

**Application Form for Grant-In-Aid to Voluntary  
Organisations Working in the Field of Disabilities**

(for ongoing and new cases)

All pages of the application form duly filled in alongwith requisite documents must be attested by the authorized signatory of the organization in the case of Ongoing projects.

For new cases all the documents should also either be notarised/Gazetted Officer

1. (A) Financial year for which grant-in-aid is applied: (B) Project (ongoing/new)	_____ _____
2. Name of the Organisation:	_____
3. (a) Nature of the Project: [See note 1 at the end of Part A]	_____
(b) I- <u>Residential</u> - Total No. of beneficiaries(*) i) General ii) Schedules castes iii) Scheduled Tribes II) <u>Non-residential</u> - Total No. of beneficiaries(*) i) General ii) Schedules castes iii) Scheduled Tribes <b>(*) List in Form III category-wise i.e. for General, SCs and STs beneficiaries is to be submitted separately.</b>	
(c) i) <b>Date of commencement of the Project:</b> <b>(ii) Whether the project is in Urban or Rural area</b> (in case of Rural area, certificate from the concerned district authorities be enclosed)	____ / ____ / ____
(d) Year of Commencement of Grant-in aid from G.O.I for the Project:	_____
(e) <b>Whether the Project is recognised by the state government i.e.</b> (i) recognition by State Govt. or its agencies in respect of schools, ii) State Health Agencies in the case of Leprosy projects, iii) RCI in the case of Man Power Development Programmes, Registration with respective Commissioner with Disability whichever is applicable)	<b>Yes / No</b>

4. (a) <b>Date of Registration of the organization under any of the following:</b> i. Organisations registered under the Societies Registration Act, 1860 (XXI of 1860), or any relevant Act	____ / ____ / ____
ii. of the State/Union Territory; or, A public trust registered under the law for the time being in force; or, iii. A charitable company licensed under section 25 of the Companies Act, 1958,	
<b>b) Validity of Registration of 4(a) [with documentary Support]:</b>	____ / ____ / ____
<b>(c) Date of Registration under Persons with Disability Act, 1995 with the concerned State authority</b>	
<b>(d) Registration valid upto (with documentary support)</b>	_____
5. i) <b>Address of Registered Office</b> ii) STD Code/Telephone/Fax No. iii) E-mail address iv) Website address of the organisation	_____
6. i) <b>Complete Address of location(s)/location wherever programme/project/scheme is being implemented</b> (ii) STD Code/Telephone No./FAX No. iii) E-mail address iv) Website address of the organisation	_____ _____
7. PAN/TIN/TAN No. of the Organisation/Implementing Agency	_____ (Not Required for cases for ongoing)
8. i) <b>Whether building is OWNED / RENTED:</b> (To be supported by rent agreement, lease deed etc) ii) Amount of rent paid per month iv) Period prescribed under the Rent agreement v) Is the building being utilized exclusively for this program?	<b>Yes / No</b>    <b>Yes / No</b>
(vi) Area of Premises being used for the Programme (vii) Whether facilities i.e. accessibility/ramps etc. available (viii) Details of Safety & Security arrangements for persons with disabilities in the premises	_____ (in sq. meters/Ft.) Yes/No (Details if any)
(vi) Total number of rooms alongwith area for beneficiaries	_____
10. Whether separate project-wise accounts for both Grants received and Expenditure incurred thereon have been maintained ?:	<b>Yes / No</b>

11. i) Whether Practice of joint Operation of Bank Accounts is being followed?	<b>Yes / No</b>
ii) Whether honorarium to Staff is paid by cheque/electronic transfer, if not reasons thereof	<b>Yes/No</b>

12. Details of bank accounts in which grant-in-aid released, during last three financial years, were deposited:

S. No	Grant-in-aid for Financial year	Sanction letter No. and Date	Recurring Amount	Non recurring Amount	Bank A/c No. and date of deposit	Name and address of Bank	Person Operating the joint Account
1.							

**Note:** [One row may be used for each instalment. In the case of new projects details of Bank No opened maybe given]

13. Whether the statements of accounts both for the project and consolidated for the organisation submitted along with the application: **(Audited) (Unaudited)** (Please indicate ✓ against appropriate box)

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

Cost Head Group	Total Budget	To be Met from Ministry's Grant	To be met by Management from their sources	To be met from other sources
(a) Recurring				
(b) Non-recurring				
(c) Total				

**Note:** The Budget Estimates should also give information under all the cost components under which assistance is sought, clearly giving justifications, wherever necessary for additional items/posts, new post/items in a separate annexure. A mere reference to the ceilings given under the cost norms would not be sufficient.

