NGO Fact Sheet

Date of Filling Place

|  |  |  |  |
| --- | --- | --- | --- |
| Name of NGO |  | | |
| Acronym if any |  | | |
| Date of Establishment |  | | |
| Organizational Address |  | | |
| Tel. No |  | Fax No |  |
| Website/URL |  | | |
| Contact Person Name |  | Designation |  |
| Mobile Number |  | E Mail ID |  |
| Mission (150-200 words) |  | | |
| History & Vision of the Organization (200 words limit) | **Vision:** | | |
| Beneficiary Group & Impact: | (Please highlight all that apply)  Children and Education Health  Livelihoods Elderly  Disability Rural Development  Disaster Preparedness Civic Issues  Others (please specify) | | |

# Legal Compliance

[Please state NA (Not Applicable) wherever required]

**Name as it appears in Bank Account:**

**DD Payable at:**

|  |  |  |  |
| --- | --- | --- | --- |
| TYPE OF REGISTRATION | REGISTRATION NUMBER | DATE OF REGISTRATION | VALIDITY |
| Societies Reg. Act 1860 |  |  |  |
| Public Trust Act |  |  |  |
| PAN Number |  |  |  |
| FCRA Registration |  |  |  |
| Registration certificate U/s 12 A Income Tax |  |  |  |
| U/s, 80-G from the Income Tax |  |  |  |

NOTE: Please provide copies of each Type of Registration as Annexure

# Details of Board Members

(Please provide the following details of all the board members as an annexure)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Name | Designation | Contact details | E Mail ID |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |

# Financial Information

Please provide the details of your annual budget for past 3 years and top 3 donors who contributed towards that in the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Fiscal Year | Sr. No | Name of the Donor | Domestic / Foreign DONATION | | Name of the project | | AMOUNT (in INR) |
|  |  | | | | | |  |
| 1 |  | |  | |  |  |
| 2 |  | |  | |  |  |
| 3 |  | |  | |  |  |
|  |  | | | | | |  |
| 1 |  | |  | |  |  |
| 2 |  | |  | |  |  |
| 3 |  | |  | |  |  |
|  |  | | | | | |  |
| 1 |  | |  | |  |  |
| 2 |  | |  | |  |  |
| 3 |  | |  | |  |  |

Please provide a scanned copy of the following documents:

* Audited statement of accounts for last 3 financial years
* Balance Sheet for last 3 years
* Annual Report for the past 3 years

# Awards & Recognition

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Title of Award | Awarding Organization | Year |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

# Employee Information

Organizational Structure

(Please provide the Organizational Structure showing the present staff position and future requirements as an attachment)

Please highlight the presence and number of each kind of staff in your organization currently in the table below.

|  |  |  |
| --- | --- | --- |
| Type of Staff | Yes/No | Current Number |
| Permanent |  |  |
| Contractual |  |  |
| Voluntary |  |  |
| Others (Please specify) |  |  |

# Impact and Outreach

Please provide a brief description of all programs in the last financial year

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Project | Geography | Start Date–End Date | Expected outcome | Target Segment (Group) of Operation | Achievements |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please include two Case Studies related to your work. Provide background, needs, and other relevant information about the service target group.

# Volunteering

We often get requests from corporate employees for volunteering opportunities. We request you to provide the following information to help us facilitate the process of helping volunteers find a role that they would be committed to and helping you find committed volunteers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Program | No. of Volunteers Required | Geography of Work | Duration | Nature of Work | Special Skill Sets |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

This submission was considered and approved by:

(Name) (Name)

(Designation) (Designation)

(Date) (Date)

Application check-list

Please indicate if you have completed all requirements as per checklist below and attached required documents as annexure. Kindly indicate compliance with a ‘Yes’ or a ‘No’.

|  |  |  |
| --- | --- | --- |
| S. No. | INFORMATION REQUIREMENT | YES / NO |
| 1 | Contact Details |  |
| 2 | Legal Compliance Information |  |
| 3 | Management Team and Governance |  |
| 4 | Financial Details |  |
| 5 | Staff List |  |
| 6 | Impact & Outreach Profile |  |
| 7 | Dated signatures of Executive Director and Board Chairperson |  |

|  |  |  |
| --- | --- | --- |
| S. No. | TITLE OF ANNEXURE | YES / NO |
| 1 | Copy of Registration Certificate/Trust Deed/ Sec 125 company |  |
| 2 | Copy of FCRA |  |
| 3 | Copy of MOA & AOA/ MOA & By-Laws (as applicable) |  |
| 4 | Copy of 12A, 80G tax exemption certificate |  |
| 5 | GST/ Any other statutory requirement– if applicable |  |
| 6 | Complete Details of Board Members  (1.Latest Board Resolution with list of Board members filed with Authorities such as Society/Trust/Company Act as applicable  2. Additions & Deletions of members registered with societies also) |  |
| 7 | Copy of PAN Card |  |
| 8 | **Policies**  Accounting policy  Purchase policy If available  HR – staff benefits, travel benefits |  |
| 9 | Audited statement of accounts for last 3 financial years |  |
| 10 | Income tax acknowledgements / ITR/ Form 10B certificate/ Form 10/ Resolution of Board if there is excess funds / Auditor certificate/ R&P accounts/ I&E accounts/Balance sheet/annexures if any/ Notes of accounts |  |
| 11 | Q return acknowledgements for previous financial year – 24Q&26Q (if applicable) |  |
| 12 | FC4 for Last 3 years |  |
| 13 | Annual Report for the past 3 years |  |
| 14 | Organizational Structure/ Organogram |  |
| 15 | Copy of any newsletter published/circulated by your organization |  |
| 16 | Copy of any Press Coverage received |  |
| 17 | PF & Gratuity  ESI/ Medical insurance -If Applicable  Profession Tax |  |
|  |