NOMINATION FORM

		The Organization
Name of Organization	:	
Main Office Address	:	
Telephone Number/s	:	
Fax Number/s	:	
Mail Address	:	
Website URL	:	
Facebook URL	:	
Twitter Handle	:	
Youtube Channel	:	
		The Representative
Name of Representative	:	
Office Address	:	
Telephone Number/s	:	
Fax Number/s	:	
Mobile Number	:	
Mail Address	:	
Facebook URL	:	
Twitter Handle	:	
		The Alternate
Name of Alternate	:	
Office Address	:	
Telephone Number/s	:	
Fax Number/s	:	
Mobile Number	:	
Mail Address	:	
Facebook URL	:	
Twitter Handle		



1. INSTRUCTIONS

- 1.1. This form is subdivided into five (5) categories, namely:
 - A. Organizational Profile
 - B. Leadership Profile
 - C. Organizational Health and Operational Capacity
 - D. Service and Track Record
 - E. Organizational Standards and Agenda
- 1.2. Please provide all details asked for. You may add pages if necessary. The forms may be photocopied. Should you have questions, please contact the IACVAWC Secretariat.
- 1.3. Please submit supporting documents for specific sections, as required. The organization must submit names for a primary representative and an alternate.

2. THE NOMINATION AND SELECTION PROCESS

2.1. Nomination Form Submission and Screening

By submitting this form you agree to being nominated by any of the IACVAWC Council Members.

The nomination form screening is the first stage of the process. In this stage, your nomination form will be reviewed by the IACVAWC Secretariat only to the extent of certifying that the form is duly accomplished and all supporting documents required above have been submitted.

Your nomination form will not be submitted to the Council for review if incomplete.

2.2. Review and Nomination by IACVAWC Council Members

An IACVAWC Council Meeting will be called for purposes of reviewing all submitted nomination forms, and recording of official nominations.

2.3. Voting and Selection by IACVAWC Council Members

A NGO may receive as many as eleven (11) votes. To be officially selected as representative however, an NGO needs only seven (7) votes or the most number of votes in case there are abstentions or by final vote of the Chairperson of the Council in case of a tie.

Voting shall be done through secret balloting. Tallying of scores shall be transparent. This exercise will be performed during an IACVAWC Council Meeting called specifically for this purpose.

A resolution shall be signed and issued by the Council to formalize the selection of the representative.

3. CRITERIA AND ELIGIBILITY FOR NOMINATION

The following are minimum requirements to render an organization and its designated representatives eligible for nomination:

3.1. THE ORGANIZATION

- 3.1.1. The NGO is a duly licensed and registered non-stock, non-profit, and non-government organization in the Philippines;
- 3.1.2. The NGO has been implementing anti-VAW programs or services in the Philippines and has a proven track record of involvement in the advocacy against VAW, the prevention of VAW, or the protection of women victim-survivors for at least three (3) years;
- 3.1.3. Preferably, the NGO must be working with sectors or clients belonging to the marginalized sectors (i.e. IP, Muslim, women with disability);
- 3.1.4. It has a multi-disciplinary national or international network, or it is at least a member of an international or national NGO coalition or federation;
- 3.1.5. It must have a proven track record in collaborating with government or other non-government and civil society organizations for at least 3 years; and
- 3.1.6. There are no pending civil or administrative cases or investigation before any office, court, or tribunal against the NGO.

3.2. THE REPRESENTATIVE

- 3.2.1. The representative has been involved in the organization for at least 3 years;
- 3.2.2. Preferably, he or she is an acknowledged advocate on women's rights, familiar with gender and development principles and framework, willing to work with diverse groups, adheres to the ethical principles of integrity and fairness, gender-sensitive, and knowledgeable about VAW-related concerns of the sector his or her NGO is representing; and
- 3.2.3. There are no pending criminal, civil, or administrative cases or investigation before any office, court, or tribunal against the representative.

