



State Water & Sanitation Mission
(Department of Drinking Water & Sanitation, Govt. of Uttarakhand)
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प्रस्ताव- 15/N-574/2020-21

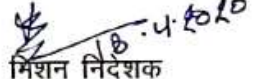
दि. - 18/04/2020

अभिव्यक्ति की अभिरुचि (Expression of Interest)

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/ जलगुणवता से सम्बन्धित आंकड़े एकत्रीकरण, स्रोत संरक्षण एवं संवर्धन 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/स्वैच्छिक संस्थाओं को सहयोगी संस्था के रूप में कार्य के लिये सूचीबद्ध करने हेतु अभिव्यक्ति की अभिरुचि आमन्त्रित की जाती है, जिसकी विस्तृत सूचना परियोजना प्रबन्धन इकाई, स्वजल परियोजना, उत्तराखण्ड देहरादून की वेबसाईट <http://swajal.uk.gov.in> पर उपलब्ध है।

प्रस्ताव प्रपत्र तथा अन्य विवरण परियोजना प्रबन्धन इकाई, स्वजल परियोजना, देहरादून की उपरोक्त वेबसाईट से डाउनलोड कर, अपना प्रस्ताव दिनांक 20 मई 2020 सांय 3.00 बजे तक राज्य जल एवं स्वच्छता मिशन, देहरादून कार्यालय पता- दि इन्स्टीट्यूशन ऑफ इन्जीनियर्स बिल्डिंग, प्रथम तल सहारनपुर रोड, निकट आई0एस0बी0टी0, देहरादून -248002 मे स्वयं अथवा पंजीकृत डाक से जमा किया जा सकता है।

नोट:-जिन संस्थाओं द्वारा पूर्व में सूचिवद्ध की गई हैं उन संस्थाओं को आवेदन करने की आवश्यकता नहीं है।


मिशन निदेशक
जल जीवन मिशन, 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 5:00 PM on 20.05.2020.
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	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 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	Must have constitutional provision in Memorandum of association to work 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 audited and properly maintained accounts certified by a chartered accountant and should be able to provide copy of its last three audit reports and income tax return and published Annual Report.
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 Guarantee/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

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 An/Head of the organization:

Name

Designation

7. Name of the executive members:

Sl. No.	Name	Designation
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2		
3		
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10		
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12		
13		

9. Is your organization audited and Income Tax Returned Filed(ITR)? 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:

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 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 (2016-17, 2017-18 & 2018-19).
- Copy of the last three Assesment Years ITRs (2017-18, 2018-19 & 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.
- 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.

17 Signature _____ Date _____

Name of Representative _____

Designation & Seal _____