**Technical Proposal (Annexure-2)**

**Application for selection of Expert Organization for training of local communities to monitor coastal ecology in the project landscapes of ECRICC, Odisha at SPMU, ECRICC Project, Bhubaneswar.**

**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 |
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1. Office Address and contact details (Phone, Fax & E-mail) of the Organization in Odisha (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/Trust/Company / Foundation/ 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 inclusive capacity building programs for coastal communities, Community Resource Persons, development professionals on issues related to climate change, conservation and restoration of coastal ecosystem and its monitoring in India.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| SN | Name of the Project implemented by the Organization. | Total No. of Training Programs conducted | Donor/ Funding Organization of the Project/ Government | Category of Participants  | Period of Implementation (Month & Year) (From-To) | Total Budget of the Project and No. of Households covered | Area of project implementation(District , Block, State etc) |
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1. **Experience of the Organization on working with local NGOs / CSOs/ VSS/EDCs. WSHG Federations etc in** **for at least One Year in Odisha**

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| SN | Name of the Project | DurationFrom ..To( Month & Year) | Total Nos of the Institutions worked with | Areas of Thematic Support | Areas of Operation /support in Odisha. ( District ) |
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1. **Experience of the Organization having trained and technical pool of resource persons including expert professionals/ resource persons for developing training modules, participatory planning and monitoring tools on coastal ecology and conservation measures.**

Expert Professionals /Resource Persons available with the Organization for developing training modules, participatory planning and monitoring tools on coastal ecology and conservation measures**.**

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| **Sl. No.** | **Name of the Professional Staff** | **Qualification** | **Area of Expertise** | **Total Experience on developing training modules, participatory planning & monitoring tools on coastal ecology and conservation measures.** **( 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 GoO/GoI and/or other International Organizations.**

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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/UN agencies.** | **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 applying delivery of Environment & Social Safeguard Framework as per UN or other International Organizations.**

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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/UN agencies/International organizations  | 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).***

**16.Educational Qualification and Experience of the proposed Staff/Professionals to be deployed by the Organization for this consulting 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)***

**17.Brief Justification note from the organization for suitability to take the proposed consulting assignment under ECRICC project in Odisha (In One Page Only)**

1. ***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.)***

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 /proposal for this consulting assignment 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 Byelaw/ 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 (Amount in INR)**

**FOR**

**Selection of Expert Organization for**

**Training of Local Communities to Monitor Coastal Ecology in the project landscapes of ECRICC, Odisha**

TO

 THE STATE PROJECT DIRECTOR

 SPMU, ECRICC, BHUBANESWAR-751015

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| --- | --- | --- | --- | --- |
| **Sl. No** | **Items of EXPENDITURE** | **UNIT COST** | **UNIT** | **TOTAL COST** |
| 1 | Consultancy FEE ( No .of Days) |  |  |  |
| 2 | TRAVEL EXPENSES (No. of Days) |  |  |  |
| 3 | FOOD & ACCOMODATION ( No. of Days)  |  |  |  |
| 4 | CONTINGENCY (STATIONARY & OTHER EXPENSES-LUMSUM) |  |  |  |
|  | **Sub-TOTAL** |  |  |  |
| **5** | **GST CHARGES** |  |  |  |
|  | **TOTAL COST** |  |  |  |