

## **SCHEME OF SHORT STAY HOME FOR WOMEN AND GIRLS**

### **APPLICATION FORM**

- Note: 1 The application should be submitted in triplicate to the Child Development Programme Officer (CDPO) or District Women and Child Development Officer or District Social Welfare Officer of the project area.
- 2 Applications either incomplete or without all enclosures will not be entertained.
- 3 Parts A & D should be completed by the applicant organization, 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 organisation. :
- District: :
- Pin Code: :
- 2 Telephone No. with STD Code: :
- 3 Fax No. :
- 4 Do the bylaws 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 organisation is of all India character; if yes, give the address of its branches in different States including the :

State branches 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 the activity	Coverage			Expenditure
	Men	Women	Children	

11. Summary of financial status of the organisation in the last year:  
(Rs. in lakhs)

Year	Income & Exp. Acctt.	Receipt and 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

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	Quali- fication	Profession	Annual Income

15. Details of employees of the Organisations:

Sl. No.	Name & Address	Male/ Female	Age	Part time/ full time	Quali- fication	Post	Monthly salary

16. Details of managing Committee members of the organisation

Sl. No.	Name and Address	Male/ female	Age	Occupation	Profession	Monthly income

## **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

	<b>No. of rooms</b>	<b>Total area (sq.ft.)</b>
Room		
Kitchen		
Toilet		
Store		
Varandah		
Total		

4. Is it rent free accommodation:
5. Classification of proposed beneficiaries:

<b>Type of problem</b>	<b>No. of women (proposed beneficiaries)</b>
In moral danger	
Victims of Rape	
Cruelty by family members	
Deserted by Husband	
Family discord	
Others (please specify)	
Total	

6. No. of Family Counselling Centres in the District.
7. Is your NGO running any Family Counselling Centre:
8. No. of Destitute Homes run by the State Govt. in your District

Date:

Signature of Secretary/ President.