APPLICATION CUM MONITORING FORM FOR GRANT-IN-AID TO VOLUNTARY ORGANISATIONS WORKING IN THE FIELD OF INTEGRATED PROGRAMME FOR OLDER PERSONS (for 1st instalment and new cases) PART-A

1.	Financial year for which gran is applied	t-in-aid	:_				_
2.	Name of the Organisation		:				_
3.	(a) Nature of the Project*						_
	(b) Date of commencement	t of the Project		/_	/_]
	(c) Year of Commencemen from G.O.I for the Project]
	(d) Whether the Project is r the state government.	recognised by :		Yes	[No]
4.	Date of Registration of the or	rganization	:	/_	/]
5.	Address of Registered Office	e]
б.(а)	Complete Address of locatio where programme/project/sc being implemented.	n/location	<u>de) Te</u>	el. No: (STD)	Code) Fax	<u>No. F</u>	<u>3-Mail</u>
		<u>E.Mail</u>	<u>(ST</u>]	D Code) Tel. No	: (ST	D Code)) Fax No.
(b)	1 -	Nearest Railway S	Statio	n/Bus stand			
7.	Whether building is:	OWNED	ate [RENTED	ON LEA		DONATED

^{*} Please indicate : 1. Old Age Home, 2. Day care centre, 3. Mobile medical unit,

^{4.} Non-institutional services.

8.(a)	Is the building being utilized exclusively for this program?	:	Yes	No
(b)	If no, provide details of usage	:		
9. (a) meters)	Area of building	:		(in sq.
(b) Nu	umber of rooms	:		
10.	Whether separate project-wise accounts have been maintained for grants sanctioned earlier?	:	Yes	No
11.(a)	Whether principle of joint operation of banks accounts is being followed?	:	Yes	No

12 Details of bank accounts in which grant-in-aid released during previous financial year :

Sl. No	Grant-in- aid for financial year	Sanction letter number	Dated	Recurring Amount	Non- recurring Amount	Bank A/c No.	Name and address of Bank	Person Operating the joint Account
1.								
2.								

13. Whether the statements of accounts submitted		nitted			
Unaudited	alongwith the application	:-			
			(Please	indicate	🗊 against appropriate
			box)		

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

	Cost He ad Group	Rs. in Lakhs	
(a)	Recurring		
(b)	Non-recurring		

15. Whether <i>List of Beneficiaries</i> added as per Form –I :	Yes	No
16. Whether List of Managing Committee added as per Form-II:	Yes	No
17. Whether the <i>List of Employees</i> added as per Form-III :	Yes	No

(mark above against the appropriate box)

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PART B

Details regarding beneficiaries and program

1. Nature and location of the Centre (separate form to be filled up for each Centre)

2. No. of Older persons served:

Between 60-70 years	Between 70-80 years	Above 80 years

3. Category/background of the beneficiaries joining the centre:

- i) Low Income/cannot support themselves
- ii) High Income but nobody to look after
- iii) Widow/widower
- iv) No children to look after
- v) Have children but do not look after
- vi) Seriously ill and as such abandoned by family members
- vii) Quarrels in the family forced to join the centre
- viii) Joined the centre to do social service
- ix) Any other reason to join the centre

4. Availability of the following at centre:

Lighting	Potable water	Toilet facility

5. Details of Medical checkup and treatment of the Aged:

i) Annual expenditure on medicines

Current year	Previous year



%age

Number

ii) whether there is a full time doctor or a part time doctor

Full time	Part time

iii) if the doctor is part time, the number of visits per month

iv) the fee paid to the part time doctor per visit

Rs.

v) whether any nursing service is provided

Yes/No

vi) the number of beneficiaries served for the whole year(in case of MMU)

vii) the average number of visits by the mobile van per month (in case of MMU)

viii) the number of visits the social worker paid to reach out to older persons for the whole year(in case of Non-Institutional Services)

6.Nutrition support (in case of OAH/DCC) :

No.of meals per day	Breakfast/evening tea	Average Daily exp.	

7. Arrangements for recreation:

Newspapers	
Books	
Magazines	
Excursions	
Picnics	
Film show	
Religious congregation	

8. What are the services for which the older persons join the centre:

			Number	Percentage
	i)	For Nutritional support		
	ii)	For recreation		
	•••		[] []
	iii)	For health reason		
	iv)	For vocational training		
	v)	To provide social service through the centre	;	
	vi)	Any other factor (please specify)		
9. Produc	ctive Ac	ctivity:		
		re any facilities for vity for the beneficiaries:	Yes	No
b) If the ans	swer to	the above is yes give details of nature of such	n activities:	

i)No. of persons involved in such activities

ii)Income per year from such activities for:

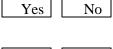
beneficiaries

Rs.
Rs.

centre

10. Other Activities (other than productive activities):

- i) Whether any social service is undertaken by the centre
 - By adopting specific area a)
 - By linking with established institutions such as b) Orphanages, J.J. Institutes etc.





