**Technical Proposal ( Annexure-2)**

**Application for Technical Support Agency (TSA) for Pilot demonstration of Sea-weed Farming & Market Linkage under ECRICC Project, SPMU, Odisha**

**To**

**The State Project Director**

**SPMU, ECRICC, Odisha, Bhubaneswar.**

 ***Profile of the Organization***

1. Name of the Organization:
2. Details of Registration of the Organization:

***(NB: Photocopy of the Registration Certificate to be annexed with this application signed by the competent functionary of the organization)***

1. Whether the registration of the organization is valid as on date of application (Yes/No)
2. Name & Designation of the Chief Functionaries of the Organization:

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| --- | --- | --- | --- |
| Sl. No | Name of the Chief Functionaries of the Organization | Designation | Present Address, Contact No and E-mail ID |
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1. Regd. Address of the Organization and contact details:

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| --- | --- | --- |
|  Regd. Address |  Phone No./ Fax. No | Office E-mail ID |
|  |  |  |

1. Office Address and contact details (Phone, Fax & E-mail) of the Organization in the proposed project district/landscape (if any):
2. Registration Details including PAN/TAN, 12 A,80 G & GST No of the Organization:

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| --- | --- | --- | --- | --- |
| Details of Valid PAN No. | Details of Valid TAN No. | Details of 12 A | Details of 80 G | Details of GST (If any) |
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*(****NB:*** ***Certified copies of PAN, TAN, 12 A, 80G, GST registration to be annexed with the application)***

1. If the NGO/LLP/ Trust/Company / Partnership Firm/ Society was ever blacklisted by any organization including Government **(Yes/NO)**

and if Yes, reasons thereof.

***(Submission of declaration by the Chief Functionary of the Organization in this regard to be attached during application)***

1. If any criminal Proceedings initiated / pending against the Organization/ Company/Partnership Firm/Trust/ Society , If yes submit the details:
2. Banking Information of the Organization:

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| --- | --- | --- | --- |
| **Name of the Bank and Branch Address** | **Type of Account****Saving/ Current/ Others** | **Bank Account Number and IFSC Code.** | **Signatory of the account and designation.** |
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| ***NB: Photocopy of the Bank Passbook to be annexed with the application.***  |

1. **Experience of the Organization on Seaweed Farming in Odisha:**

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| --- | --- | --- | --- | --- | --- | --- |
| SN | Name of the Project Implemented by the Organization. | Total No. of Beneficiaries covered | Donor/ Funding Organization of the Project/ Government | Period of Implementation (Month & Year) (From-To) | Total Budget of the Project and No. of Households covered | Area of project implementation(District and Block) in Odisha |
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1. **Experience of the Organization on Network with the Market Linkage Players with Seaweed production/Value Addition.**

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| --- | --- | --- | --- | --- | --- |
| SN | Year of Market Linkage | Name and Address of Higher Supply Chain Player | No. of Seaweed Farmers covered. | Quantity Sold (In Tons) |  Remarks (Evidence of market linkage may be annexed in the application) |
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1. **Full Time Technical Staff/Resource Persons engaged by the Organization for Seaweed Farming.**

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| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of the Professional Staff | Qualification | Area of Expertise | Total Experience ( in Months and Years ) | Contact Details |
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*(NB****: Separate sheet may be attached in the application along with their CVs - if required.)***

1. **Experience of the Organization working with the Communities at Grassroot level.**

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| --- | --- | --- | --- | --- | --- | --- |
| SN | Name of the Project Implemented by the Organization. | Thematic areas and key objectives of the project | Donor/ Funding Organization of the Project/ Government | Period of Implementation (Month & Year)(From-To) | Total Budget of the Project and No. of Households covered | Area of project implementation |
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*(NB:* ***Separate sheet shall be annexed during application process).***

1. **Experience of the Organization in Technical Training & Capacity Building of Seaweed Farmers & Implementors in Odisha**.

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| --- | --- | --- | --- | --- |
| Sl.No | Total Nos of Trainings on Seaweed Farming completed  | Total No. of Seaweed Farmers & Implementors completed. | Year of Execution (Month and Year) (From-To) | Donor |
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1. **Educational Qualification and Experience of the proposed Staff/Professionals to be deployed by the Organization for this assignment**.

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| --- | --- | --- | --- | --- | --- | --- |
| Position | Name of the Proposed Candidate | Educational Qualification | Total Experience | Date of Birth | Sex (Male/ Female) | Contact Details |
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***(NB: CV and consent letter of the proposed candidates to be annexed during application process)***

1. **Brief Justification note from the organization for suitability to take the assignment of TSA- Seaweed farming & Market Linkage under ECRICC Project in Odisha. (In One Page Only)**
2. ***Details of Board / Governing Body Members of the Organization:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sl. No | Name of the Board/ Governing Body members of the Organization | Designation | Qualification and Experience  | Present Address, Contact Number and E-mail ID |
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***(NB: Details of Board/ Governing Body Members shall be annexed in the application form. Annexure-13)***

1. ***Certified Copy of the Resolution of the Board/ Governing Body of the Organization for authorization to sign in the documents / Digital Signature/Ink Signature on behalf of the organization for submission of application for selection/engagement of TSA- Seaweed farming & Market Linkage under ECRICC Project.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Date of Meeting of Board / Governing Body of the Organization* | *Resolution Number and Date* | *Name of the functionary /person of the organization and designation with delegation of power and authorization by the board/ governing body to sign in the documents with DoT/ Digital Signature/ Ink Signature etc.* | *Contact Details of the Authorized Person*  |  *Remarks* *(If any)*  |
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1. ***Certified Copy of the updated Byelaw / Memorandum and Articles of Association of the Organization duly signed by the authorized signatory with seal with copies of relevant amendments as on date of application.***

*(NB: Certified Copy of the updated Bye-law/ Memorandum and Articles Association of the Organization with all amendments as on date of application to be annexed with the application.)*

**Annexure-3**

**FINANCIAL PROPOSAL FOR SELECTION & ENGAGEMENT OF TSA- SEAWEED FARMING & MARKET LINKAGE UNDER ECRICC PROJECT , ODISHA**

 **(AMOUNT IN INR)**

TO

 THE STATE PROJECT DIRECTOR

 SPMU, ECRICC, BHUBANESWAR-751015

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| --- | --- | --- | --- | --- |
| **SL. NO** | **ITEMS OF EXPENDITURE** | **UNIT COST** | **UNIT** | **TOTAL COST(IN RS.)**  |
| 1 | FEE OF PROFESSIONALS FOR 12 MONTHS ( 2 NOs of PROFESSIONALS)  |  |  |  |
| 2 | TRAVEL OF PROFESSIONALS (No. of Days) |  |  |  |
| 3 | VISIT OF TECHNICAL TEAM DURING IMPLEMENTATION ( NO OF DAYS)  |  |  |  |
| 4 | CONSULTANCY FEE (LUMSUM) |  |  |  |
| 5 |  FEE OF RPs ( NO OF RPs) |  |  |  |
| 6 | DOCUMENTATION CHARGES (LUMSUM) |  |  |  |
| 7 | CONTINGENCY ( LUMSUM)  |  |  |  |
|  | **SUB-TOTAL** |  |  |  |
| **8** | GST CHARGES @ 18% OF SUB-TOTAL |  |  |  |
|  | **TOTAL COST** |  |  |  |