**NGO RESOURCE CENTER**

**Karve Institute of Social Service**

*Supported By*

**TECH MAHINDRA FOUNDATION**

**NGO PROFILE**

1. **AGENCY PROFILE**
2. **Name of NGO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Mobile**
6. **E-mail**
7. **Website**
8. **Year of establishment**
9. **Registered as:** Societies registration / Public trust / Company section25
10. **Certification**: 80 G / 125 section / FCRA
11. **VISION STATEMENT**
12. **MISSION STATEMENT**
13. **Goals and objectives of agency:**
14. **Brief History of evolution of agencies programme:**
15. **BOARD OF DIRECTORS / MANAGING COMMITTEE** (List to be attached) **Annexure**
16. **PROGRAMMES / ACTIVITES**

**16.1 Permanent programmes / activities** (List to be attached)

* 1. **Programmes / activities taken up per emerging need /s**

**16.3Frequency of programmers** (If occasional)

**17.List of Key Projects:**

|  |  |  |  |
| --- | --- | --- | --- |
| **16.1 Project Details** | **1.** | **2.** | **3.** |
| **16.2 Objectives of Programme** |  |  |  |
| **16.3 Type of Beneficiaries** |  |  |  |
| **16.4 Activities under the Programme** |  |  |  |
| **16.5 Staff allotted in no.** | **Project director:**  **Project co-coordinator:**  **Field staff:**  **Any other:** | **Project director:**  **Project co-coordinator:**  **Field staff:**  **Any other:** | **Project director:**  **Project co-coordinator:**  **Field staff:**  **Any other:** |

**17. Staff Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **17.1 Name of Designation** | **No. of Employees** | **Educational qualification** | **Experience** |
| **17.2 Project Director** |  |  |  |
| **17.3 Project Manager** |  |  |  |
| **17.4 Project coordinators** |  |  |  |
| **17.5 Supervisors** |  |  |  |
| **17.6 Clerical Staff** |  |  |  |
| **17.8 Field workers** |  |  |  |
| **17.9 Any other** |  |  |  |

1. **Source of Fund for each Programme:**

**18.1 Foreign Funding Yes No**

**18.2 Government funding Yes No**

**18.3 Individual donations Yes No**

* 1. **Fees/ community participation**

**19. HR policy / Practices (make a checklist) (Record Verbatim)**

**19.1 a) Recruitment and selection process**

**b) Job Description**

**c) Training**

**d) Performance Appraisal**

**e) Salaries**

**19.2 If No: were any efforts done in this direction:**

**20. Staff appraisal practices (Formal/ Informal) Yes No**

**20.1 If yes please specific:**

**20.2 If no- How the organization Evaluate the performance of staff**

**20.3 Specify the practice:**

**21. Training Need Assessment**

**21.1 How you identify the training needs?**

|  |  |  |  |
| --- | --- | --- | --- |
| **A)Observation** | **B) New recruit** | **C)feedback** | **D. Organization or project requirement** |
|  |  |  |  |

**21.2 Do you conduct in house training? Yes No**

**21.3 If yes how you decide the training need?**

**21.4 Is there any procedure? If yes please specify**

**21.5 Do you depute outside trainer for it? Yes No**

**21.6 How the training decision make?**

**21.7 For who take the decision of training? For whom?**

**22. Staff training**:

**22.1 Do you have any procedure of Staff training? Yes No**

**22.2 If Yes, at what Stage?**

|  |  |  |
| --- | --- | --- |
| a) Induction | b) Yearly | c)As per project need |
|  |  |  |

**22.3** Intervals of training (please tick the frequency):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a)Name of Designation** | Every year | Half yearly | Quarterly | Every month |
| **b)Project**  **Director** |  |  |  |  |
| **c)Project Manager** |  |  |  |  |
| **d)Project coordinators** |  |  |  |  |
| **e)Supervisors** |  |  |  |  |
| **f)Field workers** |  |  |  |  |
| **g)Any other** |  |  |  |  |

**22.4** **Resource persons**: Indigenous Outside experts

**22.5 Type of training**: Soft Skills Technical Personal development

Supervisory Managerial

**23 Staffs turn over**

**23.1 Staff turnover** : Frequent Occasional Rare

**23.2 Who leaves**: Office staff Professional staff Technical Social worker

**23.3 If frequent, reasons**

**24. Details of beneficiaries**

**24.1 Number of beneficiaries during the last year**

**24.2 Type of beneficiaries**

**24.3 Other stakeholders**

**25. FUNDING PATTERN**

**25.1 Programme wise funds-**

1. **Government grants Yes No**
2. **Foreign Grants Yes No**
3. **Voluntary funding(by people, institution) Yes No**

**25.2 Own resources/ Properties or rented hall**

**25.3 Funding agencies**: Indian / Foreign (Specify country)

**25.4 Grant pattern** Please tick the option

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| One time | Yearly | 3 yearly | 5 yearly | As per need |
|  |  |  |  |  |

**26. AREA / FIELD OF WORK**

(Record verbatim)

**27. Was need assessment / baseline survey done for the projects? Yes No**

a) If yes, when? How?

b) If not, how were community’s needs identified?

**28. NETWORKING**

**28.1 Do you have collaboration/partnership with the NGO? Yes No**

A) If yes, with which organization/Network?

B) if not, reasons

C) Do you want to connect with any Organization/network? Yes No

**29. Assets (**Please tick existing)

|  |  |  |  |
| --- | --- | --- | --- |
| a)Own Building/accommodation | b)Vehicle/s in no. | c)Machinery for training | d)Other please specify |
|  |  |  |  |

**30. Training needs felt (Please tick options)**

a) At organizational level (who are the participants)

1. **Project Proposal Writing**
2. **Log Frame Analysis**
3. **Fund Raising**
4. **Resource Mobilization and Donor Management**
5. **Financial Management**
6. **For in-home trainer**
7. **Project Appraisal, Monitoring and Evaluation**
8. **Report writing and Documentation**
9. **Good governance model**
10. **Managerial skills**

**b) Capacity Building of Staff**

1. Managerial training
2. Co-ordination
3. Team work
4. Convincing skills
5. Counseling
6. Communication
7. Using Participator methodologies
8. Research and documentation

**31. Volunteer force (Please tick)**

**Yes No**

**31.1 If yes, which level?**

**32.2 Community level**

**33.3 CBO /SHD’s/Community based volunteer**

**34.4 Youth group**

**34.5 Any other please specific**

**34.6** If yes, type **(Please tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| **General Work** | **Professional work** | **Technical Work** | **Other** |
|  |  |  |  |

**34.7** Frequency of work by Volunteers

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weekly | Monthly | Quarterly | Half yearly | Yearly | Depends |
|  |  |  |  |  |  |

**34.8 Need of Volunteers for**: Yes No

**35. Awards received if any**:

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name of the Award | Year | In form of |
|  |  |  |  |
|  |  |  |  |

**36. Evaluation pattern**

**36.1 Internal**

a) Frequency: Yearly / 6 monthly / other

b) At what level/s

c) Who does the evaluation?

**36.2** **External** / Third party (Please specify)

a) Frequency

b) Evaluation agency

c) Is there any Monitory System?

**36.3 a)** Do you conduct Social Audit? Yes No

b) If yes how you conduct the social audit?

c) Internally/externally from whom?

d) If no why not? Have you felt

**37. Other general information**

**38. Investigator’s remarks/ Observations**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**