15. Whether Annual Report is enclosed: **Yes / No**

[The report should interalia contain details of performance of each component/ activity of the project in specific physical terms of persons benefited, special achievements, problems and difficulties faced etc, steps taken for resource mobilization through community]

16. (A) Whether List of Beneficiaries added as per the revised Form III: (B) Whether list of Beneficiaries posted in organization website	<b>Yes / No</b> <b>Yes / No</b>
17. Whether the List of Employees* (alongwith copies of highest academic/Spl. Education qualification of the teaching staff duly attested by the organization) added as per Form – II. (*)List in Form II categorywise i.e. for General, SCs and STs employees is to be submitted separately. (mark ✓ above against the appropriate box)	<b>Yes / No</b>



**B. Classification of period of stay with the organisation (With reference to the information given in row A (v) above):**

**[i] Skill Development Component (For VTCs)**

No. of years stay	Category of Disability							
	OH	MR	VH	HH	LCP	Multiple Handicapped	Others (to be Specified)	Total
Upto 1 year:								
1 2 years:								
2 3 years:								
More than 3 years:								

**[ii] Schools / training components other than [i] above.**

No. of years stay	Category of Disability							
	OH	MR	VH	HH	LCP	Multiple Handicapped	Others (to be Specified)	Total
Upto 5 years:								
From 5 - 10years:								
More than 10 years:								

**[iii] For Teachers Training/ Man Power Development Programs:**

Name of the course, duration, batch size and no. of batches	Training on Category of Disability							
	OH	MR	VH	HH	LCP	Multiple Handicapped	Others (to be Specified)	Total
1.								

Note: B (i) to B (iii) to be given where applicable

**C. Information on Process and Procedure of selection of beneficiaries**

	Previous Year	Current year
a. Number of Applications Received:	_____	_____
b. Number selected during the relevant year:	_____	_____
c. No. of beneficiaries for whom Disability Certificate Obtained (out of (b) above):	_____	_____
d. If VTC whether an undertaking has been obtained from all beneficiaries that they have not availed of similar vocational	_____	_____

raining earlier:		
e) Mode of Selection and broad criterion adopted:	_____	_____

**D. Community Based Rehabilitation Programme (Only if there is a component in the project)**

a) Inputs on Coverage of the Programme

i. In terms of number of village:	_____
ii. In terms of Area in Sq Kms:	_____
iii. In terms of number of Beneficiaries:	_____

b) Core area of rehabilitative services:

i. Awareness Creation:	<b>Yes / No</b>
ii. Education:	<b>Yes / No</b>
iii. Training:	<b>Yes / No</b>
iv. Rehabilitation:	<b>Yes / No</b>

(Detail of activities undertaken, phasing of components in the area of awareness creation, education, training and rehabilitation may be added as separate annexure clearly indicating the financial year, no. of beneficiaries covered in that year etc.)

c) Details of strategies and time frame for BOT(Build, Operate & Transfer) of the Programme to the community.

E. Whether the NGO is networking with other institutions to obtain the benefits of services which it cannot provide internally? If so details, thereof

20. Annual impact assessment at the end of the previous year (During Prev. Year/Upto the End of Prev. Year)

**(A) Total No. of Beneficiaries:** \_\_\_\_\_

Out of the above:

(i) Those passed out of the Institution successfully:	_____
(ii) Promoted to next grade in the same organization:	_____
(iii) Pursuing further studies/care in other organizations:	_____
(iv) No. of dropouts:	_____

**(B) Total No. of Beneficiaries successfully trained and have left the Center during the last three years**

(For Vocational /Skill Development Projects only)

Out of the above :

(i) Those who got employed / placement:	_____
(ii) Those who are self employed:	_____

**Community Based Rehabilitation Programme:  
(Add separate Sheets if necessary)**

- i. Details of extent of involvement of community Groups:
  - a. Through financial support
  - b. Participation in the project as resource Persons
  - c. Through other means
- ii. Details of achievements in terms of making the local community take over and operate the project:

Name of the Activity	% of activity taken over by community	Details of Activities taken over by the community

**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 moneys given as Grant in Aid and 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 or violate the above condition 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 installments and recover earlier grant in such manner as they may decide.
- d. The institution shall exercise reasonable economy in its working and particularly 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 the Government of India grants further extension.
- 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 (Phone/ Mobile  
number)

## Organization's Funds Flow

Particulars	FOR THE ORGANISATION AS A WHOLE			FOR THE PROJECT		
	Year of commencement	Previous Year Actual	Current Year budgeted/ Actual	Year of commencement	Previous Year Actual	Current Year budgeted/ actual
I. Financial year						
II. Total Income of which (each major source within the group to be specified.  a. Funded by office bearers  b. Donations from private sector						
Details of Expenditure on	FOR THE ORGNISATION AS A WHOLE			FOR THE PROJECT		
(i) Honorarium etc.						
(ii) Rental:  a. Building  b. Furniture & fixture  c. Plant & Machinery  d. Others (to specify)						
(iii) Direct expenses on beneficiaries <b>(given in cash/cheque)</b>  a. Stipend  b. Transport Allowance  c. Others (to specify)						

Details of Expenditure on	FOR THE ORGANISATION AS A WHOLE			FOR THE PROJECT		
	Year of commencement	Previous Year Actual	Current Year budgeted/ Actual	Year of commencement	Previous Year Actual	Current Year budgeted/ Actual
(iv) Direct expenses incurred on beneficiaries ( <b>in kind</b> )						
a. Food Charges						
b. Transport Allowance (if not directly disbursed)						
c. Medicines						
d. Excursions, Recreations						
e. Others (to specify)						
(v) Expenditure against contingencies (Printing and Stationery telephone, conveyance, etc item to be specified)						
(vi) Building Maintenance, repairs						
(vii) Material costs incurred (For imparting Vocational Training etc)						
a)_____						
b)_____						
c)_____						
(viii) Others (to be specified)						
<b>Total Cost and cost per beneficiary:</b>						