

महिला कल्याण के क्षेत्र में स्वयं सेवी संस्थाओं को अनुदान योजना
**(Grant-in-aid to Voluntary Organisations working in the field of Women
Welfare)**
केन्द्रीय प्रायोजित योजनाएं
(Centrally Sponsored Schemes)
प्रशिक्षण तथा रोजगार हेतु कार्यक्रम(स्टेप)

Support to Training and Employment Programme for Women (STEP)

Documents to be enclosed along with the application

- (i) A copy of Registration Certificate
- (ii) Article of Association & Constitution of the organisation
- (iii) List of members of the Executive Committee with their occupation and background
- (iv) Audited statement of accounts i.e. Receipts & Payments, Income & Expenditure and Balance Sheet for the last 2 years
- (v) A copy of the latest Annual Report
- (vi) Map of the project area
- (vii) State Govt. recommendation

Application Form
Support to Training and Employment Programme
for Women (STEP)

Note:

- 1 The Application should be submitted in triplicate to the Child Development Programme Officer (CDPO) of the project area.
2. Applications either incomplete or without all enclosures will not be entertained.
3. Parts A & B should be completed by the applicant organisation and Part 'C' by the CDPO and Part 'D' by the State Government.

Part-A-THE ORGANISATION

1. Name and full postal address of the head -office of the organisation:
District:
State:
Pin Code:
- 2 Telephone No. With STD code:
- 3 Fax No.:
4. Do the bye laws of the NGO permit it to receive Govt. grants and implement women's programme in the proposed project area? :
- 5 Objectives of the Organisation :
- 6 Brief history of the Organisation :
- 7 Whether registered under Indian Societies Registration Act (Act XXI of 1860) If so , give the number and date of registration.
- 8 Whether the organisation is of all India character: If yes, give the

address of its branches in different States including the State Branch which will run the Short Stay Home with Phone No., Fax No. etc:

- 9 Whether organisation is located in its own/rented building.

10 Major activities of the organisation in the last 2 years:

Name of activity	Coverage			Expenditure
	Men	Women	Children	

11 Financial status of the organisation in the last 2 years (Rs. in lakhs)

Year	Income & Exp. Account	Receipt & payment	Surplus	Deficit

12 Details of grant received from Central Govt./State Govt. and other Govt. agencies in the last 2 years:(Rs.in lakhs)

Sanction Order No.	Date	Amount	Scheme	Address of funding agency

13 Details of Foreign Contribution received during last 2 years:

Country	Organisation	Purpose	Amount

14 Details of office bearers of the organisation:

Sl.No.	Name & Address	Male/Female	Age	Post	Qualification	Profession	Annual Income

15 Details of employees of the organisation :

Sl.No.	Name & Address	Male/Female	Age	Post	Qualification	Profession	Annual Salary

16. Details of Managing Committee members of the organisation:

Sl.No.	Name & Address	Male/Female	Age	Occupation	Profession	Monthly Income

Part-B-Project Details

1. Name of Project:
2. Duration of project:
3. No. of beneficiaries to be covered :

SELECTION OF PROJECT AREA

4. Please furnish names of Districts and Blocks proposed to be covered and their type in the following table :

TABLE-1

Districts	Blocks	Rural / Urban	Hilly/ Plan	Tribal / Non Tribal	Desert/ Flood Prone	Coastal / Interior	Inaccessible/Well Connected

5. What was the criteria used for selection of the above mentioned

Districts and Blocks?

6. Does your organisation have its main office or branch office in the project area? If yes, please furnish the full postal address.
7. What is the distance between the Head-Office of your organisation and the Project area?
8. Has the organisation implemented any project in the project area earlier? If yes, please furnish details in the following table:

TABLE-2

Name of Block	Name of Project	Year of Implementation	No. of Beneficiaries	Source of Funds	Expenditure (Rs. lakhs)

9. Please list out the main occupations of the people of the project area indicating the approximate percentage of population engaged in each occupation.
10. Are the Block proposed to be covered contiguous.

SELECTION OF BENEFICIARIES

11. Year-wise number of beneficiaries to be covered and co-operatives to be formed:

TABLE-3

Year	No. of beneficiares	No. of Co-operatives
1st Year		
2nd Year		
3rd Year		
Total		

12. What was the criteria used for selection of beneficiaries?

Whether a general assessment was made or
a benchmark survey was conducted in the project area?

13. Please furnish the findings in the following table:

TABLE-4

Name of Block	Total population	No. of Women in eligible category willing to join the project	No. of them already covered etc.	No. of women not yet covered (3-4)	Out of column 5, no. women with basic knowledge in the proposed activity
1.	2.	3.	4.	5.	6.
Total					

No. of women covered under similar programmes funded by central/State Government, Government agencies, private agencies or international agencies in the past 5 years may be furnished in the column.

