

## Annexure A

### Form - 1

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

(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 authorised 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)

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:  <b>(Please append self-attested copy of Certificate of Incorporation/Registration to this application form)</b>	
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	

S.No.	Item	Response	Please Attach Supporting Documents
<b>Section A</b>			
1.	The organisation has been operational for at least two years in the district where applying for SSR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Report / Financial report for 2018- 2019 & 2019 - 2020 (two years)
2.	Bank account exists in the name of the organization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of bank passbook showing A/c name and address
3.	At least two signatories are required for all banking transactions	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of registration certificate
5.	Organization has Permanent Account Number (PAN)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of PAN Card
6.	Executive committee/ board/trustee formed through a democratic process	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of meeting minutes from last one year (Not earlier than March 2019)
7.	Annual turnover/grant portfolio in each of the last 2 years	<input type="checkbox"/> More than 2 lakh <input type="checkbox"/> Less than 2 lakh	Audited financial statements for each of the last 2 years  2018-2019, 2019-2020
8.	The organisation receives grants from :	<input type="checkbox"/> Government <input type="checkbox"/> Private sector <input type="checkbox"/> NGOs <input type="checkbox"/> Individual donations <input type="checkbox"/> Others, pls. specify	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details

10.	The organisations activities have been evaluated by SACS	<input type="checkbox"/> Yes <input type="checkbox"/> No, skip to Section B	
11.	Organisation activity evaluated by SACS	<input type="checkbox"/> DIC <input type="checkbox"/> CCC <input type="checkbox"/> DLN <input type="checkbox"/> GIPA Project <input type="checkbox"/> Stigma reduction <input type="checkbox"/> TI	Copy of evaluation/s with score
<b>Section B</b>			
1.	Salary to staff paid through cheque	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of bank statements
2.	Appointment letters issued to all staff with job description and signed copies kept by HR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of appointment letter
<b>Section C</b>			
1.	Period that the organisation has been implementing HIV programmes in the district for where applied as SSR	<input type="checkbox"/> > 3 years <input type="checkbox"/> > 2 years <input type="checkbox"/> < 2 Years	Annual Report/ programme documentation
2.	The HIV activities of the organisation cater to	<input type="checkbox"/> PLHIV <input type="checkbox"/> MSM <input type="checkbox"/> Sex workers <input type="checkbox"/> IDU & partners <input type="checkbox"/> TGs/Hijra <input type="checkbox"/> WLHIV <input type="checkbox"/> CLHIV <input type="checkbox"/> Truckers <input type="checkbox"/> Migrants Others, pls specify	Project contract documents
3.	The HIV focus of the organisation is on	<input type="checkbox"/> HIV prevention <input type="checkbox"/> HIV care and support <input type="checkbox"/> Stigma reduction <input type="checkbox"/> Advocacy	
3.A	The organisation provides counselling on issues of positive prevention, family planning, couple-counselling, and maternal health	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.B	The organisation works on treatment literacy	<input type="checkbox"/> Yes	

		<input type="checkbox"/> No	
3.C	The organisation conducts activities to improve the adherence level for people taking ARV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	The organisation conducts HIV related advocacy at district level	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide evidence of successful advocacy efforts
5.	The organisation currently facilitates access for PLHIV to social entitlement schemes/welfare services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual report/program reports
6.	The organisation has experience of providing home based care to PLHIV and their families	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual report/program documentation
7.	Organisation provides information on access to treatment, education and adherence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Programme documentation
8.	Organisation provides psychosocial counselling to PLHIV & their families	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annual report/program documentation
9.	Organization has referrals and linkages for PLHIV to avail legal aid services in the district	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Program documentation, invitation letter, meeting minutes
11.	In case of NGOs, organisation has referrals and linkages with local level PLHIV networks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12.	Organization addresses issues of stigma and discrimination reported at the district or taluka level	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide evidence
<b>Section D</b>			
1.	The organisation routinely collects data and submits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of monthly/quarterly reports from last 6 months

	monthly/quarterly reports on time to donor		
2.	Organisation maintains confidentiality of all clients	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section E</b>			
1.	PLHIV are involved in the decision making in your organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting minutes
2.	Organisation has paid full time staff openly living with HIV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	Organisation has board members openly living with HIV	<input type="checkbox"/> Yes, some members <input type="checkbox"/> All members <input type="checkbox"/> 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)

- 1) Activities that your organisation will conduct to make CSC a safe space for PLHIV from high risk groups (HRG - including FSWs, MSM, Transgender, Hijras and IDUs) to access information and services
- 2) Outreach strategy to reach loss to follow up cases and to address treatment adherence of PLHIV, including orphans and vulnerable children
- 3) Mechanisms at CSC to ensure that PLHIV and their families receive social protection/entitlement benefits from various government schemes
- 4) Plans for meaningful involvement of PLHIV from HRG in the programme
- 5) What are the constraints or hurdles for PLHIV to access care and support services and how do you plan to address them?
- 6) Please provide details of any innovation/unique approach that your organisation has been responsible for in the area of care and support

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

I (name) \_\_\_\_\_ in my capacity as (Designation) \_\_\_\_\_  
of (organisation Name) \_\_\_\_\_  
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  
(organisation Name) \_\_\_\_\_ 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 \_\_\_\_\_

**Please Note:**

**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 31<sup>st</sup> January 2017**
- 4. 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**

Project Period (month & year)	Name of Project*	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

\* Please provide details of projects for the past two years