



**NATIONAL AIDS CONTROL PROGRAMME
PR-GFATM
MINISTRY OF NATIONAL HEALTH SERVICES REGULATION &
COORDINATION
GOVERNMENT OF PAKISTAN**

Application Form

EOI # 016/2017 'Hiring of iNGO as Sub Recipient of GFATM Grant NFR 2018-20

Eligibility Criteria

- iNGO/Organization registered with Govt of Pakistan.
- Valid FTN/NTN.
- Overall minimum 10 years of work experience.
- Experience in public health.
- Experience as Principle Recipient or Sub Recipient of grant management.

Instructions

- Use Times New Roman font size 12, 1 spacing to complete the application form.
- Answer all the questions accurately. Incomplete applications will not be assessed.
- Applications may only be submitted by organizations who can meet the National AIDS Control Programme (PR-GFATM) requirements for a Sub Recipient.
- Please submit hard copy; this application form, a profile of the organisation, and all the required documents listed.

S No.	Description	Applicant's Comments
1.0	Name of Organization	
1.1	Physical Address	
1.2	Type of Organization	
1.3	Contact Person Details	
1.4	Name	
1.5	Designation	
1.6	Telephone No.	
1.7	Cell No.	
1.8	Email	
1.9	Website	
1.10	Company Registration No.	
1.11	Tax Registration No.	
1.12	Non-Profit Organization Registration No.	
2.0	Past Experience	
2.1	Provide brief overview of overall past experience (max. 2 pages)	
3.0	Provide brief overview of relevant work experience.	
3.1	Describe the package of services delivered and involvement of the communities in the design of the package of services	
3.2	In which provinces and district have you been working in and /or are planning to work.	
3.3	For what time period you have done the relevant projects (Years/Months)	
3.4	With whom you collaborated or have strong working relationship e.g AIDS Control projects/Civil Society/Organizations/National Organizations	
3.5	Have you received funding for the	

	implementation of programme, if so who was the donor and what funds were received and spent per annum	
4.0	Capacity to fulfil the functions of a Sub Recipient (max 02 pages). Why has your organization decided to apply to become a SR?	
4.1	Describe any past experience and perform in being a Global Fund PR or SR.	
4.2	Describe any past experience in being an implementer for any other international donor, beside Global Fund	
4.3	Describe any Sub grant experience that you have included how many Sub-Sub Recipients (SSR)you managed, the total annual value of funds sub granted, the funder involved and the time period.	
4.4	List Organizations main source of funding and the annual value of each source	
5.0	Organizational System	
5.1	Please explain Financial Health of your organization like Liquidity Debt ration No. of months of operations your organization List of all funds	
5.2	Please Out line your human resource capacity for financial management	
5.3	The role of the board, board name , gender breakdown	
5.4	The structure and function of finance department	
5.5	Key positions, names of the incumbents, their qualification, number of year relevant experience in tabular form	
5.6	Financial accounting and financial reporting system	
5.7	Financial disbursement system	
5.8	Procurement and supply management system	
5.9	Warehousing and inventory control system of pharma and health products	

Documents Check List (Documents Submitted)

S.No.	Documents	Submitted (Please mark yes)
1	Application (Word Form)	
2	Application Form Singed (PDF)	
3	Organizational profile	
4	List of acronyms and abbreviations	
5	Annex-1: NPO Registration	
6	Annex-2: FBR Registration Certificate	
7	Annex 3: Proof of legal entity	
8	Annex 4: Most recent audited annual statement	
9	Annex 5: Organogram of organization	
10	Annex 6: Current organizational budget	
11	Annex 7: Board of Directors (Name, positions, etc) tabular form	

Signature

Date:

Stamp:

Declaration by the Authorized Person

Dear Sir,

Having examined and completed the application form, I the undersigned, express an interest in providing services of a sub -recipient for the GFATM grant NFR 2018-2020.

We hereby declare that the information and statement made in this expression of interest are true and accept that any misrepresentation contained in it may lead to our disqualification.

We understand that procuring agency is not bound to accept any application you may receive.

Name and Position	Duly authorized to sign for and on behalf of
Signature	Date