

CENTRAL SOCIAL WELFARE BOARD
Pre-Funding Appraisal Report

State: _____

Name of the Programme: _____

1.	Name & Designation of the Visiting Officer		
2.	Date and Time of the visit		
3.	Name & address of the institution with Phone No. and E-Mail.		
4.	Verification of Date of Registration.		
5.	Whether the V.O. is blacklisted for any Govt. funding (Central & State)		
6.	Financial position to be clearly mentioned like loans, advances by the institution; dues & receivables		
(a)	Total turn over and sources of funding including funds from Govt. other agencies in the last two years.		
(b)	Amount of grant due from the Govt. / other agencies.		
(c)	Have the details of Bank Account of the institution checked and found to be correct? Is the fund being received by them electronically or not? If not, reasons thereof.		
(d)	Details of Bank Account. ECS Number, Joint Bank Account operation etc.		
(e)	Have previous years accounts submitted by the institution for aided programmes are complete in all respects and settled by CSWB / State Board / Others? Please give details.		
7.	Assets of the organization and details of beneficiaries in existing programme with photos of office bearers and beneficiaries.		
(a)	Overall performance of the institution about the aided programme of CSWB / State Board / Others.		
(b)	Number of the Managing Committee members	Male	Female
(c)	Have you met any member / officer bearers. Give details.		
(d)	Describe the neighbourhood/landmarks.		

Paste Photographs of the Managing Committee / Board of the NGO / Assets:

APPRAISAL OF PROGRAMME

1.	Area where activities are proposed- Covered or uncovered. In case covered under which programme	
(a)	Mention details like taluk /block/district etc.	
(b)	Activities proposed to be taken up and whether these are relevant to the local area.	
2.	Final recommendation: a) Name of Programme: b) Recommended or not recommended. Justification for recommendation.:	

Photos of activities being conducted including assets of organization and beneficiaries
(Minimum two):



Signature

Name & Designation of the Field Officer

State:

Place:

Date:

(To be sent through e-mail)

INSPECTION REPORT

Part-I (General)

Name Of The Programme: _____.

State: _____

1.	Name of the Visiting Officer with Designation	:		
2.	Date and Time of Visit Start: End:	:		
3.	Name and designation of the Officer who visited the programme during last visit with date.	:		
4. (a)	Name and location of the Institution with complete address with phone no. and E-mail.	:		
(b)	Name and address of Branch, if any	:		
5.(a)	Location of the Programme being visited Complete address with Phone No. (District and Block should be highlighted)	:		
(b)	Whether the location is in Urban / Rural / Border / Tribal Area	:		
6.(a)	Accommodation (a)Area/ rooms available for the program	:	Adequate (Specify number)	Inadequate (Specify number)
(b)	Any other activity conducted in the same premises (if yes, give comments). Source of funding may also be indicated.	:		
7.(a)	Whether a permanent signboard giving information about the programme is displayed at the entrance?	:	Yes	No
(b)	Whether it is mentioned that the programme is funded by Ministry of Women & Child Development / Central Social Welfare Board / State Social Welfare Board or other agency?	:	Yes	No
8.	Working Hours of the programme	:		

Photo of 7(a) / (b)

9.	Time of inspection: (a) starting (b) completion	:			
10 (a)	Sub-Committee formed	:	Yes	No	
(b)	Number of Members	:	Male	Female	Total
(c)	Number of Meetings held in one year	:			
11.	Maintenance of Records	:			
(a)	Personal Files of staff appointed	:	Yes	No	
(b)	Case records with photographs	:	Yes	No	
(c)	Attendance Register of Staff	:	Yes	No	
(d)	Attendance Register of Beneficiaries	:	Yes	No	
(e)	Monthly Stock Register and details of stock available.	:	Yes	No	
(f)	Account Books certificate may be recorded that the same has been verified and signed the same on visit and last inspection.	:	Yes	No	
(g)	Details of Bank Accounts	:			
12. (a)	Amount spent on the date of visit on activities	:			
(b)	Amount of the grant due on the date of visit	:			
13.	Overall report on the performance of the programme implemented.	:			
14.	Recommendation for continuation / discontinuation of the programme being implemented by the institution.	:			
15.	The visiting officer should give an undertaking that he / she has physically verified all above mentioned records including account books.	:			

Photos of Activities (Minimum two):

Name & Designation of the Field Officer

State:

(To be sent through e-mail)

INSPECTION REPORT

Part-II

Name Of The Programme: CRECHE

1.	Complete address of the Unit	:				
2.	No. of Children enrolled.	:	Boys	Girls	Total	
3.	No. of children community-wise	:	Gen.	OBC	SC / ST	Min.
4.	No. of Children present on the day of visit	:				
5.	Average presence of children on monthly basis.	:				
6.	Age of Children	:	0 - 1 Yrs.	1 - 3 Yrs	3 - 5 Yrs.	
7.	Staff - Creche Worker:					
	S.No.	Name	Qualification	trained / untrained	Honorarium (in Rs.)	

7.	Supplementary Nutrition and the quantity of nutrition material provided to children and stock in hand	:				
8.	Details of equipments purchased amount	:				
9.	Details of recreational equipment given to children	:				
10.	Educational Material purchased.	:				
11.	Visit of Doctor. Name of Doctor and visit date from last report.	:				
12.	Medicines purchased and verified with receipts.	:				
13.	Medicine register stock in hand as on visit and supplied.	:				

Photos of Managing Committee / Beneficiaries / Signboard & Assets:

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Name & Designation of the Field Officer

State:

(To be sent through e-mail)

INSPECTION REPORT

Part-II

Name Of The Programme: AWARENESS GENERATION PROGRAMME

1.	Location of the Camps.	:			
2. (a)	Duration / Timings of the Camps	:			
(b)	Indicate date of starting and date of completion of camp	:			
3.	Name of the organization of the Camp.	:			
4.	Name of the Training Institutes from which training has been imparted	:			
5.	Details of beneficiaries	:			
(a)	No. of Beneficiaries	:			
(b)	Category of the beneficiaries	:	Gen	SC /ST	Other
(c)	Age group of beneficiaries	:	15 - 25 Yrs	25 -35Yrs.	35 & above
6.	Economic status of the beneficiaries	:			
(a)	Lower income group	:			
(b)	Middle Income Group	:			
(c)	Higher Income Group	:			
7.	Whether topics were same as indicated in sanction order? If not why?	:			
8.	Name & designation of resource persons	:			
9.	Follow up strategies of the Camp.	:			
10.	Subject / Topic covered by the institution. Whether a particular theme has been taken up.	:			
11.	Impact Assessment Report of Camp held	:			
12.	Feedback from beneficiaries	:			

Photos - dito of beneficiaries

Name & Designation of the Field Officer

State:

(To be sent through e-mail)

INSPECTION REPORT

Part-II

Name Of The Programme: CONDENSED COURSE OF EDUCATION

1.	Complete address of the Project:	
2.	Location of the Course. Give correspondence address.	Urban / