**Proposal Format**

1. **Organization Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** | |  | | | |
| **Address** | |  | | | |
| **Website** | |  | | | |
| **Entity Type** | | Section 8 (25) Company / Society / Trust / Others | | | |
| **Project Type** | |  | | | |
| **Project Period** | |  | | | |
| **Location** | |  | | | |
| **State & UTs (Name)** |  | **District/Cities (Name)** |  | **Wards/Blocks/Villages (whichever is applicable)** |  |

1. **Organization Background (150 words):** Capture in brief the organization’s history and journey, objectives, mission & vision, focus themes, and work profile.

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1. **Documents to be shared along with the Proposal:**

|  |  |  |
| --- | --- | --- |
| **Sr No** | **Document** | **Whether submitted (Yes/No)** |
| 1 | Registration certificate | Yes ☐ No ☐ |
| 2 | 12A- Original and Renewal | Yes ☐ No ☐ |
| 3 | 80G- Original and Renewal | Yes ☐ No ☐ |
| 4 | MoA for organization objectives/ By law | Yes ☐ No ☐ |
| 5 | Scan copy of PAN | Yes ☐ No ☐ |
| 6 | Last three years ITR | Yes ☐ No ☐ |
| 7 | Audited financials for the last three years | Yes ☐ No ☐ |
| 8 | Last year annual report | Yes ☐ No ☐ |
| 9 | FCRA certificate (not mandatory) | Yes ☐ No ☐ |
| 10 | Board of Directors Details including independent members | Yes ☐ No ☐ |

1. **Is the proposed project aligned to the organisation’s MoA /By Laws / Trust deeds? Yes/No**
2. **Details of funding received:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** | **Year of Implementation** | **Description & Reach** | **Budget**  **(INR)** | **Supported by** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Proposed ECICE project brief (1000 words):** Capture project brief covering aspects like Situation assessment (including Highlights of the National and location specific situation, preparedness and response, Proposed Solution, Mechanism of Implementation in terms of end line delivery (Including liaison with Government/other stakeholders), Timeline, Beneficiaries being targeted (gender wise), Monitoring mechanism, Technology Inclusion, Result & Impact.

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1. **Project Details**

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| --- | --- |
| **Geographical Location (in details)** |  |
| **No of Beneficiaries with age group (If possible share the in excel sheet)** |  |
| **No of frontline worker** |  |
| **No of Rehab professional and other staff required for this project with their qualification, designation and role and responsibility** |  |
| **Children Staff Ratio** |  |
| **Outcome** |  |

1. **Proposed project budget:** Please refer to Budget templet.
2. **Co-funding:** Are there any possibilities of co funding from other donors for this project including Govt.– please state the amount (INR) (Co funding does not disqualify any proposal)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars** | **HCL** | **Government** | **Other Donor** | **Total** |
| Amount (in INR) |  |  |  |  |

1. **Organisational Policies (Please tick): If no, by when can you comply?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Documented** | **In-Practice** |  | **Name** | **Documented** | **In-Practice** |
| Finance & Account | Yes ☐ No ☐ | Yes ☐ No ☐ |  | Sexual Harassment | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Human Resource | Yes ☐ No ☐ | Yes ☐ No ☐ |  | Child Protection | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Procurement | Yes ☐ No ☐ | Yes ☐ No ☐ |  | Data Protection | Yes ☐ No ☐ | Yes ☐ No ☐ |

1. **Additional Information (100 words):** Please provide weblink(s) /shared link for articles, reports, videos, audio, research papers, journals, etc. if any

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1. **Contact Details:**

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| --- | --- | --- | --- |
| Name (Person submitting the Application) |  | Designation |  |
| Mobile Number |  | Email |  |
| Alternate Contact Person |  | Designation |  |
| Alternate Mobile Number |  | Email |  |