

Application **Form** for GRANT-IN-AID for “Open Shelter in Need in Urban & Semi Urban areas

1.	Financial year for Grant-in-aid is applied		:				
2.	Name of the Organisation		:				
3.	Name of the Project		:				
	a)	Name of the scheme for which grant-in-aid applied	:				
	b)	For Boys / Girls	:				
	c)	Date of commencement of the Project	:				
	d)	Year of commencement of Grant-in-aid from G.O.I. / D.C.R.S. for this project	:				
4.	Whether Experienced in running IPSC Project		:				
	a)	If Yes, for how many years, (From-to)	:				
	b)	Whether Grant-in-aid received from G.O.I.	:				
	c)	Fund sanctioned for No. of children	:				
5.	Date of Registration of the organization		:				
6.	a)	Date of License, sanctioned for running Open Shelter	:				
	b)	No. of License, sanctioned for running Open Shelter	:				
7.	a)	Address of the registered office of the organization	:				
	b)	Tel. No. of the registered office of the organization	:				
	c)	Fax No. of the registered office of the organization	:				
	d)	E-mail of the registered office of the organization	:				
8.	Complete address of Location / Locations where Programme / Project / scheme is being implemented		:				
	a)	Address of ‘Open Shelter’ establishment	:				
	b)	Nearest Railway station / Bus stand	:				
	c)	Distance	:				
9.	Whether building is [/ Mark to be indicated in the appropriate box]		:	Owned	Rented	On Lease	Donated
10.	a.	Is the building utilized exclusively for ‘Open Shelter Scheme’ (√ mark should be given)	:	Yes	No.		
	b)	If no, provide details of usage	:				
11.	Detailed information of contact location		:				
	a)	No. of contact Locations	:				
	b)	Address of 1 st contact Location with nearest Railway Platform / Crowded market / tourist destination / Bus station	:				
	c)	Same for 2 nd contact location	:				
	d)	Same for 3 rd contact location	:				
	e)	Same for 4 th contact location	:				
	d)	Same for 5 th contact location	:				

12	a)	Area of building coverage for 'Open Shelter' (in Sp. ft.)		
	b)	No. of rooms		
	c)	No. of bathrooms		
	d)	No. of toilets		
	e)	Kitchen Provision		
	f)	Washing facilities		
	g)	Locker facilities for keeping children's belongings		
13.	a)	Arrangement for 24 hour crisis Management	:	
14.		Infrastructure for Health care facilities	:	
	a)	Name & address of R.M.O./ (for round the clock service)	:	
	b)	Referral Central for	:	
		i) Chronic health disorders	:	
		ii) HIV / AIDS / STI	:	
		iii) Prevention centre doctor for redressal of behavioral problems.		
15)		Indoor Recreation		
			:	i)
			:	ii)
			:	iii)
			:	iv)
	b.	Outdoor Recreation		
				i)
				ii)
				iii)
				iv)
16.		Vocational Training		
		Scheme a)		
		b)		
		c)		
17.		Whether separate project-wise accounts have been maintained for grant sanctioned earlier ?		Yes / No.
18.		Whether Principal of Joint operation of bank accounts in being followed ?	:	Yes / No.
19.		Details of Bank accounts in which grant-in-aid release during previous financial year	:	

Grant-in-aid for Financial year	Sanction letter number	Dated recurring Amount	Non recurring Amount	Bank Account Number	Name & address of Bank

20.	Whether the statement of accounts submitted along with the application		Audited un-audited
21.	The amount of support sought for grant-in-aid for	:	
	a) Recurring :		
	b) Non-recurring :		
	c) Total :		
22.	Whether list of Beneficiaries enclosed ?		Yes / No.
23.	Whether list of Managing Committed enclosed		Yes / No.
24.	Whether list of employees enclosed ?	:	Yes / No.
25.	Estimated Budget for a unit of 25 children		(separate sheet enclosed.

Signature of Chief functionary
with real in all pages.

1)	Registration related documents (memorandum, rules, up to date renewal receipt, Trust deed etc.
2)	Annual Report & Audit Report for last 3 years.
3)	List of Governing body & resolution of last AGM.
4)	Leave & License or document related to ownership or agreement of land related to Open Shelter
5)	Resolution of E.C. meeting where opening of Open Shelter was resolved.
6)	License under Women & Children Act.
7)	Survey report on the area pointing out vulnerability role of the organization and how shelter will come is to use.
8)	Authenticated shelter

All documents must be authenticated by authorized person.

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 - b) For Boys / Girls :
 - c) Date of commencement of the Project :
 - d) Year of commencement of Grant-in-aid from G.O.I. / D.C.R.S. for this project :
4. Whether Experienced in running IPSC Project :
 - a) If Yes, for how many years, (From-to) :
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8. Complete address of Location / Locations where Programme / Project / scheme is being implemented :
 - a) Address of ‘Open Shelter’ establishment :
 - b) Nearest Railway station / Bus stand :
 - c) Distance :
9. Whether building is [/ Mark to be indicated in the appropriate box] :
10. Is the building utilized exclusively for ‘Open Shelter Scheme’ :
 a. (√ mark should be given)
- b) If no, provide details of usage :
11. Detailed information of contact location :
 - a) No. of contact Locations :
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 - d) Same for 3rd contact location :
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12. a) Area of building coverage for ‘Open Shelter’

Owned	Rented	On Lease	Donated
Yes	No.		

(in Sp. ft.)

- b) No. of rooms
 - c) No. of bathrooms
 - d) No. of toilets
 - e) Kitchen Provision
 - f) Washing facilities
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13. a) Arrangement for 24 hour crisis Management :
14. Infrastructure for Health care facilities :
- a) Name & address of R.M.O./ (for round the clock service) :
- b) Referral Central for :
- i) Chronic health disorders :
 - ii) HIV / AIDS / STI :
 - iii) Prevention centre doctor for redressal of behavioral problems.
15. Indoor Recreation :
- i) :
 - ii) :
 - iii) :
 - iv) :
- b. Outdoor Recreation :
- i) :
 - ii) :
 - iii) :
 - iv) :
16. Vocational Training Scheme :
- a) :
 - b) :
 - c) :
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