

**APPLICATION CUM MONITORING FORM FOR GRANT-IN-AID TO
VOLUNTARY ORGANISATIONS WORKING IN THE FIELD OF
INTEGRATED PROGRAMME FOR OLDER PERSONS**
(for 1st installment 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. YES NO
4. Date of Registration of the organization
5. Address of Registered Office
- STD Code Tel. No Fax No.
- Email
- 6.(a) Complete Address of Location / Locations wherever Programme / Project / Scheme is being implemented.
- STD Code Tel. No Fax No.
- Email
- (b) Nearest Railway Station/Bus stand
7. Whether building is OWNED RENTED DONATED ON LEASE
- 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 Sq. mtrs

(b) Number of rooms

10. Whether separate project-wise accounts have been maintained for grants sanctioned earlier ? YES NO

11. 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 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

13. Whether the statements of accounts submitted along with the application AUDITED UNAUDITED

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

PART B

Details regarding beneficiaries and program

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

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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	Percentage
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i) Low Income/cannot support themselves	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
ii) High Income but nobody to look after	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
iii) Widow/widower	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
iv) No children to look after	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
v) Have children but do not look after	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
vi) Seriously ill and as such abandoned by family members	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
vii) Quarrels in the family forced to join the centre	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
viii) Joined the centre to do social service	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
ix) Any other reason to join the centre	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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

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 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.

10. Other Activities (other than productive activities)

i) Whether any social service is undertaken by the centre YES NO

a) By adopting specific area YES NO

b) By linking with established institutions such as Orphanages, J.J. Institutes etc. YES NO

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

- | | | | |
|----|-----------------------------|------------------------------|-----------------------------|
| a. | Teaching | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. | Planting Trees | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. | Vocational Training | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. | Crèche Services | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| e. | Any other Community Service | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| f. | Other (Please specify) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**11. 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

PART-C

21. Organisations Funds Flow

Particulars	FOR THE ORGANISATION			FOR THE PROJECT AS A WHOLE		
	Year preceding the financial year of Grant-in-aid assistance indicated at SI. 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 SI.No. 3(c) Part A	Previous Year actual	Current Year Budgeted/ Actual
I. Financial year						
II. Total INCOME , of which						
(i) funded by office-bearers donation from Private Sector						
(ii) funded by foreign contribution.						
(iii) funded by local bodies and public sector organization/State Govt.						
(iv) Grant from Central Govt.(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 SI. No.3(c) Part-A	Previous Year	Current Year Budgeted/ Actual
(i) Salaries & Wages						
(ii) Rental						
(a) Building						
(b) Furniture & fixture						

(c) Plant & Machinery						
(iii) Travelling, daily, etc. allowances						
iv) Other Administrative Cost:						
(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.						
(vii) Material costs incurred (For imparting Vocational Training etc.)						
(V). Cost per beneficiary						