Yes	No

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ii) What type of services are provided by the beneficiaries/centre to the community

a. teaching	Yes	No
b. planting trees	Yes	No
c. vocational training	Yes	No
d. crèche services	Yes	No
e. any other community service	Yes	No
f. Other (please specify)	Yes	No

- 11. Are there any linkages with any other organization/institution If so, please specify the name of the organistion for each service:
 - x) Nutrition
 - xi) Recreation
 - xii) Health
 - xiii) Vocational Training
 - v) Any other sector

PART-C

21. Organisations Funds Flow:

FOR THE ORGANISATION

FOR THIS PROJECT

AS A WHOLE

	Year preceding the financial year of Grant-in-aid assistance indicated at Sl.No. 3(c) Part-A	Previous Year (new Projects)	Current Year budgeted/ actual	Year preceding the financial year	Previous Year	Current Year budgeted/
				of Grant-in- aid assistance indicated at Sl.No. 3(c) Part-A		actual
I. Financial year						
II. Total INCOME, of which: (i) funded by office- bearers, donations from private sector.						
(ii) funded by foreign contribution.						
(iii) funded by local bodies and public sector organization/State Govt						
(iv) Grant from Central Govt.(Please indicate from each Ministry/ Deptt/ CAPART separately.)						
(v) Beneficiaries contribution/User Charges						
(vi) Miscellaneous income						
(vii) Any Other sources not mentioned above (specify)						
III.Total EXPENDITURE, of which:						
(i) Recurring						
(ii) Non-recurring						

IV. Detail of Expenditure on :	Year preceding the financial year of Grant-in-aid assistance indicated at SI.No.3(c) Part-A	Previous Year *	Current Year budgeted/ actual	Year preceding the financial year of Grant-in- aid assistance indicated at Sl.No. 3(c) Part-A	Previous Year	Current Year budgeted/ actual
(i) Salaries and Wages						
 (ii) Rental : (a) building (b) Furniture & fixture (c) Plant & Machinery (iii) Travelling, daily, etc. allowances. 						
(iv) Other Administrative Costs						
(v) Expenditure on beneficiaries:(a) in cash:						
(vi) Expenditure on beneficiaries: in kind:						
i) Food : ii)						
Uniform/clothing : iii) Medicines :						
iv) Transport facility : v)						
Recreation/games : vi) Misc.						
(vi) Material costs incurred by the orgn.:(For imparting Vocational Training						
) a) b) c)						
(vii) Cost per beneficiary:						

VERIFICATION

Certified that above information is in accordance with the records and accounts audited/ to be audited and is correct to the best of knowledge and belief of the office-bearers of the organization, and after its perusal and satisfaction, they have authorized 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 or 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 utilised for approved purposes; the Government of India may stop payment of further instalents 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) In the case of grant for buildings, the construction will be completed within a period of two years from the date of receipt of the first instalment of grant unless further extension is granted by the Government of India.
- (f) No change in the Plan of buildings, the construction will be made without the prior approval of the Government of India.
- (g) Progress reports on the project will be furnished at regular intervals as may be specified by the Government.
- (h) The organisation will bear 10% of the estimated expenditure or the balance of the estimated expenditure on the project as per the guidelines
- (i) 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.
- (j) It is hereby certified that no grant is being received for the same project from any other (Govt, Private or foreign) source.

Yours faithfully

Signature of the Authorised Signatory

Name:Designation:Address:Date:Office Stamp:

List of Documents to be submitted alongwith Application for Ist instalment or new case.

- a. Accounts in 4 parts for the project for which grant-in-aid is sought and for the organisation as a whole.
 - (i) Income & Expenditure Statement
 - (ii) Receipt & Payments Statement
 - (iii) Balance Sheet
 - (iv) Auditors Report
- b. Activity Report of The Organisation for the previous year.
- c. Budget Estimates for the project for current year
- d. Details of Beneficiaries on Form-I
- e. Details Managing Committee on Form-II
- f. Details of Employees on Form -III
- g. Copy of Registration Certificate
- h. Memorandum of Association/bye-laws/Articles.
- i. Utilisation Certificate in respect of grants released in the previous year

Note 1 : In the case of new projects accounts should be audited and the accounts submitted for the last (preceding) two years. Utilisation Certificate does not apply.