4. MODALITY OF NGO PARTICIPATION

Inasmuch as RA 9262 does not have direct provisions for NGO membership in IACVAWC, NGO participation shall be consultative in nature. The following modalities shall be followed:

- 4.1. NGO participation in the regular council meetings shall be by invitation only if there are important concerns that need to be discussed with them. The representatives shall take on an "observer" status during meetings;
- 4.2. The Technical Working Committees (TWCs) representing Primary Prevention, Response System, and Cross Cutting Structures and Actions will also invite concerned NGOs to their meetings and workshops as needed;
- 4.3. Their involvement could also be through a specific project or activity and shall be covered by a memorandum of agreement (similar with the arrangement with NAPC-WSC for the pilot testing of monitoring tool for assessing the functionality of Barangay VAW Desks); and
- 4.4. Their attendance and participation in IACVAWC-led activities shall be ensured.

5. FUNCTIONS OF NGO AND NGO REPRESENTATIVES

The selected NGOs and NGO representatives are expected to fulfil the following functions:

- 5.1. Contribute to the development of gender-responsive anti-VAW policies, programs, and services;
- 5.2. Assist IACVAWC in conducting advocacy to end VAW, awareness raising on women's rights and related laws on gender-based violence, and capacity building for frontline service providers;
- 5.3. Provide assistance in monitoring the functionality of local mechanisms on VAW such as PCAT-VAWC, LCAT-VAWC, and Barangay VAW Desks; and
- 5.4. Attend Council and TWC meetings as necessary.



Please answer the following questions:

A. ORGANIZATIONAL PROFILE

	What is the organization's vision state	ement?
<u>-</u>	What is/are the organization's mission	n statement/s?
3.	What are the organization's outcome	statements in relation to VAW?
_	Outcomes	Explanatory Note / Context
••	Please discuss your view of the protone gap, your contribution, and ch	e current VAW situation in the Philippines blem and the existing interventions. Discus nallenges as well as successes in policy s. Discuss as well relevant threats an

add rows when necessary.

Programs /	Description	Output/Targets
Services	(describe the program and	(reach/scope/area of
	indicate timeline of	programs, and target
	implementation)	beneficiaries)

6. Please submit a 1 Page Organizational Profile.

B. LEADERSHIP PROFILE

B.1 THE PRIMARY REPRESENTATIVE

Please answer the following questions / Fill the required fields:

1.	Full Name (Family, First, Middle):			
2.	Current Position:	Period of Office:		
	Please briefly describe the roles and res			
4.	Is the representative authorized (with		YES	NO
	another person/officer) to enter into legand in behalf of the organization?	gally binding agreements for		
5	Does the representative have author	prity to assign any of the		
Ο.	organization's personnel to work on			
	conducted in partnership with gove	. ,		
	IACVAWC?	3		
6.	Does the representative have authority	to accept / receive grants /		
	donations from government agencies like	(e the IACVAWC?		
7.	Does the representative have autho	,		
	funds for the conduct of programs/pro	-		
	with government agencies like the IACV	/AWC?		

8. Work experience related to anti-VAW initiatives in the last two (2) years (add rows if necessary):

Role /	Agency/Organization/	Inclusive	Major Achievements
Position	Project/Program	dates	(list gains in the sector
			driven by/as a result of the
			representative's
			involvement)

9. Professional Background. Please enumerate other professional and voluntary engagements of the representative in the last two (2) years. (add rows if necessary): Agency/Organization/ Inclusive **Major Achievements Position** Project/Program dates (list specific gains in the field achieved because of the role played by the representative) 10. Educational Background (add rows if necessary): Degree Earned School / Institution **Inclusive Dates** Awards (if any) 11. Significant Trainings / Conferences / Courses relevant to Anti-VAW initiatives (add rows if necessary): Course/Training/Conference Organizers Role Date and Venue Title 12. Published Work relevant to VAW (add rows if necessary): Title of Article/Book **Synopsis / Short Description** Publisher and **Date Published** 13. Awards / Recognitions / Citations relevant to anti-VAW work Received (add rows if necessary): Title of Award / Recognition Award giving body **Date Received**

