



NWASHC-PQF-000-25

WASH CLEARANCE PRE-QUALIFICATION FORM

Name of NGO (INGO/Local): _____

Location (Head Office): _____

(Sub-Offices): _____

Year of establishment in Liberia: ____/____/____ (mm/dd/yy)

Name of Executive Director: _____

Signature: _____

Date: ____/____/____ (mm/dd/yy)

Address: _____

Telephone No.: _____ Email: _____

WATSAN CONSTRUCTION EXPERIENCES

No.	Project	Source of Funding	Implementing Period	Status
1				
2				
3				
4				
5				

Briefly Describe Difficulties/Lessons

NOTE:

This form is only valid with the official stamp of NWASHC



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"



Financial information
Name of Bank and Financial Capacity

TECHNICAL STAFF INFORMATION

No.	Name	Nationality	Position	Education Qualification/ Experience(s)
1				
2				
3				
4				
5				

NOTE: Attach CV(s)

Please also attach the following Documents

- Approved WASH work Plan for the year
- Approved M&E Report for the past year

If you are into well (s) construction, kindly attach your wells constructed water quality testing report and turn over documents

Equipment /Tools

Indicate if rented or owned by your organization

Please check the equipment/tools available for WATSAN construction

Light Vehicle

One ☐

Two ☐

Three ☐

More than 3

4WD Pick-up

One

Two

Three

More than 3

Rig/Compressor

One

Two

Three

More than 3

Tripod

One

Two

Three

More than 3

Culvert Mould

1.2m

One

Two

More than 3

0.90m

One

Two

More than 3

0.76m

One

Two

More than 3

Chain Block

One

Two

More than 3

Pulley

One

Two

More than 3

Casting yard for culverts fabrication

One

Two

More than 3

State additional equipment/tools if necessary and indicate if rented or owned:

Other:

I hereby certify that the information contained herein is true and accurate to the best of my knowledge, any discovery on the contrary by the **National WASH COMMISSION RISKS DENIAL OF THIS APPLICATION**

Signed: _____ Date: _____ / _____ / _____ /
MONTH DATE YEAR

Name: _____

Position: _____

Name of NGO/Organization: _____

FOR OFFICIAL USE ONLY

Reviewed by: _____

Compliance Officer

Approved by: _____

Director Regulation and Compliance