



**Goa State AIDS control Society  
1<sup>st</sup> Floor, Dayanand Smruti Building,  
Swami Vivekanand Road,  
Panaji –Goa. 403001**

**Invitation for ‘Expression of Interest’ (EOI) from NGOs/CBOs for establishing Community Care Center (CCC)**

As per National AIDS Control Organization guidelines, Goa State AIDS Control Society has decided to establish Community Care Center for PLHAs, in North Goa District. Community Care Center is designed to provide short stay facility to PLHAs counseling, support, treatment of minor opportunistic infections, ART adherence and other support services in tune with the NACP III objectives of reducing burden of HIV/AIDS in the Country.

NGOs/CBOs which are in possession of infrastructure for accommodating ten PLHAs and provision of required services are invited to apply in the prescribed format, available at Goa State AIDS Control Society office and on website [www.goasacs.nic.in](http://www.goasacs.nic.in)

Operational guidelines for Community Care Center can be accessed at [www.nacoindia.org](http://www.nacoindia.org)

Expression of interest may be submitted to Project Director on the aforementioned address latest by 19<sup>th</sup> July 2010.

**Annexure-8B**

**EMPANELMENT DATA FORM FOR EOI FROM CBOs/NGOs**

**Section A: Basic Information**

1. Name of the Organization :
2. Postal Address :  
PIN: District:
3. Telephone : Telex Fax Email:
4. Legal Status : ( ) Society ( ) Company ( ) Other (specify)
5. Registration Details : Registered on (Date)  
By
6. Contact person :  
Designation :

**Section B: Organisational Background:**

7. Assets/Infrastructure of the Organisation

Category Worth in rupees  
(eg. Land, building)

8. a: Please provide details, regarding the annual budget of your organization

Year	Source	Amount
2009-10		
2008-09		
2007-08		

8. b : Whether blacklisted by CAPART or any other government organisation in the past? If yes, provide details:

**Section C: Current Programmes being run by the organization**

9. Geographical location of Work- List Village, Panchayat, Block, Taluka/Sub-Division, District (Each location should be separately specified)

10. Population with which they are presently working :

( ) Rural /Urban :  
( ) Socio-economic group :

- ( ) Occupational group :
- ( ) Sex groups :
- ( ) Students/Educational Institution :
- ( ) Youth :
- ( ) Women groups :
- ( ) Others :

11. Please provide basic information on the key projects carried out by your organization since the last three years (5 lines of each subject- attach separately)

- Community served
- Objective
- Strategies
- Main Outcomes
- Evaluation methods employed
- Evaluation results

12. A brief write up on the programmes the organization currently runs.

*(no more than three pages)*

#### **Section D: Documentation Required**

13. Copies of the following documents need to be provided

- Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./ Trust Deed
- Activity Report /Annual report of the organization for the last three years
- Annual Audit Report of the organization for the last three years
- Income Tax Registration and Exemption Certificate if any
- FCRA Registration Certificate if any
- List of Board /Governing Body members with Contact details and occupation

14. Name of the person who filled this form:

- Qualification and experience :
- Designation :
- Address :