

# Application form for CCIs/NGO Seeking Grant In Aid

## A. INSTITUTIONAL DETAILS/GENERAL INFORMATION

1. **Name of the Institution:** \_\_\_\_\_

2. **Name of the Society**

3. **Details of CCI :**

- Name and Designation of CCI In- Charge

\_\_\_\_\_

- Complete Address \_\_\_\_\_

- Mobile/ landline No \_\_\_\_\_

- Email \_\_\_\_\_

- PAN No \_\_\_\_\_

- Bank Account No \_\_\_\_\_

- Name and Branch of the Bank \_\_\_\_\_

- IFSC Code \_\_\_\_\_

- Sanction capacity of the Home \_\_\_\_\_

4. **Registration Details ( Attached Registration Certificate ( If any)**

- Whether registered under Societies Act 1860/2012 Yes /No

- Whether registered under JJ ACT 2015/2000 Yes /No

Registration No ----- Dated -----

5. **Total Number of children present ( Attached detail of each children as per format at ( Annexure A)**

- Male

- Female

- Age breakup of children

- Sanction capacity of the Home \_\_\_\_\_

Sr No	Age	Number of Children		Total
		Girls	Boys	
1.	0-6 years			
2.	7-14 years			

3.	15-18 years			
	Total			
4.	18-21 years			

**6. Segregation of children**

<b>Sr . No</b>	<b>Age group</b>	<b>Yes/ No</b>	<b>Remarks</b>
1	Children of both sexes below 10 years to be kept in same home,		
2	Separate bathing & sleeping facilities for boys & girls in age group of 5-10 yrs		
3	Separate children home for boys & girls in the age group of 7-11 and 12-18 yrs.		
4	Separate facilities for children in the age group of 0-5 yrs with appropriate facilities for infants		

**7. Accommodation for children and Institutional infrastructure**

	<b>Number (as per ICPS norms)</b>	<b>Area</b>	<b>Actual area in the home</b>	<b>Yes/ No</b>
Dormitories/ Rooms	2	Each 1000 Sq. ft. for 25 juveniles/children i.e. 2000 Sq. F		
Classrooms	2	300 Sq. ft. for 25 juveniles/children i.e. 600 Sq. ft.		
Sick room/First Aid Room		75 Sq. ft. per juvenile/children for 10 i.e. 750 Sq. ft.		
Kitchen		250 Sq. ft.		
Dining hall		800 Sq. ft.		
Store		250 Sq. ft.		
Recreation room		300 Sq. ft.		

Library		500 Sq. ft		
Bathrooms	5	25 Sq. ft. each i.e. 125 Sq. ft.		
Toilets/latrines	8	25 Sq. ft. each i.e. 200 Sq. ft		
Office rooms		(a) 300 Sq. ft. (b) Superintendent's room 200 sq. fit		
Counselling & Guidance room		120 Sq. ft		
Workshop		1125 Sq. ft. for 15 juvenile @ 75 Sq. ft. per trainee		
Residence for superintendent		(a) 2 rooms of 250 Sq. ft. each (b) kitchen 75 Sq. ft. (c) bathroom cum Toilet/latrine 50 Sq. ft		
Play ground				

### 8. Sanitation and Hygiene

Whether sanitation and hygiene is maintained in the home through following facilities?		
(a)	Sufficient treated and filtered drinking water	Yes/No
	Installation of water filter/RO facility If yes, No of RO Installed.	Yes/No
	Sufficient water for bathing and washing clothes, maintenance & cleanliness of the premises	Yes/No
	Proper drainage system	Yes/No
	Arrangement for disposal of garbage and availability of covered dustbins?	Yes/No
	Protection from mosquitoes	Yes/No

	Sufficient number of latrines/toilets (at least one latrine for seven children) and whether they are well ventilated?	Yes/No
	Sufficient number of bathrooms(at least one bathroom for ten children) and whether they are well ventilated?	Yes/No
	Sufficient they are well ventilated?	Yes/No
	Sufficient space for washing clothes/utensils	Yes/No
	Clean and fly proof kitchen	Yes/No

### 9. Staffing pattern of an Institute with 50 children

Sr . No	Staff	Sanctioned strength as per ICPS norms	Salary as per ICPS norms per month	Actual strength	Educational qualification	Drawing Salary	On regular /contract or outsourcing
1	One Office In-charge (Superintendent)	1	25,000/-				
2	One Counsellor	1	17,500/-				
3	One Probation Officer/Child Welfare officer/ Case worker	1	17,500/-				

4	Two House Mother or House Father	2	11,000/-				
5	One Paramedical staff	1	9000/-				
6	One Store – keeper cum Accountant	1	14,000/-				
7	One Cook	1	7500/-				
8	One Helper	1	6000/-				
9	One Housekeeper	1	6000/-				
10	One Educator( Voluntary / Part time)	1					
11	One MBBS Doctor(Voluntary/Part time)	1					
12	One Art & Craft cum Music Teacher (Voluntary/Part time)	1					
13	One PT Instructor cum Yoga Trainer (Voluntary/Part time)	1					

