



WASH COMPLIANCE CERTIFICATE PRE-QUALIFICATION FORM FOR WASH IN SCHOOLS

General Information:

Name of School: _____

Location (Full Address of Head Office): _____

President/Principal's Name: _____

Contact#: _____ Email Address: _____

Year of establishment: _____ / _____ / _____ (mm/dd/yy)

Address: _____

Telephone No.: _____ E-mail: _____

Institutional Profile:

Faith-Based School: University ☐ College ☐ Technical/Vocational ☐ Secondary ☐
Primary ☐ Early Childhood ☐

None Faith-Based School: University ☐ College ☐ Technical/Vocational ☐ Secondary ☐
Primary ☐ Early Childhood ☐

Type of Business Registration: Sole Proprietorship ☐ Partnership ☐ Corporation ☐

Ownership: Government ☐ Private ☐ None Governmental ☐

This form is only valid with the official stamp of NWASHC

STAMP:



**Financial information/Name of Bank (s) and
Financial Capacity**

ADMINISTRATIVE STAFF INFORMATION

No.	Name	Nationality	Position	Education Qualification/Experience(s)
1.				
2.				
3.				
4.				

NOTE: Please Attached CV and residence and work permits, where applicable

- Permit from the Ministry of Education (MOE)
- Business Registration
- Article of Incorporation, if applicable
- Tax Clearance
- Sanitation and waste management plan/policy, if applicable
- Accreditation from the Ministry of Health, if applicable
- Accreditation from LMHRA, if applicable

WATER, SANITARY AND HYGIENIC FACILITIES:

Number of Hand Washing Facility(ies): One (1) ☐ / Two (2) ☐ / Three (3) ☐ More than Three (3) ☐

Number of Gender Sensitive Latrine(s): One (1) ☐ / Two (2) ☐ / Three (3) ☐ / More than Three (3) ☐

Source of Water: Hand-dug well ☐ / Borehole ☐ / LWSC ☐ / Creeks ☐ / Other: _____

Number of Drinking Water Facility(ies): One (1) ☐ / Two (2) ☐ / Three (3) ☐ / More than Three (3) ☐

I the undersigned hereby certify that the information contained herein is true and correct to the best of my knowledge; any discovery on the contrary by the National Water Sanitation and Hygiene Commission (NWSHC) shall be denied the application.

Name: _____ Position: _____

Signed: _____

Date: _____/_____/_____

Mandate: "To Promote and Regulate the Development, Management of Water, Sanitation and Hygiene Services and Serve as the Principal Government Entity on Water, Sanitation and Hygiene throughout the Republic of Liberia"

OFFICIAL USE ONLY

Review By: _____ Signed: _____
Compliance Officer

Approved By: _____ Signed: _____
Director for Compliance and Regulations