|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N** | **List of Documents** | | | | **Available** | | **Detail Information** | | | **Remarks/ Additional Information** |
| **Yes** | **No** |  |
| **Human Resource and Administration** | | | | | | | | | | |
| 1 | District Administration Office (DAO) Registration | | | |  |  | Registration Number and Registered District: | Last Renew Date: | Valid Date: |  |
| 2 | Organization Constitution | | | |  |  |  |  |  |  |
| 3 | Affiliation with Social Welfare Council | | | |  |  | Affiliation Number: | Last Renew Date: | Valid Date: |  |
| 4 | Permanent Account Number (PAN) | | | |  |  | Number: | | |  |
| 5 | Inclusiveness in board member composition | | | |  |  |  |  |  |  |
| 6 | Regular General Assembly Held *(mention the last general assembly date on the remarks column)* | | | |  |  |  |  |  |  |
| 7 | Policies | | | |  |  |  |  |  |  |
| a | Human Resource (aligned with Labor Act 2074) *specify the major existing provisions in the remarks/additional information column* | | |  |  |  |  |  |  |
| b | Admin | | |  |  |  |  |  |  |
| c | Code of Conduct | | |  |  |  |  |  |  |
|  | i | | Prevention of Sexual Exploitation Abuse and Harassment (PSEAH) |  |  |  |  |  |  |
| ii | | Child Protection |  |  |  |  |  |  |
| iii | | Anti-corruption |  |  |  |  |  |  |
| d | Gender and Social Inclusion | | |  |  |  |  |  |  |
| **S.N** | **List of Documents** | | | | **Yes** | **No** | **Detail Information** | | | **Remarks/ Additional Information** |
| **Finance and Compliance** | | | | | | | | | | |
| 1 | Tax Clearance Certificate | | | |  |  | Last Tax Clearance Date**:** | | |  |
| 2 | Finance/Procurement Policy | | | |  |  |  |  |  |  |
|  | a. | | Internal Control Mechanism in place | |  |  |  |  |  |  |
|  | b. | | Zero Tolerance/Anticorruption mechanism | |  |  |  |  |  |  |
| 3 | Accounting Software*(mention name of software in the remarks/additional information column)* | | | |  |  |  |  |  |  |
| **Program** | | | | | | | | | | |
| 1 | Give brief description about major expertise of the organization | | | |  |  |  | | | |
| 2 | List of existing projects and funding partners | | | |  |  |  | | | |
| 3 | Experience | | | |  |  |  |  |  |  |
|  | a. | Neglected Tropical Diseases *(For Example: Leprosy, Filariasis, Soil Transmit Helminthes, Kala-azar). (any one or more diseases)* | | |  |  |  |  |  |  |
| b. | Maternal and Neonatal Health | | |  |  |  |  |  |  |
| c. | WASH | | |  |  |  |  |  |  |
| d. | Disability | | |  |  |  |  |  |  |
| e. | Community Awareness, Mobilization and Empowerment | | |  |  |  |  |  |  |
| f. | Advocacy with Government and other stakeholders | | |  |  |  |  |  |  |
| g. | Others *(please specify)* | | |  |  |  |  |  |  |
| 4 | Experience working with local groups/committees (mothers’ group, self-help groups, child clubs, etc) | | | |  |  |  |  |  |  |
| 5 | M&E policy framework and Quality Control Measures/tools exists | | | |  |  |  |  |  |  |
| 6 | Achievements/Reports/ Success stories are well documented and shared with concerned stakeholders | | | |  |  | *(if yes, mention your publication)* | | | |
| 7 | Progress Report Published *(mention the last annual report published on the remarks column)* | | | |  |  |  |  |  |  |

***Instructions:***

* This checklist should be filled and signed by the authorized person of the organization and also should include the organization stamp.
* You can increase/decrease the table size but please do not change the table format.