

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/ 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/स्वैच्छक संस्थाओं/स्वयं सहायता समूह को सहयोगी संस्था के रूप में कार्य के लिये सूचीबद्ध करने हेतु अभिव्यक्ति की अभिरुचि आमन्त्रित की जाती हैं।

प्रस्ताव प्रपत्र (**Intake From**) डाउनलोड कर पूर्ण रूप से भरकर सभी प्रमाण-पत्रों की छायाप्रतियों सहित दिनांक 31 जुलाई, 2020 अपरान्ह 03:00 बजे तक राज्य जल एवं स्वच्छता मिशन, देहरादून-248002 कार्यालय पता- दि इन्स्टीट्यूशन ऑफ इंजीनियर्स (इंडिया) बिल्डिंग, प्रथम तल, सहारपुर रोड़, निकट आई.एस. बी.टी., देहरादून-248002 में स्वयं अथवा डाक/कोरियर से जमा किये जा सकते हैं।

नोट:- संलग्न सूची में क्रम संख्या 1 से 72 तक की संस्थाओं द्वारा पूर्व में किये गये आवेदन पूर्ण पाये गये हैं, जिन्हें पुनः आवेदन करने की आवश्यकता नहीं है, इसके अतिरिक्त क्रम संख्या 73 से 102 की संस्थाओं के आवेदनों में मात्र एक कमी पायी गयी है, जिस हेतु उन संस्थाओं को जिनके द्वारा दिये गये ई-मेल पते के माध्यम से पृथक से पत्र प्रेषित किया जा रहे हैं। इनके अतिरिक्त अन्य सभी संस्थायें निर्धारित तिथि, दिनांक 31 जुलाई, 2020 अपरान्ह 03:00 बजे तक आवेदन कर सकते हैं। निर्धारित तिथि एवं समय के पश्चात प्राप्त आवेदनों पर विचार नहीं किया जायेगा।

संयुक्त अधिष्ठासी अधिकारी
राज्य जल एवं स्वच्छता 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 31st July, 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 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 or experience of working in community based rural water supply project;
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 reports and at least one year 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.

Mohalla /Village.

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. 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 í í í í í í í í í

c) Registration expires on: í í í í í í í í í

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 í í í í í to í í í í í í .

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 (2016-17, 2017-18 & 2018-19).
- Copy of at least one Assessment Year ITRs and Published Annual Report (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.

Signature _____ Date _____

Name of Representative _____

Designation & Seal _____