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<b>B. MINIMUM STANDARDS OF THE CARE</b>		
<b>1. Education</b>		
a)	Are any of the educational facilities available within the institution?	Yes/No
b)	Whether children are going to school?	Yes/No
c)	Whether the school is near to the institution	Yes/No
d)	If no, then what is the mode of transport for children for going to school?	
<b>2- Recreational facilities available for children in the institution</b>		
	Sports Whether the Indoor Games/equipments available. if yes specify  Whether the Out door games /equipments available if yes specify	Yes/No
a)	Yoga	Yes/No
b)	Dance	Yes/No
c)	Music	Yes/No
d)	Outing/ field trips	Yes/No
e)	Television	Yes/No

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<b>1. Vocational Training</b>		
a)	Does the Home provide vocational training to children within or outside. Please specify.	Yes/No
<b>4. HEALTH CONDITIONS OF CHILDREN AND MEDICAL FACILITIES AVAILABLE</b>		

a)	Whether every child on admission into the Home undergoes a health check- up ? If so by whom ?	Yes/No
b)	Whether every child has a health card and his check ups are recorded therein ?	Yes/No
c)	Whether files of medical record are maintained	Yes/No
d)	Is there any outside doctor visiting the Home on regular basis? If yes, is such doctor MBBS or a Specialist	Yes/No
e)	Does the Home has the following facilities :- Regular health check up facility ART provisions for HIV +ve children Any other (provide details	

### C. RECORDS AND REGISTERS

<b>(a)</b>	<b>Maintenance of case file of each child :</b>	
i.	Whether the child/juvenile is photographed immediately upon admission to the Home?	Yes/No
ii.	Whether annual photograph of the child is taken on record?	Yes/No
iii.	Whether initial reports of interaction with the child are on record?	Yes/No
iv.	Whether <b>individual care plan</b> of the child is on record?	Yes/No
v.	Whether the <b>medical record</b> of the child is there?	Yes/No
vi.	Whether the <b>counselling report</b> is maintained by the counsellor?	Yes/ No
vii.	Whether the counsellor is appointed? If yes, specify the qualification of the counsellor?	Yes/ No
<b>(b)</b>	<b>Whether the registers are maintained and updated properly</b>	
i.	Admission and discharge register	Yes/No

ii.	Supervision register	Yes/No
iii.	Medical File or Medical Report	Yes/No
iv.	Nutrition diet register	Yes/No
v.	Stock register	Yes/No
vi.	Log book	Yes/No
vii.	Meeting book	Yes/No
viii.	Cash book	Yes/No
ix.	Budget statement register	Yes/No
x.	Inquiry report file	Yes/No
xi.	Individual case file with individual care plan	Yes/No
xii.	Children suggestions book	Yes/No
xiii.	Visitor's book	Yes/No
xiv.	Staff movement register	Yes/No
xv.	Personal belongings register	Yes/No
xvi.	Attendance register for staff	Yes/No
xvii.	Attendance register for children	Yes/No
xviii.	Children's movement register	Yes/No
<b>C.</b>	Whether the telephone no. of DC, SP, PO-ICDS, DCPO is displayed / painted on the wall	Yes/No

#### **D. Constitution of Committees**

<b>1.</b>	Whether children's committee has been setup?	Yes/No
<b>2.</b>	Whether the Management committee has been setup?	Yes/No
<b>3.</b>	Whether the children suggestion/ complaint Box has been placed?	Yes/No

#### **E. System of restoration of children from the Home and follow up :**

<b>1.</b>	No. of children restored from the Home during last 1 year	
<b>2.</b>	Linkage with CWC and Childline for the purpose	
<b>3.</b>	Whether the Verification of the families before handling the children to their parents is done?	
<b>4.</b>	Whether the Home gets the receipt in the case of every child from his or her parent/guardian with	



	identity proof for the record?	
5.	Whether the child shifted or enrolled in the home with the approval of child welfare committee	
6.	Whether district administration is immediately informed on entry of any new inmates and staff	

<b>E. Utilization Certificate</b>		
1.	Amount of Grant Received Last year( If any)	
2.	Attached Utilization Certificate	

**DETAILS OF CHILDREN RESIDING IN CCIS**

**NAME OF INSTITUTION/CCI-----**

<b>Sr No</b>	<b>Name of the child</b>	<b>Age (D.O.B)</b>	<b>Sex</b>	<b>Educational status</b>	<b>Orphan Singal Parent MR phy Challenged HIV</b>	<b>Haryana</b>	<b>Other State</b>
1	2	3	4	5	6	7	8
1		01.07.06 9 years 7 months 19 days	M	Class IV	Singal parent & MR	--	West Bengal

- TOTAL NO. OF CHILDREN:
- TOTAL MALE
- TOTAL FEMALE
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**INSTRUCTIONS FOR TABLE II**

1. List of children to be prepared starting from children in the age group 0-6, 7-10, 11-14, 15-18 and above i8 Years'.

2. Age is to be calculated from age calculator (available on internet)'Also mention date of birth in the age column'
3. In column no.5,mention the class in which the child is studying .'If the child is not going to school and availing vocational training then it should be mentioned.
4. In column no. 6 if a child is for example orphan as well as MR' Physically challenged or HIV, mention both the categories as represented.
5. In Column no. 8, mention the name of other State as represented.
6. Both the table lists should be signed in the following hierarchy: office in charge of institution ) Protection officer ( Institutional care), If Specialized Adoption Agency ( SAA) then Protection Officer ( Non Institutional Care), )Verified by DCPO/WCDPO cum DCPO. Both the table lists should have forwarding with signatures of District Programme Officer of the concerned district.

