

APPLICATION FORMAT

Capacity Building of Women's Collectives through MSK

PART A- ORGANISATION

1. Name and full Postal address of the head office of the Organisation
 - (a) District
 - (b) State
 - (c) Pin Code
 - (d) Telephone No. with STD code
 - (e) Fax No.
 - (f) Mobile No.
 - (g) E mail ID

2. Name and full Postal address of the Project in-charge
 - (a) Name
 - (b) Address
 - (c) Telephone No. with STD code
 - (d) Fax
 - (e) Mobile No.
 - (f) E mail ID
 - (g) Aadhar Number
 - (h) PAN Number

3. Bank details of the organization:
 - a) Bank name
 - b) Bank Branch
 - c) Bank Account Number
 - d) IFSC Code

4. Details of Registration under Indian Societies Registration Act, 1860 Indian Trusts Act, 1882?
 - (a) Registration No.
 - (b) Date of Registration
 - (c) Period of Validity

5. Unique ID of NITI Aayog's NGO Darpan PORTAL

6. Bye-laws of the organization allowing receiving Govt. grants and implementing women's programme in the project area? (Copy to be enclosed)

7. **Capability and Capacity of the organization:**

(a) **Infrastructure Available**

- i. Trainers and other employees (Qualification, Age, Experience, Salary etc.)
- ii. Land and buildings owned by the organization
- iii. Training equipment owned by the organization

(b) **Organizational Capacity including past experience in Livelihood training (Last 3years)**

Project already executed	Beneficiaries covered	Project cost	Source of funding

(c) **Financial Status of the organization in last 3years**

Year	Assets	Liabilities	Income	Expenditure	Surplus/ Deficit

8. **Details of grants received during the last 3years**

Source of Funding	Date/Period	Amount	Project Details	Whether completed

- 9. Has the performance of the organisation being evaluated by any recognized /reputed independent agency during last three years? (If yes, the details thereof)
- 10. A write-up by the organization describing why the project should be entrusted to the organization including value addition proposed by the organisation

Date

Signature with office stamp

PART B- PROJECT DETAILS

1. Name of the Project
2. Sector/trade of the Project
3. Duration of the total project
4. Duration of each training cycle
5. Total no. of beneficiaries
6. No of beneficiaries in each training cycle. Is the proposed training program conforming to the Qualification Pack (if already available) prescribed by the Sector Skill Council?
7. Project Area
8. Basis of selection of the beneficiaries
- 0 9. Cost of the project–(Item-wise, training cycle -wise, Recurring and Non- recurring)
(Detailed proposal to be attached)
10. Cost per beneficiary
11. Details of Training:
 - a. Livelihood skills to be taught
 - b. Period of training including hours of training(Theory and Practical)
 - c. Educational qualification and experience of trainers
 - d. Outcomes of the training
 - e. Method of assessment
 - f. Undertaking of having linkages with the training agency in case the training is to be provided by an outside agency.(If applicable)

Date

Signature with office stamp

Checklist for Task Force under DC/DM

NGO

1. Since when is the NGO in the block?
2. What activities has the NGO undertaken till now?
3. Is the project covered under the scheme?
4. Is the NGO getting or has got financial/other support from any other scheme under the State or Central government?
5. Is this project a replication of any other capacity building programme which is already be run by the concerned NGO?
6. Is the output proposed under this project viable?
7. Will this programme generate some livelihood?
8. Will this programme create synergies for a viable loan and marketing eco system?
9. Is the proposed training program conforming to the Qualification Pack (if already available) prescribed by any Sector Skill Council?

Women Collective

1. Since when is the Women Collective in the block?
2. Has the Women Collective undertaken any activities till now?
3. Is the Women collective getting or has got financial/other support from any other scheme under the State or Central Government?
4. Is this project a replication of any other capacity building programme for this Women collective?
5. Has the Women collective shown an interest in this particular livelihood skill?
6. Does the Women Collective have the requisite ability to absorb the proposed livelihood skill?
7. Is the output under this project viable?
8. Are the members of the women collective capable of utilizing the training for sustainable livelihood?

Recommendation by Task Force under the DC/DM

1. Name and full address of the Organization
2. Name of the Scheme for which application is made
3. Name and designation of the Officer who inspected the organization
4. What is the justification for the project applied for?
5. Is the proposal recommended for sanction/release of grants?

Date

Signature with office stamp

**DOCUMENTS TO BE ATTACHED TO THE APPLICATION AND FOR
RELEASE OF INITIAL GRANT**

1. Attested Copies of Audited Statement of Accounts (for preceding three years).
2. Annual Report for three preceding years.
3. Proof of experience in the sector concerned.
4. Copy of Registration Certificate.
5. Undertaking regarding training linkages (if applicable).
6. Undertaking that it is not drawing funds from any other State or Central Government Scheme, for the same purpose.
7. Copy of Unique ID generated on NGO Darpan Portal of NITI Aayog.
