



## **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.





<b>Programs / Services</b>	<b>Description</b> (describe the program and indicate timeline of implementation)	<b>Output/Targets</b> (reach/scope/area of programs, and target 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: \_\_\_\_\_
3. Please briefly describe the roles and responsibilities of the Post:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- | YES | NO |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
4. Is the representative authorized (without need of approval from another person/officer) to enter into legally binding agreements for and in behalf of the organization?
  5. Does the representative have authority to assign any of the organization's personnel to work on projects/activities/programs conducted in partnership with government agencies like the IACVAWC?
  6. Does the representative have authority to accept / receive grants / donations from government agencies like the IACVAWC?
  7. Does the representative have authority to commit organization funds for the conduct of programs/projects/activities in partnership with government agencies like the IACVAWC?

8. Work experience related to anti-VAW initiatives in the last two (2) years

(add rows if necessary):

<b>Role / Position</b>	<b>Agency/Organization/ Project/Program</b>	<b>Inclusive dates</b>	<b>Major Achievements</b> (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)*:

<b>Role / Position</b>	<b>Agency/Organization/ Project/Program</b>	<b>Inclusive dates</b>	<b>Major Achievements</b> (list specific gains in the field achieved because of the role played by the representative)

10. Educational Background *(add rows if necessary)*:

<b>Degree Earned</b>	<b>School / Institution</b>	<b>Inclusive Dates</b>	<b>Awards</b> <i>(if any)</i>

11. Significant Trainings / Conferences / Courses relevant to Anti-VAW initiatives

*(add rows if necessary)*:

<b>Course/Training/Conference Title</b>	<b>Organizers</b>	<b>Role</b>	<b>Date and Venue</b>

12. Published Work relevant to VAW *(add rows if necessary)*:

<b>Title of Article/Book</b>	<b>Synopsis / Short Description</b>	<b>Publisher and Date Published</b>

13. Awards / Recognitions / Citations relevant to anti-VAW work Received

*(add rows if necessary)*:

<b>Title of Award / Recognition</b>	<b>Award giving body</b>	<b>Date Received</b>



**B.2 THE ALTERNATE**

Please answer the following questions / Fill the required fields:

14. Full name (Family, First, Middle): \_\_\_\_\_
15. Current Position: \_\_\_\_\_ Period of Office: \_\_\_\_\_
16. Please briefly describe the roles and responsibilities of the Post:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- |     |    |
|-----|----|
| YES | NO |
|     |    |
|     |    |
|     |    |
17. Is the alternate authorized (at most, subject to approval of the representative) to enter into legally binding agreements for and in behalf of the organization?
18. Does the alternate have authority to assign any of the organization's personnel to work on projects/activities/programs conducted in partnership with government agencies like the IACVAWC?
19. Does the alternate have authority to accept / receive grants / donations from government agencies like the IACVAWC?
20. Does the alternate have authority to commit organization funds for the conduct of programs/projects/activities in partnership with government agencies like the IACVAWC?

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

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

22. Educational Background (add rows if necessary):

Degree Earned	School / Institution	Inclusive Dates	Awards (if any)

23. Significant Trainings / Conferences / Courses relevant to anti-VAW initiatives  
(add rows if necessary):

Course/Training/Conference Title	Organizers	Role	Date and Venue





<b>Course/Training/Conference Title</b>	<b>Organizers</b>	<b>Role</b>	<b>Date and Venue</b>

**B.3 THE OFFICIAL LIAISON / CONTACT POINT TO IACVAWC**

Please answer the following questions / Fill the required fields:

24. Full name (Family, First, Middle): \_\_\_\_\_

25. Current Position: \_\_\_\_\_ Period of Office: \_\_\_\_\_

26. Contact Details:

E-mail Address:

Telephone Number/s:

Fax Number/s:

Mobile Numbers:

27. Is the liaison authorized to represent the organization in working groups/meetings/ conferences /events if both the alternate and primary representatives are absent?

\_\_\_\_\_ 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?

<b>Period</b>	<b>Annual Budget</b>	<b>Actual Expenses</b>

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

<b>Period</b>	<b>Actual Expenses</b>	<b>Expenses incurrence for Anti-VAW programs/services</b>



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AND THEIR CHILDREN**

31. Do you have an established automated financial management system? If yes, please describe the system. If NO, please describe your financial management processes.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

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32. How sustainable is the organization? Please describe the organization's existing sustainability plan.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

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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.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

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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

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

<b>Title of Award</b>	<b>Date and Place award was given</b>	<b>Award giving body</b>	<b>Level</b> (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):

<b>Title of Project</b>	<b>Date and Area of implementation</b>	<b>Targets achieved</b>	<b>Your role in the project</b>

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

<b>Program/Service</b>	<b>Description</b>	<b>Number served</b>

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):

<b>Title of Trainings</b>	<b>Description</b>	<b>Number of Duty Bearers and stakeholders Trained</b>	<b>Inclusive Dates</b>

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

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



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):

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

41. Please submit the following:

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 STANDARDS**

49. Does the organization have an institutional child protection policy? Please submit a copy of the policy.

\_\_\_\_\_ YES \_\_\_\_\_ NO

50. Does the organization have an institutional policy on VAW victim protection? Please submit a copy of the policy.

\_\_\_\_\_ YES \_\_\_\_\_ NO

51. Does the organization have an anti-sexual harassment policy? Please submit a copy of the policy.

\_\_\_\_\_ YES \_\_\_\_\_ NO

52. Does the organization have a code of conduct for its staff and volunteers especially in relation to victim handling? Please submit a copy of the policy.

\_\_\_\_\_ YES \_\_\_\_\_ NO

53. Is the organization an equal opportunity employer? Please submit a copy of your employment guidelines and policy.

\_\_\_\_\_ YES \_\_\_\_\_ NO

**E.2 AGENDA**

54. For the next five (5) years, what you think should be the IACVAWC's top five (5) priorities in relation to the sector you wish to represent? Please explain the role you wish to perform in accomplishing such priorities.

<b>Priority</b>	<b>Description of role you will perform</b>



**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  
(signature above printed name)

\_\_\_\_\_  
ALTERNATE  
(signature above printed name)

\_\_\_\_\_  
PRIMARY REPRESENTATIVE  
(signature above printed name)

\_\_\_\_\_  
PRESIDENT  
(signature above printed name)

\_\_\_\_\_  
SECRETARY OF THE BOARD  
(signature above printed name)

\_\_\_\_\_  
CHAIRPERSON OF THE BOARD  
(signature above printed name)