PROFORMA FOR INSPECTION OF VOLUNTARY ORGANISATION RECEIVING GRANT IN AID FROM THE MINISTRY OF SOCIAL JUSCTICE & EMPOWERMENT FOR OLDER PERSONS

1.	Name of Scheme:			
2.	Date of Inspection	: _	//	
3.	Composition of the Inspection team:			
	TeamNameIComposition	Designation	Agency represented with Address	Signature
	 Team Leader Member Member Member 			
4.Na	me and Complete Address of the organisation	on:		
5.	Date of Registration of the organization	:	//	_
6.	Nature of the Project	:		
	(a) Date of commencement of the Project		//	
	(b) Year of Commencement of Grant-in-aid from G.O.I for the Project :			
	(c) Whether the Project is recognised by the state government. :	Ye	s	
7. Pr	oject Location:			
(a)	Complete Address of location/location			

(a) Complete Address of location/location where programme/project/scheme is being implemented.

(b)	Name and locational address of nearest Government NGO providing similar facilities in the area.	t Instituti	ion/	
8. 9.	Whether building is on RENT or ON LEASE If 'YES ' indicate the name and full particulars	:	Yes	No
	of Owner or Lessor	:		
10.	Is the building space adequate enough to run the project	:	Yes	No
11.	(a) What are the principal sources of funds of t	the Org	anisation	
	(b) Comment on the Organisations 's capacity fo lisation.	or addit	ional resource	2
12.	Whether separate project-wise accounts have b maintained for grants sanctioned earlier?	een :	Yes	No
13.(a)	Whether principle of joint operation of banks accounts is being followed?	:	Yes	No
(b)	Name of bankers with account no.	:		
14.	 The following checks may be made: i) entries of receipt of grant ii) bank Pass Book entry in corroboration of iii) entries of all donation/contribution and the iv) paybill register (enquire with staff regard) 	heir cree	dit to bank	ent)
15. 7	The Number of Trainees/Beneficiaries			
	(i) Number of beneficiaries as per Project sanctio	n	:	

(ii) Number found present at the time of Inspection

16. Adequacy of the following facilities at the : centre may please be described(Not applicable for MMU-please see column 16-A for MMU)

:

- i) Nutrition support
- ii) Sanitation and lighting
- iii) Medical checkup and treatment of the aged
- iv) Entertainment facilities
- v) Vocational training imparted to the beneficiaries, if any
- vi) Any other service rendered at the Centre for the beneficiaries

16(A). Adequacy of the following facilities at the centre for an MMU:

- i) Supply of medicines
- ii) Availability of doctor with the van
- iii) Frequency of visit of the van in the area being served
- iv) Number of beneficiaries covered in a month

17. What are the services for which the older persons join the centre:

Number	Percentage

- i) For Nutritional support
- ii) For recreation

- iii) For health reason
- iv) For vocational training
- v) To provide social service through the centre
- vi) Any other factor (please specify)

18.Productive Activity:

a) Whether there are any facilities for productive activity for the beneficiaries:

Yes/No

b) If the answer to the above is yes give details of nature of such activities:

i)No. of persons involved in such activities

ii)Income per year from such activities for:

beneficiaries

Rs.	

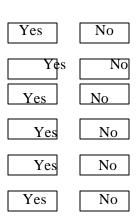
centre

Rs.	
	_

19. Other Activities (other than productive activities):

- a. Whether any social service is undertaken by the centre
- Yes No

- b. if so,
 - i. teaching
 - ii. planting trees
 - iii. vocational training
 - iv. crèche services
 - v. any other community service
 - vi. any other service



(please specify)

20. Are there any linkages with any other organization/institution If so, please specify the name of the organistion for each service:

- i) Nutrition
- ii) Recreation

23. Maintenance of record:

iii)Health

- iv)Vocational Training
- v) Any other sector

21. Whether composition of Managing Committee is enclosed as per prescribed proforma:

- 22. Detail of *Employees* enclosed as per prescribed proforma :

 - Whether the following records are maintained:-Yes No Cash Book : (a) Yes No (b) Ledger : Yes No (c) Register of Assets : (d) Register for consumable items : Yes No Yes No (e) Attendance register for trainees • (f) Year wise record of minutes Yes No of GBM.

24. Whether the organisation is charging user fee/fees :

25. If YES then the details indicating

- (i)the monthy charges:_____(ii)annual charges:
- (ii) annual charges :______
 (iii) charges structured on income gradation basis (if any) :______

	No	
_		
1		-

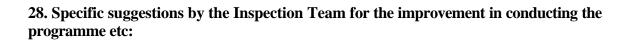
Yes

Yes

26.Whether the inspecting team has interviewed the beneficiaries:

27. Comments of the Inspection Team on the functioning /implementation of the project:

No



29. Recommendation of the Inspecting Team on the continued support of the project with specific reference to the relevant years :

Date: Place: Full Name (In Capital Letters) Designation: Official Stamp.