B.2 THE ALTERNATE

Please answer the following	questions / Fill the	required fields:
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	sition:			Period	of Office: _			
16. Please brie	fly desci	ribe the roles an	d respo	nsibilitie	es of the Pos	st:		
	ive) to e	uthorized (at me enter into legally		-			YES	NC
	•	ite have auth	ority to	o assi	gn any of	f the		
organization	n's pers	sonnel to work	on pro	ojects/a	ctivities/pro	grams		
	-	tnership with (governm	nent a	gencies like	e the		
IACVAWC?		have authorit	, to ac	cent /	receive ar	ante /		
		ernment agencie	•	•	•	/ داری <i>ا</i>		
20. Does the a	lternate	have authority t	o comm	nit orga	nization fun			
	-	rograms/project		es in	partnership	with		
governmen	t agenci	es like the IACV	AWC?					
(add rows if neces	• • •							
Role / Position		y/Organization ject/Program	_	usive ates		ns in the as a res esentati	e sector sult of t ive's	•
			_		(list gair driven by/ repre	ns in the as a re	e sector sult of t ive's	•
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Position	Pro	ject/Program	da		(list gair driven by/ repre	ns in the as a res esentati	e sector sult of t ive's	•
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Position 22. Educationa Degree Ea	Pro I Backgrarned Training	ound (add rows if nec	essary):	Inclu- es rele	(list gair driven by/ repre inv	Awa	e sector sult of the ive's nt)	he nny)

Course/Training/Conference Title	Organizers	Role	Date and Venue

B.3 THE OFFICIAL LIAISON / CONTACT POINT TO IACVAWC

Please answer the following questions / Fill the required fields:

24. Full nar	1e (Family, First, Middle):		
	Position:		
26. Contact	Details:		
E-m	ail Address:		
Tele	phone Number/s:		
Fax	Number/s:		
Mob	ile Numbers:		
groups/		represent the organization in working the represent the alternate and primate	_
	YES	NO	
28. Please	submit the following:		

- - 34.1. 1 Page Profile with Photo of each of the organization's Trustee
 - 34.2. 1 Page Profile with Photo of the organization's President / CEO
 - 34.3. 1 Page Profile with Photo of the Primary Representative
 - 34.4. 1 Page Profile with Photo of the Alternate
 - 34.5. 1 Page Profile with Photo of the Official Liaison
 - 34.6. Curriculum Vitae of Primary Representative, the Alternate, and the Liaison
 - 34.7. NBI Conference of both the Primary Representative and Alternate
 - 34.8. Statement under oath whether the nominee has any pending criminal or administrative case against her/him.

C. THE ORGANIZATIONAL HEALTH AND OPERATIONAL CAPACITY

Please answer the following questions / fill the required fields:

29. What was the organization's annual budget for the last three (3) years?

Period	Annual Budget	Actual Expenses

30. How much did you spend on anti-VAW programs and services in the last three (3) years?

Peri	od Actual Expenses	Expenses incurrence for Anti-VAW programs/services

31.	Do you have an established automated financial management system? If yes, please describe the system. If NO, please describe your financial management processes.
	YESNO
32.	How sustainable is the organization? Please describe the organization's existing sustainability plan.
	YESNO
33.	Do you have an established Monitoring and Evaluation System? If yes, please describe / illustrate the tool. If no, please describe your process for monitoring and evaluating your programs / services / projects / activities. YESNO
34.	Please submit the following: 40.1. Copies of your audited financial statement for the last three (3) years 40.2. Copies of your SEC Registration, and Accreditation/Registration/Licenses from other relevant government agencies such as DSWD, POEA, DOLE, etc. 40.3. Copy of your license and accreditation from PCNC, and/or copy of licenses / accreditations / registrations from foreign governments (if applicable)
	 40.4. Copies of your Annual Report for the last three (3) years 40.5. Copy of your organizational structure 40.6. List of your current staffing/human resource, with the rank and designation of each person, including volunteers 40.7. Inventory of your current Partners and Collaborators following this matrix

Name of	Classification	Sector Scope
Partner	(please specify as: National Government Agency, Local	of Operations
	Government, Foreign Government, International or	(i.e. women,
	Local Non Government Organization, Academe, Media,	children, OFW,
	Faith-based organization, etc.)	etc.)

