

Annex IV

Questionnaire Related To Advertisment For holding and facilitating workshops in Tehran and other cities to train supervisors of prisons core peer groups



(Please type)

General Information:

Full name of organization (in Farsi):

Full name of organization (in English):

Central office address:

Tel No:

Fax No:

E-mail:

Website:

Name of General Manager:

Name of Chair of Board of Directors/Trustees:

Please attach CV/resume of General Manager and Chair of Board of Directors/Trustees.

Legal and Registration Information:

Organization's year of establishment (سال شروع فعالیت) :

Organization's official registration date:(سال ثبت رسمی):

Please specify under which of the following modalities/organizations the entity is registered:

Ministry of Interior Office as a Non- governmental/non- profit organization (ثبت در وزارت کشور)

Youth national organization (ثبت در سازمان ملی جوانان) :

Office of registration of companies and industrial ownership (اداره کل ثبت شرکتها و مالکیت صنعتی)

Others:

Registered under name of:

Number and date of registration on permission of activity (شماره و تاریخ ثبت مجور فعالیت) :

Please attach all legal and registration documents.

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Summary of Goals and Mission of Organization Based on Official Permission of Activity & Article of Association:

Personnel Information:

Number of the member of Board of Directors/Trustees:

Number of employees (excluding Board of Directors/Trustees):

Number of employees working in finance and accounting sections:

Please specify the number of finance team members and their field of expertise who can be assigned for fulltime services to the activities for the duration of the contract):

Name of health, medicine and psychology experts proposed as lecturer for this workshop (please indicate exact field of expertise and attach CV/Resume):

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In which of the following HIV/AIDS related areas the organization has previous experience?

- Advocacy
- Support of people living with HIV/AIDS related illness in legal affairs
- Abstinence based programs
- Peer groups
- Support of vulnerable groups (sex workers and street children)
- Training youth and public awareness raising
- Charity & financial support to people living with HIV/AIDS related illness
- Harm reduction programs eg: syringe distribution or methadone administration
- Training activities
- Others (please mention):

Geographical spread of previous activities (please specify the names of countries, cities and towns where your organization has performed activities) :

Selected Activities Involving health and HIV/AIDS educational workshops during the past 5 years

Please indicate date, short description of activities, institutes or organizations which participated in the activity, number of people who benefited from the activities and financial scale of the activity. (If required you can use an extra sheet)

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Cooperation with other organizations:
Please explain any previous cooperation with Prison Organization:
Please explain any previous cooperation with International Organizations:
Others (such as other Government offices, NGOs, Academia, etc.)

Financial information:
Annual budget in the field of health & HIV/AIDS during the past 3 years
Annual expenditure in the field of health & HIV/AIDS during the past 3 years
Has the organization been audited during the past 5 years by an external auditor (if your answer is yes it is construed as your confirmation that audit report will be available to UNDP upon request)?

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Attachment

Please attach following documents:

- Company/organization profile / شرح فعالیت های سازمان
- Copy of notice of registration of organization (official gazette) / کپی آگهی ثبت (روزنامه رسمی)
- Copy of permission(s) of activity / کپی مجوز فعالیت
- Copy of article of association / کپی اساسنامه
- CV of the full-time managerial and supervisory staff & proposed list of lecturers
رزومه افراد کلیدی سازمان و مدرسین پیشنهادی

Please also provide other documents including copy of contracts, reports and publications

Other explanations:

Name and signature of the general manager

Name:

Signature and stamp:

Date: