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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 |  |

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| **Sl.No.** | **Item** |
|  | The organisation has been operational for at least two years in the district where applying for grant |
|  | Bank account exists in the name of the organization |
|  | At least two signatories are required for all banking transactions |
|  | Organization is registered with income tax authorities as charitable organization (registered under Sections 12A OR 80G of Income Tax Act 1961) |
|  | Organization has Permanent Account Number (PAN) |
|  | Executive committee/ board/trustee formed through a democratic process |
|  | Annual turnover/grant portfolio in each of the last 2 years |
|  | The organisation receives grants from: |
|  | The organisation has been blacklisted by a government agency or funding withdrawn by a donor |
|  | The organizations activities have been evaluated by other agency |
|  | Organization activity evaluated by government |
|  | Salary to staff paid through cheque |
|  | Appointment letters issued to all staff with job description and signed copies kept by HR |
|  | Period that the organisation has been implementing child programmes in the district |
|  | The current activities of the organisation |
|  | The organisation conducts health related advocacy at district level |
|  | The organisation has experience of providing care to community and their families |
|  | Organisation provides information on access to treatment, education and adherence |
|  | Organisation provides psychosocial counselling to needy & their families |
|  | Organization has referrals and linkages |
|  | Organization regularly participates in the district level co-ordination meetings with department’s e.g is member of academic committee/empaneled with government |
|  | Community are involved in the decision making in your organisation |
|  | Organisation has paid full time staff openly living with any down trodden people? |
|  | Organisation has board members openly living with farmer community. |

Signature:

Name of Authorized Person:

Designation:

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

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| **Project Period (month & year)** | **Name of Project\*** | **Source of Funding** | **Amount (in Rs.)** | **List of Key Project Activities** | **Major Outcomes/ Outputs of the Project** | **Geographical Area of Activities Mentioned in Column 5 (mention districts)** |
| **1** | **2** | **3** | **4** | **5** | **6** | **8** |
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