D. SERVICE AND TRACK RECORD

Please answer the following questions / fill the required fields:

35. Please enumerate your organization's awards / citations / recognitions related to your work on VAW (add rows if necessary):

Title of Award	Date and Place award was given	Award giving body	Level (indicate if foreign, national, or local)

36. Have you ever partnered with the IACVAWC or its member-agencies (i.e. DSWD, DILG, DOH, PCW, CSC, CWC, CHR, DepEd, DOJ, NBI, DOLE, PNP)? Please enumerate the projects you have implemented together with IACVAWC or its member-agencies (add rows):

Title of Project	Date and Area of implementation	Targets achieved	Your role in the project

37. How many women has the organization directly served in the last three years (add rows)?:

Program/Service	Description	Number served

38. Has the organization trained duty-bearers/stakeholders on subjects related to VAW in the last five years? Please list the trainings and number of people trained (add rows):

Title of Trainings	Description	Number of Duty Bearers and stakeholders Trained	Inclusive Dates

39. Are there any books / researchers / studies related to VAW that the organization has published? Please enumerate them (add rows if necessary):

Title of	Summary /	Key Information that has	Date of Publication
Research /	Description	/ can influence policy or	and Number of
Study / Book	of Content	program development	Copies Distributed

40. Is the organization a member of any local/international Working Group/Committee/ Council, or multi-party body on violence or related issues? Enumerate (add rows):

Name of Agency/Council/ Committee	Role / Mandate	Inclusive Period and Area of Coverage	Agency / policy providing authority for membership

TILL TOUGH GUDITING THE TONG WILL	41.	Please	submit	the	follo	wind	a:
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- 48.1. Copies of best practice citations or results of formal external impact assessments performed on any of your interventions (if applicable)
- 48.2. Copies of features on your organization, including documentaries, published articles, news items mentioning your organization, etc. (if available)
- 48.3. Three (3) letters of endorsement from an organization belonging to the sector you wish to represent.

E. ORGANIZATIONAL STANDARDS AND AGENDA

Please answer the following questions / fill the required fields:

E.1 STANDARDS49. Does the organization have an instir	tutional child protection pol	icy? Please submit
a copy of the policy.		
<u> </u>	YES	NO
50. Does the organization have an in- Please submit a copy of the policy.	stitutional policy on VAW	victim protection?
	YES	NO
51. Does the organization have an ant copy of the policy.	i-sexual harassment policy	? Please submit a
<u> </u>	YES	NO
52. Does the organization have a consequence especially in relation to victim handli	ng? Please submit a copy	of the policy.
	YES	NO
53. Is the organization an equal opported employment guidelines and policy.	unity employer? Please su	bmit a copy of you
<u> </u>	YES	NO
E.2 AGENDA 54. For the next five (5) years, what your priorities in relation to the sector you which to perform in accomplishing such priorities.	rish to represent? Please e priorities.	xplain the role you
Priority Descr	ription of role you will per	form



CERTIFICATION

We hereby certify that the foregoing statements are true and correct.

We acknowledge that this document will be reviewed by members of the Inter-Agency Council on Violence Against Women and Their Children (IACVAWC) in aid of deliberation as to nomination and selection of NGO Representatives to the IACVAWC.

Also, we acknowledge that this document, upon submission, shall become a basis for evaluation of our engagement with IACVAWC and performance as representative of the sector, if nominated and selected as such.

Furthermore, the undersigned acknowledges that submission of this document amounts to our agreement to be designated as Official Liaison, Alternate, and Primary Representative in the event that the organization is selected as an NGO Representative.

Finally, we acknowledge that submission of this document to the IACVAWC amount to our express permission to be nominated and selected as NGO Representative to the IACVAWC.

OFFICIAL LIAISON	ALTERNATE
(signature above printed name)	(signature above printed name)
PRIMARY REP	RESENTATIVE
(signature above	printed name)
PRESIDENT	SECRETARY OF THE BOARD
(signature above printed name)	(signature above printed name)
CHAIRPERSON	OF THE BOARD
	ve printed name)