|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.