

**SCHEME OF SHORT STAY HOME FOR  
WOMEN AND GIRLS  
APPLICATION FORM**

- Note :**
1. The Application should be submitted in triplicate to the Child Development Project Officer (CDPO) or Distt. Women & Child Development Officer of Distt. Social Welfare Officer 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, Part C by the Inspecting Officer and Part D by the State Government.

**Part – A – THE ORGANISATION**

1. Name and full postal address of the head-office of the organization:  
District:  
State:  
Pin Code:
2. Telephone No. with STD code:
3. Fax No.
4. Do the byelaws 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:  
(in one paragraph)
  
7. Whether registered under Indian Societies Registration Act (Act XXI of 1860) If so, give the number and date of registration:

8. Whether the organization 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 organization is located in its own/rented building :
10. Major activities of the organization in the last 2 years :

Name of activity	Coverage			Expenditure
	Men	Women	Children	

11. Summary of financial status of the organization in the last 2 years (Rs. in lakhs).

Year	Income & Exp. Acctt.	Receipt & Payment Acctt.	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





**Part – B – THE PROPOSAL**

1. Full address of the proposed location of the Short Stay Home :

District :

Block :

Pin Code :

Telephone No. with STD Code :

2. Whether the location is a District HQ. Block HQ. Tehsil HQ or village:

3. Accommodation available for the Short Stay Home :

	No. of rooms	Total Area (Sq. feet)
Room		
Kitchen		
Toilet		
Store		
Varandah		
Open Space		
Total		

4. Is it rent-free accommodation :

5. Classification of proposed beneficiaries :

Type of problem	No. of Women (proposed Beneficiaries)
In moral danger	
Victims of Rape	
Cruelty by family members	
Deserted by Husband	
Family Discord	
Others (Please specify)	
Total :	

6. No. of Family Counseling Centres in the District:

7. Is your NGO running any Family Counseling Centre:

8. No. of Destitute Homes run by the State Govt. in your District:

Date:

Signature of Secretary/President

**LIST OF DOCUMENTS TO BE ENCLOSED:**

1. Registration Certificate.
2. Prospectus or a note giving aims and objects of the organization.
3. Constitution of the organization/Bye-laws and Memorandum of Association.
4. Constitution of the Board of Management with brief particulars of each member.
5. Annual report for the last 2 years.
6. Audited accounts for the last 2 years.
7. Details of women/girls proposed to be accommodated in the Short Stay Home including their name and address, age and case history in not less than one paragraph for each person.
8. A one page note on “How you will run a Short Stay Home”.

**SHORT STAY HOME FOR WOMEN AND GIRLS**

**CHECK LIST FOR STATE GOVERNMENT**

1. Name & Address of the Institution with Telephone No./Fax/E-mail
2.
  - a) Complete address of the proposed location of the Home
  - b) Whether it is a town or village
  - c) Population of the town (1991 census)
3.
  - a) No. of existing SSH's in the District
  - b) Distance of the proposed Home from the existing Home.
  - c) Average occupancy of existing Home
4. No. of proposed beneficiaries
5. Date of Establishment
6. Date of Registration
7.
  - a) No. of Managing Committee Members      Male/Female
  - b) Valid up to
8. Annual Report of the previous year      Received/not received
9. Copy of the resolution      Received/not received
10. Main activities for the last two      Counseling      Women      Child  
Any           Develop-      Develop-  
Years           ment      ment  
Other



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

(Guidelines may be referred to very carefully 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 the 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, name 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 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 amounts 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 Do you have reasons to believe that the entries in the Audited Accounts are genuine? Please elaborate:

- 13 Name the activities taken up by the NGO for which evidence was available:
  
- 14 Is there any ongoing activity of the NGO? If yes, please visit some of them and report on performance:
  
- 15 Name the activities included in the audited accounts and annual report for which no evidence was available:
  
- 16 Name the assets included in the Balance sheet but not available for physical verification:
  
- 17 Are the local people aware of the NGO and its activities?
  
- 18 What is the opinion of local people about the NGO?
  
- 19 Have you come across any instance of misutilisation of funds or complaint involving the NGO? If yes, please give details:
  
- 20 In your opinion is the NGO capable of implementing the project applied for? Please give reasons:
  
- 21 In your opinion, is there genuine need for the project in the proposed project area? Please give reasons:
  
- 22 Has the NGO furnished details of the 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
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23 Any other information about the NGO

I have read the guidelines for pre-sanction appraisal. This report does not contain any mis-representation of facts.

(SIGNATURE)  
NAME:

Opinion of local people may be obtained before filling this column.

PART – D – RECOMMENDATION BY STATE GOVERNMENT

(To be sent within 90 days from date of appraisal report by CDPO. If reply is received within the time-frame, it will be presumed that the Sate Govt. supports the proposal)

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

(Signature)

Name:

Designation:

Date: