

APPLICATION FORM

Support to Training and Employment Programme For Women (STEP)

PART- I ORGANISATIONAL DETAILS

1. Name & Address of the Organisation with date and year of Registration, Telephone, Telegram & Fax numbers, if any
2. Nature of Organisation (PSU or Vol. Org.)
3. Registration No. & Date
4. Articles of Association & Constitution of the Organisation.
5. Objectives of the Organisation
6. List of members of the Executive Committee with their occupation and background.
7. Audited statement & Statement Receipts & Payment for two years.
8. Audited balance sheet for last year
9. Copy of the latest Annual Report
10. Major Programmes of the Organisation under Implementation at present.

PART-II
ORGANISATIONAL CAPABILITIES

11. Background of the Org. (Nature of Activities)
12. Experience in income generating Project
13. Experience in income generating Project
14. Infrastructure available in terms of the Organizational Management.
15. District / Block being covered at present
16. Existing marketing capabilities

PART-III
PROJECT PROPOSAL

17. Duration of the Project and year of initiation
18. Project Area
19. Sector
20. Development objectives of the project
21. Proposed physical activities
22. Selection of Beneficiaries
23. No. of Beneficiaries
24. Provision for benchmark survey
25. Details of backward linkage
26. Details of forward linkage
27. Link agencies proposed
28. Other Developmental Programmes in the project area (both Govt. & Voluntary sector)

**PART-IV
PROJECT COST STRUCTURE**

29. Cost components (year-wise)

Non – Recurring				(Rs. in lakhs)
Details	I year	II year	III year	Total
Government of India's share				
Org. share				
State Govt. share				
Others				
<hr/>				
Total				
<hr/>				

Recurring				(Rs. in lakhs)
Details	I year	II year	III year	Total
Government of India's share				
Org. share				
State Govt. share				
Others				
<hr/>				
Total				
<hr/>				

30. Cost sharing details

Non – Recurring & Recurring				(Rs. in lakhs)
Details	I year	II year	III year	Total
Government of India's share				
Org. share				
State Govt. share				
Others				
<hr/>				
Total				
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31. Per Capita Cost

32. Mechanism for mobilization and organizing women (Organizing women producers formal groups including details of awareness

33. Provision for Orientation Training of Functionaries
34. Provision for Orientation Training of beneficiaries.
35. Provision for support services (like crèches, reducing drudgery etc.)
36. Linkages with Adult Education Agencies.
37. Provision for Health Education.
38. Excepted results in terms of increase in income vis-à-vis income before commencement of the project.

Date: _____ (Signature)
Place: _____ Organization's
Rubber Stamp

(To be filled by the State Government in respect of State level local Organizations)

Recommendations of the State Government

The application from _____
(Institution/organisation) is forwarded duly recommended to the Department of Women & Child Development Department Government of India with the following comments.

- (i) That a Senior Officer of the _____ Department has visited the institution/organisation and a copy of the report is attached/has not visited the institution/organisation.
- (ii) That the institution/organisation is recognised and/or registered (under Indian Societies Registration act, 1980).
- (iii) That the Application has been examined and that it is found to be covered under the Scheme.
- (iv) That the scheme for which the application is being recommended is absolutely essential for categories of women as envisaged under the Scheme.

- (v) That the work of the institution/organisation has been reported (wherever such reporting is necessary) as satisfactory during the last two years by the District authorities.
- (vi) That the institution/organisation is not run for profit to any individual or a body of individuals.
- (vii) That assistance has/has not been given by the State Government. In the former case, details of grant sanctioned during the last five years for the purpose may be given.

The State Government recommends that the following grants may be given by the Department of Women & Child Development, Ministry of Human Resource Development.

Item	Recurring	Non-Recurring (Rupees in lakhs)
(a)		
(b)		
(c)		

Signature
Designation
Official Seal

APPLICATION-CUM-MONITORING FORM FOR GRANT-IN-AID FOR ORGANISATIONS UNDER THE SCHEME OF ASSISTANCE TO HOMES (SHISHU GREH) FOR CHILDREN TO PROMOTE IN-COUNTRY ADOPTION

(for 1st Instalment and New Cases)

PART – A

1. Financial year for which grant-in-aid is applied :
2. **Name of the Organisation** : _____

3. **Address of the Organisation** : _____

(STD Code) Tel No. (STD Code) Fax No. E-mail. GRAMS

4. (a) Date of commencement of Sishu Greh :

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- (b) Year of commencement of Grant-in-aid from G.O.I. for the Sishu Greh : _____
5. (a) Name of the Act, under which registered Reg. No. (please attach a photocopy) : _____
- (b) Date of Registration of the Organisation :

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6. (a) Act under which licensed: Lisc. No. (Please attach a photocopy) : _____
- (b) Licensing Authority : _____
- (c) Validity Period :

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7. (a) Complete Address of location/locations where programme/scheme is being implemented. : _____

(STD Code) Tel No. (STD Code) Fax No. E-mail. GRAMS

17. Whether the statements of accounts are submitted along with the application:- Audited Un-audited

18. The amount of support sought from the Ministry for recurring grant-in-aid

(a) Recurring

(b) Non-recurring

(c) Total

19. Details of the scheme for which the grant-in-aid is being applied : _____

20. No. of cases wherein legal expenses were incurred (enclose receipts for the fees paid) _____

LIST OF DOCUMENTS TO BE SUBMITTED ALONGWITH APPLICATION FOR 1ST INSTALMENT

21.	Whether List of Beneficiaries and Number of children place in adoption enclosed	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Whether list of Members of the Board of Management / Governing body enclosed	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Whether details of staff enclosed (appendix-I)	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Whether rent agreement enclosed	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Whether Registration certificate is enclosed	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Memorandum of Association and Bye-laws	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Whether the receipt of the fees paid for legal expenses are enclosed	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Accounts in 4 parts for the project for which grant-in-aid is sought and for the organisation as a whole.	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(i) Income & Expenditure Statement	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(ii) Receipt & Payments Statement	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	(iii) Balance Sheet	:	Yes	No
	(iv) Auditors Report	:	Yes	No
29.	Activity/ Annual Report of the Organisation for the previous year	:		
	(i) Budget Estimates for the project for current year	:	Yes	No
	(ii) Details of beneficiaries on Form-I	:	Yes	No
	(iii) Details Managing Committee on Form-II	:	Yes	No
	(iv) Details of Employee on form-III	:	Yes	No
	(v) Memorandum of Association/bye-laws/ Articles	:	Yes	No
30.	Utilisation Certificate in respect of grants released in the previous year	:	Yes	No
31.	List of additional paper if any given	:	Yes	No

Note.1: In the case of new projects accounts should be audited and the accounts submitted for the last three years. In addition to the above documents please enclose the following:-

- (a) Accounts should be audited and Accounts submitted for the last 3 years.
- (b) Progress Report for the last 3 years.
- (c) List of beneficiaries and No. of children placed in adoption for last 3 years.
- (d) State Government recommendation alongwith an Inspection Report.
- (e) Annual Report for the last 3 years.

VERIFICATION

Certified that above information is in accordance with the records and accounts audited/ to audited and is correct to the best of knowledge and belief of the office-bearers of the organisation, and after its perusal and satisfaction, they have authorised the undersigned by a resolution dated _____ to verify and submit the statement of information for purposes of monitoring the scheme for which grants-in-aid was received from the Ministry of Social Justice & Empowerment. Govt. of India.

2. I also hereby certify that I have read the rules and regulations of the scheme and I undertake to abide by them. On behalf of the Management, I further agree to the following condition:-

- (a) All assets acquired wholly or substantially out of the central grant shall not be encumbered or disposed of utilised for purposes other than those for which the

grant is given. Should the organisation cease to exist at any time, such properties shall revert to the Government of India.

- (b) The accounts of the project shall be properly and separately maintained. They shall always be open to check by an officer deputed by the Government of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
- (c) If the State or the Central Government have reasons to believe that the Grant is not being utilized for approved purposes; the Government of India may stop payment of further installments and recover earlier grant in such manner as they may decide.
- (d) The institution shall exercise reasonable economy in its working especially in respect of expenditure on building.
- (e) Progress reports on the project will be furnished at regular intervals as may be specified by the Government.
- (f) The organisation will bear 10% of the estimated expenditure or the balance of the estimated expenditure on the project as per the guidelines for NGOs only.
- (g) The organisation agrees to make reservation for the Scheduled Castes/Schedule Tribe candidate/ Disabled persons for appointment against the posts required for the working of the organisation in accordance with instructions issued by the Government of India from time to time.
- (h) It is hereby certified that no grant is being received for the same project from any other (Government/ Private/ foreign) sources.

Note: Wherever not applicable, specially in case of new organizations, please write-N.A.

Yours faithfully

Signature of the Authorized Signatory

Name :
Designation :
Address :
Date :
Office Stamp :

PART-B
SISHU GRAH
(Beneficiaries list)

Name of the Scheme:

(A) DETAILS OF BENEFICIARIES (LIST OF CHILDREN IN THE HOME)

- I. Name of the Organisation
- II. Name and address of the Project
- III. Year (previous year)

Sl. No.	Name of the Child	Sex		Date of Birth	Age 0-6 years
		Male	Female		
	(1)		(2)	(3)	(4)

- 1.
- 2.
- 3.

(B) LIST OF CHILDREN PLACED IN ADOPTION

Sl. No.	Name	Sex	Date of Birth	Date of Admission	Status of Intake (surrendered/ Abandoned)	Name & Address of the Adoptive Parents	Whether the child is in foster care (data on which the child was given in foster care)	Date of Adoption	Court Order No.
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PART – C
FORM GFR 19

(See Government of India's Decision (7b) under Rule 149 (3)
Assets acquired wholly or substantially out of Government grants
Register Maintained by grantee institution
Block Account maintained by Sanctioning Authorities
Name of Sanctioning Authority.....

Sl. No.	Name of Grantee Institution	No. and date of sanction.	Amount of the sanctioned grant	Brief purpose of the grant	Whether any condition regarding the right of ownership of Government in the property or other assets acquired out of the grant was incorporated in the grant-in-aid sanctioned	Particulars of assets actually acquired	Value of the Assets as on _____.	Purpose for which utilized at present	Encumbered or not	Reasons if encumbered	Disposed off or not	Reason and authority, if any, for disposal	Amount released on disposal	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Place:

Date:

Signature:

Name of Secretary/President:

Seal of organisation

Note: In case there is no change from the previous year a photocopy of the statement of the previous year be furnished with the following statement "No change from the year _____".

Signed

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

APENDIX-I

The Scheme

DETAILS OF THE STAFF EMPLOYED

Previous Year

Name of the Organisation

Name and address of the Project

Year.

Name and Address	Educational qualification	Date of appointment	Period for which employed during the year	Salary per month	Total salary paid during the year	Remarks

1. (Current Year) (i) Only notify change from the previous year;
(ii) in case there is no change in Part-I from the previous year, please certify as follows.
“No change in staff particulars from the previous years”