



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

Application Form

EOI # 016/2017 “Hiring of National NGO/iNG/Organization as Sub Recipient of GFATM
Grant NFR 2018-20
Re-advertisement

Eligibility Criteria

- National NGO/International NGO/Organization registered with Govt of Pakistan.
- Valid FTN/NTN.
- Overall minimum 10 years of work experience in health sector.
- Minimum 05 years of experience in public health preferable in HIV/AIDS with key populations and presence in all the provinces of Pakistan.
- Experience of grant management minimum USD 2.5 M

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 (Contact Person) | |
| 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 details of your last five years projects as per mentioned. i-Name of Donner ii-Geographical Location Province /District iii-Description of the projects (Package or Services delivered) iv-Total Worth of project v-Mode of implementation (Self implementation or through partners). | Please provide detail in matrix form |

| | | |
|------------|---|-------------------------------|
| 4.0 | Documentation | |
| 4.1 | Annual progress report / donor reporting Please share at least three reports as evidence | |
| 5.0 | Organizational System | |
| 5.1 | Please explain Financial Health of your organization like Liquidity Debt ration duration of operations of your organization List of all funds | |
| 5.2 | Please Out line your human resource capacity for financial management | |
| 5.3 | The structure and function of finance department | |
| 5.4 | Profile of technical staff (Programme, Finance, M&E and Supply Management, Warehousing) their qualification, number of years relevant experience in tabular form. | |
| 5.5 | -Accounting and financial reporting system -Financial Management Manual -Accounting system | |
| 5.6 | Financial disbursement system | |
| 5.7 | Procurement and supply management system | (Please provide manual /SOPs) |
| 5.8 | Warehousing and inventory control system of pharma and health products | (Please provide manual /SOPs) |

Documents Check List (Documents Submitted)

| S.No. | Documents | Submitted (Yes/No) |
|-------|--|-----------------------|
| 1 | Application (Word Form) | |
| 2 | Application Form Singed (PDF) | |
| 3 | Organizational profile | |
| 4 | List of acronyms and abbreviations | |
| 5 | Annex-1: NGO/Organization Registration | |
| 6 | Annex-2: FBR Registration Certificate | |
| 7 | Annex 3: Proof of legal entity | |
| 8 | Annex 4: Last two audited reports | |
| 9 | Annex 5: Latest Bank Statement | |
| 10 | Annex 6: Organogram of organization | |
| 11 | Annex 7: Current organizational budget | |
| 12 | Annex 8: Board of Directors (Name, positions, etc) tabular form | |
| 13 | Annex 9: Detail of last five years projects as per detail mentioned in 3.1 | |
| 14 | Annex 10: Annual Reports as per detail mentioned in 4.1 | |
| 15 | Annex 11: Profile of technical staff as per detail mentioned in 5.4 | |
| 16 | Annex 12: Financial reporting system as per detail mentioned in 5.5 | |
| 17 | Annex 13: Warehousing and Supply Management System (Manual or SOPs) | |
| 18 | Annex 14: Undertaking regarding blacklisting/non-debarment. | |
| 19 | Annex 15: Declaration by authorized person | |

Signature/Stamp

Date:

Annexure - 14

UNDERTAKING

(TO BE FURNISHED ON COMPANY LETTER HEAD WITH REGARD TO
BLACKLISTING/ NON- DEBARMENT, BY ORGANISATION UNDERTAKING
REGARDING BLACKLISTING / NON – DEBARMENT)

The Chairman Procurement Committee,
National AIDS Control Programme,
Islamabad.

We hereby confirm and declare that we, M/s -----, is not
blacklisted/ De-registered/ debarred by any Government department/ Public Sector Organization/
Private Sector/ or any other agency for which we have Executed/ Undertaken the works/ Services
during the last 5 years.

Authorized Signatory:

Date:

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 |
| | |
| | |