

**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 grant-in-aid is applied : _____
2. Name of the Organisation : _____
3. (a) Nature of the Project* _____
- (b) Date of commencement of the Project
- (c) Year of Commencement of Grant-in-aid from G.O.I for the Project :
- (d) Whether the Project is recognised by the state government. :
4. Date of Registration of the organization :
5. Address of Registered Office : _____

(STD Code) Tel. No: (STD Code) Fax No. E-Mail _____

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

(STD Code) Tel. No: (STD Code) Fax No.

E.Mail

- (b) Nearest Railway Station/Bus stand

7. Whether building is:

(Please indicate against appropriate box)

* 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) Area of building (in sq. meters) :

(b) Number 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.								

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

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

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

(c) Total

15. Whether *List of Beneficiaries* added as per Form –I :

Yes

No

16. Whether *List of Managing Committee* added as per Form-II :

Yes

No

17. Whether the *List of Employees* added as per Form-III :

Yes

No

(mark above against the appropriate box)

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:**

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

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

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

Full time	Part time
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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	<input type="text"/>	<input type="text"/>
ii) For recreation	<input type="text"/>	<input type="text"/>
iii) For health reason	<input type="text"/>	<input type="text"/>
iv) For vocational training	<input type="text"/>	<input type="text"/>
v) To provide social service through the centre	<input type="text"/>	<input type="text"/>
vi) Any other factor (please specify)	<input type="text"/>	<input type="text"/>

9. Productive Activity:

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

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

centre

10. Other Activities (other than productive activities):

i) Whether any social service is undertaken by the centre

a) By adopting specific area

b) By linking with established institutions such as Orphanages, J.J. Institutes etc.

- ii) What type of services are provided by the beneficiaries/centre to the community
- | | | |
|--------------------------------|------------------------------|-----------------------------|
| a. teaching | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. planting trees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. vocational training | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. crèche services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. any other community service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Other (please specify) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**11. Are there any linkages with any other organization/institution
If so, please specify the name of the organisation 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 of Grant-in-aid assistance indicated at Sl.No. 3(c) Part-A	Previous Year	Current Year budgeted/ 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 Sl.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 instalments 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 JUSTICE & EMPOWERMENT FOR OLDER PERSONS

1. Name of Scheme: _____

2. Date of Inspection :

3. Composition of the Inspection team:

Team Composition	Name	Designation	Agency represented with Address	Signature
1. Team Leader				
2. Member				
3. Member				
4. Member				

4. Name and Complete Address of the organisation: _____

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. :

7. Project Location:

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

(b) Name and locational address of nearest Government Institution/
NGO providing similar facilities in the area.

8. Whether building is on RENT or ON LEASE : Yes No

9. If 'YES' indicate the name and full particulars
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 the Organisation

(b) Comment on the Organisations 's capacity for additional resource
mobilisation.

12. Whether separate project-wise accounts have been
maintained for grants sanctioned earlier? : 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 above
- iii) entries of all donation/contribution and their credit to bank
- iv) paybill register (enquire with staff regarding actual disbursement)

15. The Number of Trainees/Beneficiaries

(i) Number of beneficiaries as per Project sanction :

(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	<input type="text"/>	<input type="text"/>
ii) For recreation	<input type="text"/>	<input type="text"/>

- 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:

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

centre

19. Other Activities (other than productive activities):

a. Whether any social service is undertaken by the centre

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 organisation for each service:**

- i) Nutrition
- ii) Recreation
- iii) Health
- iv) Vocational Training
- v) Any other sector

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

Yes	No
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22. Detail of *Employees* enclosed as per *prescribed proforma* :

Yes	No
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23. Maintenance of record:

Whether the following records are maintained:-

(a) Cash Book	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Ledger	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Register of Assets	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Register for consumable items	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Attendance register for trainees	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Year wise record of minutes of GBM.	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

25. If YES then the details indicating

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

26. Whether the inspecting team has interviewed the beneficiaries:

 Yes No

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

28. Specific suggestions by the Inspection Team for the improvement in conducting the programme etc:

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.