

(स्वजल की वैवसाईट पर अपलोड हेतु)

कार्यालय राज्य जल एवं स्वच्छता मिशन, देहरादून

परिशिष्ट (Addendum)

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 का आधारभूत सर्वेक्षण, स्रोत/ जल गुणवत्ता से सम्बन्धित आंकड़े एकत्रीकरण, स्रोत संरक्षण एवं संवर्द्धन के कार्य, सामुदायिक जन-जागरूकता (आई.ई.सी.) मानव संसाधन विकास (कार्यशाला/प्रशिक्षण इत्यादि) एवं अन्य गतिविधियों उत्तराखण्ड राज्य के ग्रामीण क्षेत्रों में की जानी है। राज्य/जनपद स्तर पर उक्त कार्यों के संचालन, इच्छुक अनुभवी गैरसरकारी/ट्रस्ट/स्वैच्छिक संस्थाओं/स्वयं सहायता समूह को सहयोगी संस्था के रूप में कार्य के लिये सूचीबद्ध करने हेतु अभिव्यक्ति की **अभिरूचि दिनांक 20 अगस्त 2021 तक आमन्त्रित** की गयी थी, जिसमें संस्था से एक वर्ष का इनकम टैक्स रिटर्न माँगा गया था। उक्त के क्रम भारत सरकार की जल जीवन मिशन हेतु जारी दिशा निर्देशिका के अनुसार संस्था के पास विगत 03 वर्ष का इनकम टैक्स रिटर्न होना आवश्यक है।

उक्त विज्ञप्ति के अनुसार जिन संस्थाओं के द्वारा आवेदन किया गया है वे संस्थाएँ दिनांक 03 अक्टूबर 2021 तक विगत 03 वर्ष का इनकम टैक्स रिटर्न इस कार्यालय में जमा कर सकते हैं। इसके अतिरिक्त ऐसी संस्थाएँ जिनके द्वारा उक्त विज्ञप्ति के क्रम में आवेदन नहीं किया गया है वो भी दिनांक 03 अक्टूबर 2021 तक Intake Form पर आवेदन कर सकती हैं। निर्धारित तिथि के उपरान्त प्राप्त प्रस्तावों पर विचार नहीं किया जायेगा।

नयी संस्थाओं द्वारा अपने प्रस्ताव प्रपत्र दिनांक 03 अक्टूबर, 2021 अपरान्ह 03:00 बजे तक कार्यालय पता— जल जीवन मिशन, 60/1, एक्वा हाउस, नियर अनुराग चौक, देहरादून, 248001 में स्वयं अथवा पंजीकृत डाक से जमा किया जा सकता है।

अपर निदेशक

जल जीवन मिशन, देहरादून—उत्तराखण्ड

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 03:00 PM on 03 October., 2021.
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	Must be legally registered under society act 1860, public trust registered under Indian trust act 1982 or a corporation registered under section 8 companies Act.
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 rural drinking water supply and community management 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	Must have constitutional provision in Memorandum of association to working in rural drinking water sector.
f	The ISA must have proven track record of at least three years in Rural Water Supply & Sanitation (RWSS) or community development activities evidenced by satisfactory completion of participatory/demand driven Program;
g	The ISA must have financial management capacity. It should have accounts audited and certified by a chartered accountant and be able to provide copy of its last three audit report, income tax return and published annual reports out of last three financial years.
h.	The ISA must have sufficient have 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.
i	Be willing to provide stipulated up front Bank Guaranty/security against the agreement amount/payment.
j.	Not be involved in political activities.

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.

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Mohalla /Village.

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Gram Panchayat /Municipality

PO:

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District

PIN:

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Phone/Fax with area code

Mob.:

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Email :

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Postal Address :

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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. 2 :

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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 An/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		
13		
14		
15		
16		

8. Staffing situation (paid staff):

a) Professionals (Please itemize):

Sl. No.	Name	Field of Specialization	Years of Experience	Education Qualification
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

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	
Accountant	

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

9. Do you operate bank account ? Yes No If yes, state

Name of Bank:

Bank Address :

10. Is your organization audited and income tax return (ITR) filed? Please state, upto which period the audit is made. From to

11. What community development and/or water and sanitation activities (hygiene education, community mobilization, construction of sanitation facilities, construction of water schemes, etc.) has the organization 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)	Donation	
c)	Contracts with donors	
d)	Grant	
e)	Other	

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

Chapters/district Regional branch

14. Collaboration with other NGO/INGO/GO:

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

16. Willing to collaborate with other agencies:

17. Any publication:

18. Did you previously submit intake?

Yes No

The following documents must be closed with this form:

Copy of the Legal registration certificate indicating the latest renewal date.

Copy of the audit reports of Last Three Financial Years .

- Copy of last three Assessment Year ITRs and Published Annual Report..
- 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.
- UID No. of NGO Darapan of Niti Aayog
- Certificate by the organization that the 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. We hereby certify that the information provided above is correct.

Signature _____ Date _____

Name of Representative _____

Designation & Seal _____