

Annexure-A

Details of the Organisation:

1. Introduction

- a. Name of the organization-
- b. Acronym of the organization, if any -
- c. Registered Office Address of the organization -

i. Complete Address:

ii. Mail:

iii. Landline:

iv. Visiting office time:

d. Contact Person

i. Name -

ii. Designation / Title -

iii. Telephone No - Landline -

Mobile -

Email -

iv. Address of Contact Person, if different from (c) -

2. Identity/ Legal Status

i. Is organization registered- Yes ___ No ___

ii. If yes, Under Society Act- _____ Under Trust Act _____

Under Company Act _____ If any other, specify _____
(Section -25)Year of registration-

iii. Year of registration

iv. Since how long it is operational (No. of years)-

v. Operational area of the organization

State/s- (only indicate the number)

District/s- Block/s- Village/s-

vi. Whether it is registered under Income Tax- Yes _____ No _____

vii. Whether organization is registered under FCRA- Yes _____ No _____

3. Governance

- i. What are VMG (vision, mission, goal) of the organization – (Attach annual reports for the previous 3 years)
- ii. Are those reflected in the program taken by the organization: (Yes/No)
- iii. What are sources of fund for the organisation
 Corpus _____ Endowment Donation _____ Govt. grant _____
 Donor’s grant, if others specify (Foreign) _____

4. Management /Administration

- a) Briefly mention administrative set up below (Chief Executive – flow chart)
- b) Are role and responsibility of staff clearly defined Yes _____ No _____
- c) Are staff issued with letters of appointment /contract Yes _____ No _____

5. Financial Management

- i. Whether audit by external auditors (Yes/ No)
- ii. Do you have system of Internal control - Yes _____ No _____
- iii. If yes, specify -
- IV. What financial statements are prepared organization–
 Balance sheet
 Receipt & Payment
 Income & Expenditure
 Cash flow statement
 Other specify _____

Financial Particulars of the Agency

Financial Year	Turnover from Professional Services	Turnover from otherActivities	Total Turnover	Income tax return filed (yes/ no)
2021-22				
2022-23				
2023-24				

- Attach copies of Receipts & Payments, Income & Expenditure and Balance Sheet for these years
- Please attach last three assessment years Income Tax Return receipt (Kindly attach Xerox copy of PIN & TIN certificate)

6. Management / Administration

- i. Briefly mention administrative set up below CEO/ Managing Director – (flow chart)
- ii. Are role and responsibility of staff clearly defined: (Yes/ No)
- iii. Are staff issued with letters of appointment / contact: (Yes/ No)

[Please attach relevant documents in the attachment]

Audited Balance Sheet

Financial year	Audited Balance sheet submitted (Yes/No)	Remarks
2021-22		
2022-23		
2023-24		

7. Personnel / Staff (Current status)

- i. Total number of staffs–
- ii. No. of permanent staffs – (M / F)
- iii. No. of temporary staffs– (M / F)
- iv. No. of technical / professional staffs (M / F) please specify

Details of Staffs to be appointed for the Project

Name	Position	Engaged since (year)	Qualification

(CVs to be attached for proposed staffs)

8. Work Experience

- a. Was the organisation black listed any time? If yes, provide the details
- b. District and Block proposed for the program

District Name	Block Name

- c. Key Focus areas of work of the organization in the proposed district
(Main 4 areas relevant for this programme)

District Name	Block Name	Focus Area	No of Years of Experience	Coverage (No of Acres)	Partner Agency (Govt/ Donor / NABARD etc)

- d. Three previous experience in working with Government departments in the proposed district

Project	Name	Coverage (No. of HHs)	Coverage in Acrea	Coverage (No. of HHs)

- e. Experience in working with Community Based Organisations :
(CBO/FPO/Farmer groups) in the proposed district

- i) Has the organization worked with eligible CBO/FPO/Farmer groups in the past : Yes/No
- ii) Please briefly describe your work with community organization within the district proposed in last 5 years ?

Block Name	CBO/FPO/Farmer Groups name	Year	Activity	Converge (No. of HHs)	Financial transaction

- f. Do you have any similar production related projects mentioned in the proposed district

- a. Hybrid Maize Production
- b. BT Cotton Promotion (Yes/No)
- c. Eucalyptus plantation (Yes/No)
- d. Lemongrass (Yes/No)
- e. Any other crop with hybrid seeds (Yes/No)

- Please mention existing marketing facilities available for indigenous aromatic and non- aromatic paddy:

District Name	Indigenous aromatic/ non- aromatic paddy varieties	Existing marketing facilities availability (Yes/No)	Tie up/ MoU for domestic market	Tie up/ MoU for international market	Total quantity marketed (MT)

- Please mention the proposed villages and area coverage envisaged for the Project?

Block Name	Panchayat Name	Village Name	No. of Household	Area to be covered (Hectare)	Years of Work Experience in the Proposed areas (GP and Villages)

- Please mention any other achievements related Organic Farming in the proposed district ?

- Please give three reasons why your organisation is the best organisation for promotion of organic agriculture in the district ?

- Have you work with farmers on PGS certification or third party certification? If yes, please provide details.

- Are you registered as Regional Council with National Centre for organic farming? If yes please provide details.

This is to certify that the information given above are true to the best of my knowledge and believe.

Authorised Signatory and Seal

Note below:

Required supporting documents should be attached with Annexure A.