14. Details of similar programmes implemented in the project area in the past 5 years:

TABLE-5

Name of programme	Year of implementation	Implementing agency	Cost of project	Source of funding	No. of beneficiaries covered

15. If no benchmark survey was conducted, when will the same be done?

EXPERIENCE

16. Has your organisation implemented similar projects earlier? If yes, please furnish details in the following table :

TABLE-6

Name of Project	Project Area	Year of Implementation	No. of Beneficiaries	Source of Funds	Expenditure (Rs. lakhs)

PHYSICAL PHASING OF THE PROJECT

17. Physical Phasing of the project may be furnished in the following table :

TABLE-7

Items	PHYSICAL TARGETS			
	Ist Year	2nd year	3rd year	Total
1. Administration (Appointment of staff)				
2. Establishment of Co-operatives				
3. Skill Up gradation Training				
4. Raw material & Equipment for training				

(Qty)				
5. Infrastructure				
6. Raw material & Equipment for production (Qty)				
7. Marketing (Qty)				
8. Others				

18. Detailed Physical targets for each of the above 8 items may be furnished in the following table:

TABLE -8

Items	PHYSICAL TARGETS			
	Ist Year	2nd year	3rd year	Total

COST ANALYSIS

19. Year-wise cost of Project:

TABLE-9

Items	Cost of project (Rs. in lakhs)				
	Ist Year	2nd year	3rd year	Total	%
1. Administration					
2. Establishment of Co-operatives					
3. Skill Up gradation Training					
4. Raw material & Equipment for training					
5. Infrastructure					
6. Raw material & Equipment for production					
7. Marketing					
8. Support Services					
9. Contingency					
Total					

20. Detailed cost break-up for each of the above mentioned 9 items may be furnished in the following table:

TABLE-10

Items	Quantity	Rate(Rs.)	Total Amount (Rs. lakhs)
Total			

21. Cost of the Project may be analysed in the following table:

TABLE-11

Items	Cost of project						Total
	Salary/Honorarium	Furniture & Office Equipment	Stationery Postage Office Expenses	TA/DA Propulsion & Vehicle	Items to be supplied to beneficiaries	Other Items	
1. Administration							
2. Establishment of Co- Operatives							
3. Skill Upgradation							

COST BENEFIT ANALYSIS

23. Total production per beneficiary per annum, the selling rate and total income may be furnished in the following table :

TABLE-13

Year	Quantity	Rate	Total Income	Cost of Production	Net Income (4-5)
1.	2.	3.	4.	5.	6.
1 st year of production					
2 nd year of production					
3 rd year of production					
4 th year of production					
5 th year of production					

- Information for one beneficiary for one year may be furnished.

Note: The net income of beneficiaries from the project should justify the investment proposed under this project. In case the rate of return is lower, the cost of the project should be reduced proportionately.

(Signature)

Date:

**Part -C-PROFORMA FOR PRE-SANCTION APPRAISAL
REPORT**

(Guidelines may be referred to before Pre-sanction Appraisal)

1. Name, Designation and full Address of the Inspecting Officer:
2. Date and time of visit:
3. Name and full postal address of NGO:
4. Is a name board prominently displayed by the NGO?
5. Have you inspected the original Registration Certificate of the NGO and is it satisfactory?
6. Are any managing committee members related to each other? If yes, names of members and their relationship* :
7. Are the office bearers of the NGO associated with any other NGO? If yes, names of other NGO(s)*:
8. Does the NGO have staff as mentioned in the application form? If not , please indicate the shortfall :
9. Are copies of the audited accounts submitted by the NGO true copies of the original?
10. What is the present bank balance of the NGO :
11. Whether credit entries are available in the passbook for various income of the NGO mentioned in the audited account? If yes, what amount have been credited in the passbook for the following income?

Year

Year

- Donations:
Members Contribution:
Sale of goods:
Income from activities:
Grants:
Loan from members:
12. Name the activities taken up by the NGO for which evidence was available:

13. Is there any ongoing activity of the NGO? If yes, please visit some of them and report on performance:
14. Name the activities included in the audited accounts and annual report for which no evidence was available :
15. Name the assets included in the balance Sheet but not available for physical verification :
16. Are the local people aware of the NGO and its activities?*
17. What is the opinion of local people about the NGO?*
18. Have you come across any instance of misutilisation of funds or complaint involving the NGO? If yes, please give details*:
19. In your opinion is the NGO capable of implementing the project applied for? Please give reasons:
20. In your opinion , is there genuine need for the project in the proposed project area? Please give reasons
21. Has the NGO furnished details of beneficiaries proposed to be covered? If yes, please visit a few of them and furnish the following information:

Name of Beneficiary	Whether Below Poverty Line	Whether genuinely in need of assistance under the project?

22 Any other information about :
the NGO

(Signature)

Name: _____

* Opinion of local people also may be obtained before filling these columns.

PART-D-RECOMMENDATION BY STATE GOVERNMENT

(To be sent within 90 days from date of appraisal report by CDPO. if no reply is received within the time-frame, it will be presumed that the State Govt. supports the proposal)

1. Name and full address of the
Organisation :
2. Name of scheme for which
application is made :
3. Name and designation of the
Officer who inspected the
organisation :
4. Do you agree with the report
of the Inspecting Officer and
if not, reasons therefore :
5. Does the Organisation fulfill
all eligibility criteria for
grants under the scheme?
6. Will the State Government
recover sanctioned grants in
the event of misutilisation of
funds?
7. Is the Organisation capable
of implementing the project
applied for?
8. Is there any complaint of
misutilisation of funds or
other irregularities by the
organisation?
9. What is the justification for
the project applied for?
10. Is the proposal recommended

for sanction of grants?

Date:

(Signature)
Name:
Designation:

