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| Name of State where applying for SSR |  |
| Name of District where applying for SSR (as per Annexure A) |  |

# Form-1

(Note: This is a self-administered form. Please fill ALL sections of the form and provide supporting evidence, where mentioned. Supporting evidence MUST be self-attested by an authorized signatory. Please mention section and item no on evidence provided. If required, please use additional pages. Only forms that have been accurately filled in its entirety will be considered)

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| **S.No.** | **Item** | **Response** | **Supporting Documents** |
| **Section A** | | | |
| 1. | The organisation has been operational for at least two years in the district where applying for SSR | * Yes * No | Annual Report/ Financial report for last two year (2015-166 & 2016-17) |
| 2. | Bank account exists in the name of the organization | * Yes * No | Copy of bank passbook showing A/c name and address |
| 3. | At least two signatories are required for all banking transactions | * Yes * No | Name and designation of authorised signatories |
| 4. | Organization is registered with income tax authorities as charitable organization (registered under Sections 12A OR 80G of Income Tax Act 1961) | * Yes * No | Copy of registration certificate |
| 5. | Organization has Permanent Account Number (PAN) | * Yes * No | Copy of PAN Card |
| 6. | Executive committee/ board/trustee formed through a democratic process | * Yes * No | Copy of meeting minutes from last one year (Not earlier than March 2017) |
| 7. | Annual turnover/grant portfolio in each of the last 2 years | * More than 2 lakh * Less than 2 lakh | Audited financial statements for each of the last 2 years (2015-16, 2016-17) |
| 8. | The organisation receives grants from : | * Government * Private sector * NGOs * Individual donations * Others, pls. specify | Copy of grant agreement can be shown to JAT members during the visit |
| 9. | The organisation has been blacklisted by a government agency or funding withdrawn by a donor  NOTE: Ticking Yes will not necessarily disqualify the applicant. However, withholding information may constitute reason for rejection of application | * Yes * No | Please provide details |
| 10. | The organisations activities have been evaluated by SACS | * Yes * No, skip to Section B | If yes, provide details to JAT members during the visit |
| 11. | Organisation activity evaluated by SACS | * DIC * CCC * DLN * GIPA Project * Stigma reduction * TI * Any others (specify) | Copy of evaluation/s with score |
| **Section B** | | | |
| 1. | Salary to staff paid through cheque | * Yes * No | Copy of bank statements |
| 2. | Appointment letters issued to all staff with job description and signed copies kept by HR | * Yes * No | Copy of appointment letter |
| **Section C** | | | |
| 1. | Period that the organisation has been implementing HIV programmes in the district for where applied as SSR | * > 3 years * > 2 years * < 2 Years | Annual Report/ programme documentation |
| 2. | The HIV activities of the organisation cater to | * PLHIV * MSM * Sex workers * IDU & partners * TGs/Hijra * WLHIV * CLHIV * Truckers * Migrants * HIV -TB   Others, pls specify | Project contract documents |
| 3. | The HIV focus of the organisation is on | * HIV prevention * HIV care and support * Stigma reduction * Advocacy |  |
| 3.A | The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health and differential care to PLHIV | * Yes * No |  |
| 3.B | The organisation works on treatment literacy | * Yes * No | Provide details |
| 3.C | The organisation conducts activities to improve the adherence level for people taking ARV | * Yes * No |  |
| 4 | The organisation conducts HIV related advocacy at district level and effective local resource mobilization | * Yes * No | Please provide evidence of successful advocacy efforts and local resource mobiligation |
| 5. | The organisation currently facilitates access for PLHIV to social entitlement schemes/welfare services | * Yes * No | Annual report/program reports |
| 6. | The organisation has experience of providing home based care to PLHIV and their families | * Yes * No | Annual report/program documentation |
| 7. | Organisation provides information on access to treatment, education and adherence | * Yes * No | Programme documentation |
| 8. | Organisation provides psychosocial counselling to PLHIV & their families on differential care to PLHIV Client | * Yes * No | Annual report/program documentation |
| 9. | Organization has referrals and linkages for PLHIV to avail legal aid services in the district | * Yes * No | Program documentation |
| 10.. | Organization regularly participates in the district level co-ordination meetings with DAPCU, SACS & ART coordination; other line department’s e.g. TSU, STRC Or is member of academic committee/empaneled with SACS | * Yes * No | Program documentation, invitation letter, meeting minutes |
| 11. | In case of NGOs, organisation has referrals and linkages with local level PLHIV networks | * Yes * No |  |
| 12. | Organization addresses issues of stigma and discrimination reported at the district or taluka level | * Yes * No | Please provide evidence |
| **Section D** | | | |
| 1. | The organisation routinely collects data and submits monthly/quarterly reports on time to donor | * Yes * No | Copy of monthly/quarterly reports from last 6 months |
| 2. | Organisation maintains confidentiality of all clients | * Yes * No |  |
| **Section E** | | | |
| 1. | PLHIV are involved in the decision making in your organisation | * Yes * No | Meeting minutes |
| 2. | Organisation has paid full time staff openly living with HIV | * Yes * No |  |
| 3. | Organisation has board members openly living with HIV | * Yes, some members * All members * No members |  |
|  | | | |
| **Section F: Operational Plan**  Please describe in no more than two pages:  (Please use font CALIBRI SIZE 11 with a line spacing of 1.5 and all four margins of 2.54cms)   * If selected as a CSC, how your organization will proactively work with PLHIV registered in ART centres to ensure that they are retained in HIV care with improved treatment adherence? * Describe the outreach strategies to ensure all clients are reached at least once in six months * How do you ensure PLHIV and their family members avail social benefit schemes from various Govt. schemes * Plans for meaningful involvement of PLHIV from HRG in the programme * What are the constraints or hurdles for PLHIV to access care and support services and how do you plan to address them? * Please provide details of any innovation/unique approach that your organisation has been responsible for in the area of care and support  |  |  |  | | --- | --- | --- | | ORGANIZATIONAL PROFILE | | | | S. No. | Item | Information | | 1. | Full Name of Organization (as per registration document) |  | | 2. | Registred 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 |  | | | | |

## Undertaking:

**Section G: UNDERTAKING (By authorised office bearer)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby undertake that should my organisation be selected as SSR, the organization will establish a CSCs within 15 days of confirmation, no more than 2kms radius from of a major ART centre in the district

I have been duly authorized by the Board /Executive or Managing Committee/Trustees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sign this undertaking.

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section H: UNDERTAKING (By authorised office bearer)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

do hereby undertake that should my organisation be selected as SSR, the organization will work with any organisation that has been selected as Sub-Recipient for the State/Region to effectively implement the project.

I have been duly authorized by the Board /Executive or Managing Committee/Trustees of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sign this undertaking.

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## If the applicant is already running a CSC in the same district, provide answers to the following questions:

1. **Name of the district and state where the CSC is located:**
2. **Name of the ART centre to which CSC is currently attached with:**
3. **What is the total no. of clients registered in the CSC as on 30th November 2017?**
4. **Provide percentage of achievement in proportion of LFU brought back to the treatment and No. PLHIV whose atleast one family member is referred for HIV testing and received the result**
5. **Provide the list of staff in place with details of joining dates.**

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Period (month & year)** | **Name of Project in 2015-16 and 2016-17** | **Source of Funding** | **Amount (in Rs.)** | **List of Key Project Activities** | **Major Outcomes/ Outputs of the Project** | **Identify Specific Activities Similar to TORs/Scope of Work for SSRs** | **Geographical Area of Activities Mentioned in Column 5 (mention districts)** | **Specify Project Involvement with PLHIV/ PLHIV Networks, if any** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
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