)

5. No. of the members:	Total	Women	Men
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6. Chairperson /Head of the organization:

Name/ Designation

7. Name of the executive members:

Sl. No.	Name	Designation
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

8. Staffing situation (paid staff):

a) Professionals (Please itemize):

Sl. No.	Name	Post / Field of Specialization	Years of Experience	Education Qualification

b) Skilled staff (Please itemize):

Description	No.	Description	No.
Junior Engineer		Plumber	
Mason		Water Supply Technician	
Health worker/health educator		Sanitation worker/Technician	
Facilitator/participatory approach		Mid wife/nurse	
Accountant		Sub-accountant	

c) Support staff (Please itemize):

Description	No.
Administrative/Finance Officer	
Computer Operator	
Secretary	

d) Please indicate if there is any special skill specify:

9. Is your organization audited and Income Tax Returned(ITR) Filed? Please state, upto which period the audit is made and ITR filed, From FY to

11. What community development and/or water and sanitation activities (PRA techniques, hygiene education, community mobilization, construction of sanitation facilities, construction of water schemes, etc.) the organization has carried out.

Year	Program Name	Program Area/District	Program Status completed/uncompleted	Sponsor

12. What are the main financial sources of the organization:

a)	Membership fee	
b)	Donations	
c)	Contracts with donors	
d)	Grants	
e)	Others	

13. No. of chapters /district and/or regional branches

Chapters/district Regional branch

14. Collaboration with other NGO/INGO/GO: Yes No

15. Any special method or approach used in your past activities:

16. Willing to collaborate with other agencies: Yes No

17. Any publication:

18. Did you previously submit intake form? Yes No

The following documents must be enclosed with this form:

- Copy of the Legal registration certificate indicating the latest renewal date.
- Copy of the audit reports and Published Annual Report of Last Three Financial Years (2017-18, 2018-19 and 2019-20).
- Copy of the last three Assessment Years ITRs (2017-18, 2018-19 and 2019-20).
- Bio data of Team leader/ leaders proposed to work in JJM.
- Copy of the articles of incorporation, memorandum of as Association or constitution with the name and the designation of the board members.
- JJM Portal Registration number.
- DARPAN Portal Registration number.
- Certificate by the organization that it is a Non Profit Organization.
- Certificate by the organization that it has never participated in political activities in past nor intends to do so in future.
- Self attested copies of certificates in support of experience.

We hereby certify that the information provided above is correct.

Signature _____ Date _____

Name of Representative _____

Designation & Seal _____