# Standard Forms for EoI Submission

## FORM 1: Application Letter

*[Insert date]*

To

Heifer Project Nepal

Hattiban Lalitpur

Dear Sir/Madam,

We, the undersigned, offer to provide services for “*[Insert the name of the project]*” in accordance with your Call for Expression of Interest dated *[Insert Date]* in the daily newspaper *[Insert name of Newspaper]*. We are hereby submitting our application.

We are submitting our EoI which is attached herewith. We hereby declare that all the information and statements made in this EoI are true and accept that if any discrepancies contained in, it may lead to the disqualification of our application.

We understand you are not bound to accept any EoI you receive. We agree with your selection process and will fully support as needed.

Yours sincerely,

Authorized Signature: *[In full and initials]*

Name and Title of Signatory:

Name of Applicant: *[With seal/stamp]*

Address:

Enclosed documents with EoI are

1. .... . ........... .... .. . . page

2. ...... ....... ......... ...... ......... page FORM 2: Organizational Profile and Relevant Experience

### FORM 2.1: Organizational Profile

|  |  |  |  |
| --- | --- | --- | --- |
| S. N | **Particulars** | **Detail Information** | |
|  | Name of the organization |  | |
|  | Type of Organization |  | |
|  | Organizational Goal and Objectives (according to statute) | Goal:  Objectives: | |
|  | Working sectors (according to bylaws) | 1.  2.  3.  4. | |
|  | Geographical coverage/ District and Rural/Municipalities (according to bylaws) | Name of Districts:  Name of R/Municipalities | |
|  | Contact address and contact person | Physical Address:  Name of the Contact Person:  Position:  Official Phone Number:  Email: | |
|  | Registration status | Registration No. |  |
| Reg. date |  |
| Name of reg. authority |  |
| Renewal Valid Date |  |
|  | Date of Latest Renewal |  | |
|  | Social Welfare Council Affiliation Status Number, affiliated date and last renewal date | SWC affiliation no. |  |
| Affiliated date |  |
| Renewal Valid date |  |
|  | PAN registration number and date | PAN No.:  Date: | |
|  | Tax clearance certificate | Yes/No  Latest fiscal year of clearance: | |
|  | Recent AGM date | Date | |
|  | Total number of full-time staff | Full time staff: | |
|  | Working Sector/ Area of service provided according to previous assignments (formal partnership with other organizations) | 1.  2.  3.  4. | |
|  | Name of written policies and procedures of the organization |  | |
|  | Descriptions of Accounting System and accounting software application | Name of accounting system:  Accounting software and application used: | |
|  | Description of Procurement and asset management system |  | |

### 

### FORM 2.2: Workable physical assets and equipment with the organization

|  |  |  |  |
| --- | --- | --- | --- |
| **Assets and equipment (E.g. computer, building, vehicles)** | **Unit** | **Quantity** | **Remarks** |
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### FORM 2.3: Description/composition of Executive Committee (EC) of the organization

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Sex** | **Ethnicity** | **Position** | **Education** | **Tenure in executive committee (From- Till)** |
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### FORM 2.4: Description of Current Staff (Please do not mention details of past historical data)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **Name of Staff** | **Sex** | **Caste/**  **Ethnicity** | **Education** | **Position** | **Name of assigned** | **Area of Expertise** | **Experience (Yrs)** | **Staff Type (core/professional)** |
|  |  |  |  |  |  |  |  |  |  |
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### FORM 2.5: Description of the Annual Financial turnover for the last three years

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| --- | --- | --- |
| **S.N** | **Fiscal Year** | **Turnover NPR** |
| 1 | 2080/81 BS |  |
| 2 | 2079/80 BS |  |
| 3 | 2078/79 BS |  |

### FORM 2.6 Organizational track records of last seven years (please mention current work experience first)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **Name of Project** | **Client/Funding Agency** | **Sector/areas of project focus** | **Project districts, R/municipalities** | **No. of Target Group (eg: household, Group, Cooperatives, Private Sectors etc.)** | **Contract Duration (start-end, total year)** | **Contract Value in NPR** | **Contact References of Client /funding agency** |
|  |  |  |  |  |  |  |  | Primary Contact Person:  Phone No:  Email: |
|  |  |  |  |  |  |  |  |  |
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### FORM 2.7: Descriptions of partnership with local/provincial/federal governments

2.7.1 Please provide following information of existing/past projects if the project mentioned in 2.6 are supported/co-invested by government agencies.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Name (refer 2.6) | Sector/areas of project focus | Name of government organization | Project Period (AD) | | Total Amount in NPR. | Remarks |
| From | To |
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2.7.2 Realized amount of Leveraged Resources (LR) from different donor/sources in the current and recently completed projects (Other than beneficiary contribution and group/cooperative fund). Please provide following information of existing/past projects as mentioned in 2.6 with name of source,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project Name (refer form 2.6) | Name of source | Local Resource Leverage (NPR) | | Remarks |
| LRL Planned | LRL Realized |
|  |  |  |  |  |
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*Note: Local resource leverage (LRL) is the sum of capital and resources strategically mobilized by the organization/project to achieve respective project objectives but not captured in organization’s financial books e.g. government or private sectors grants facilitate from different sources to CBOs/Groups/Users committees etc. that was not part of project budget.*

## 

## Checklist for EoI Submission:

|  |  |
| --- | --- |
| Document | Included (Y/N) |
| Form 1 : Application Letter |  |
| Form 2.1 : Organizational Profile |  |
| Form 2.2 : Workable Physical Assets and Equipment with Organization |  |
| Form 2.3 : Description/ composition of Executive Committee (EC) |  |
| Form 2.4 : Description of Current Staff |  |
| Form 2.5 : Description of the Annual Financial turnover for the last three years |  |
| Form 2.6 : Organizational track records |  |
| Form 2.7 : Descriptions of partnership with local/provincial/federal governments and LR (2.7.1-2.7.2) |  |
| Copies of following documents   * + NGO Registration Certificate   + Organization bylaws   + Affiliation Certificate in Social Welfare Council (SWC) with latest renewal   + PAN Certificate   + Latest tax clearance certificate (FY 080-81).   + Audit Reports (last 3 fiscal year).   + Recent AGM Meeting minutes   + Self-declaration letter duly certified by authorized person of board in the letter pad that there is no conflict of interest, the organization is not blacklisted, and not punished for professional conduct.   + Relevant work experiences letters from donors |  |