



PDMA/PaRRSA
**Provincial Disaster Management Authority/
Provincial Reconstruction Rehabilitation & Settlement Authority**
Civil Secretariat, Peshawar.
Phone: (091) 9211805, Fax: (091) 9214025
www.pdma.gov.pk



AD(O&C)PDMA/NGO/INGOs/7/2013

Dated: 18/06/2013

To

The Head UNOCHA,
Sub office, Peshawar.

Subject: **AGREED FORMAT FOR WORK NOC**

I am directed to refer to the subject cited above and to state that in the meeting of PSM held on 13/03/2013, it was agreed that two separate consensus formats for travel and work NOCs may be developed and would be circulated by PDMA (work NOC) and Home Department (Travel NOC) at earliest. The agreed formats for Work NOC is attached herewith approved by all quarter concerned.

Moreover, copy of the documents/NOC from Ministry of Interior would be a pre-requisit for processing the case for security clearance. After 30th June, 2013 requests cases lacking Ministry of Interior (MOI) NOCs will not be entertained by Headquarter 11 Corps.

(ZIA UR REHMAN)
Assistant Director
(Operation & Coordinations)

Cc for information to the:

1. PA to Director General, PDMA/PaRRSA, Khyber Pakhtunkhwa.
2. PA to Director (Relief & Operations) PDMA Khyber Pakhtunkhwa.

Assistant Director
(Operation & Coordinations)

Annexures



PDMA-PaRRSA

Provincial Disaster Management Authority-
Provincial Reconstruction, Rehabilitation & Settlement Authority, KP
Civil Secretariat, Peshawar, Phone: (091) 9211805, Fax: 9214025

www.pdma.gov.pk



Project Document/Proposal¹

for Implementation of Relief, Early Recovery and Reconstruction/
Rehabilitation Projects/Programs in Khyber Pakhtunkhwa

Section I – Organization Contact Information

Section I – Organization Contact Information			
Name			
Office Details	Mail address	Phone No.	Fax No.
Project Office:			
Provincial Office:			
National/Head Office (in Pak):			
Key Staff Info:	District /Project Site	Provincial Level, if any.	National Level, if any.
Name of Person			
Phone No.			
Cell No.			
Email address			
Fax No.			
Key Staff Info:	Donors Agency/ Implementing Partner ² -1.	Implementing Partner-2, if any.	Implementing Partner-2, if any.
Name of Person			
Phone No.			
Cell No.			
Email address			
Fax No.			

¹ This will be used for submission of project document/proposal along with request for issuance/time extension in NoC.

² Implementing agency is the contractor/sub-contractor responsible for implementation of the project.

Section II – Human Resource (HR) Details**Section II- (a): Details of Foreigners working in the NGO/INGO**

S No.	Name	Copy of Passport	Address of Home Country	Address in Pakistan
1				
2				
3				

Section II- (b): Details of Existing locals working in the NGO/INGO

S No.	Name	Father Name	CNIC	Complete Address (Permanent & Temporary)	Contact No
1					
2					
3					
4					

Section II- (c): Details of Project undertaken by the NGO/INGO in the project area

S No.	Name of Project	Project Area	Cluster	Donor Organization
1				
2				
3				
4				
5				

* The list of local staff hired by the Organization after issuance of NOC will be shared with 11 Corps & Home & Tribal Affairs department through PDMA

* Separate sheet may be attached for additional staff names.

Section III – Project Summary

1. Project Title:	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>																												
2. Project relates to:	<p><i>Please tick (v) relevant boxes, Multiple selection possible.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Description</th> <th rowspan="2" style="width: 10%;">Area</th> <th colspan="4" style="width: 60%;">Nature of Project/Proposal</th> </tr> <tr> <th style="width: 15%;">Relief</th> <th style="width: 15%;">Recovery</th> <th style="width: 15%;">Reconstruction</th> <th style="width: 15%;">Rehabilitation</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">1. Post Conflict</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: left;">2. Post Flood</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td style="text-align: left;">3. Any Other, specify__</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Description	Area	Nature of Project/Proposal				Relief	Recovery	Reconstruction	Rehabilitation	1. Post Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Post Flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Any Other, specify__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. If under plan give project No.	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>																												
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8. Geographic Location & Beneficiaries	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Province</th> <th style="width: 25%;">District</th> <th style="width: 25%;">Tehsil³</th> <th style="width: 25%;">Union Council</th> <th style="width: 20%;">Villages</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Province	District	Tehsil ³	Union Council	Villages																							
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³ Tehsil and Union Council names are compulsory and should be provided.

9. Estimated number of direct beneficiaries:	Please fill in the total number of direct HH/beneficiaries. If project is covering more than one sector, please indicate separate beneficiaries in separate rows.																	
	Sector Name	District	Households	Individuals	No. of Male	No. of Female												
10. Proposed timeframe for project:	Please indicate the duration of the project: _____ months approximately																	
	From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
	<i>Day, Month and Year</i>		<i>Day, Month and Year</i>															
11. Summary of Estimated Project cost	Please fill in the total cost in USDs. If project is covering more than one sector pls indicate separate project costs for separate sectors.																	
	Description of Budget Item	Amount in USD	Equivalent Amount (PKR in million)	%age to total	Remarks													
	Program/Activity																	
	Human Resource																	
	Operational																	
	Total																	
13. Amount of fund confirmed	USD _____ Equivalent Amount in PKR: _____																	

Section IV – Project Details

Project Background⁴:

Project Rational⁵:

Implementation Strategy:

⁴ This portion should indicate the background of the project. Rationale and importance of the proposed project intervention. It should describe the current problem and its relationships with the target population and how it has been identified (field assessments, meetings with local authorities, surveys, etc).

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Project Goal⁶:

Outcomes & Output⁷:

Coordination Mechanism⁸:

⁶ Indicate the specific objective/s of the proposed intervention

⁷ Provide a comprehensive description of the project components and the way they contribute to achievement of the project objectives. It should make explicit the way the proposed intervention addresses and solve identified problems. If the project is to be executed by any partner organization, please include the details about them.

⁸ Indicate government counterparts whom the organization has been coordinating with for this project; also mention the cluster/coordination meeting, this project was discussed with NGOs or UN Agencies.

Checklist for Supporting documents: The following documents are enclosed with the project proposal.

No.	Name of the Document	Documents attached
1.	Covering letter from the NGO to PDMA-PaRRSA	Yes: <input type="checkbox"/> No <input type="checkbox"/>
2.	Profile of the Organization	Yes: <input type="checkbox"/> No <input type="checkbox"/>
3.	Copy of the Registration proof (in-case of INGO, registration proof with Economic Affairs Division (EAD))	Yes: <input type="checkbox"/> No <input type="checkbox"/>
4.	CNIC Copy of signatory	Yes: <input type="checkbox"/> No <input type="checkbox"/>
5.	Documentary proof /evidence of the of source of funding	Yes: <input type="checkbox"/> No <input type="checkbox"/>
6.	Work Plan on prescribed format	Yes: <input type="checkbox"/> No <input type="checkbox"/>
7.	Logical Frame Analysis on prescribed format	Yes: <input type="checkbox"/> No <input type="checkbox"/>
8.	Application will be 'vetted' by the concerned clusters/Early Recovery Working Group or Thematic group, as the case may be.	Yes: <input type="checkbox"/> No <input type="checkbox"/>
9.	Agreement between Donor and Organization	Yes: <input type="checkbox"/> No <input type="checkbox"/>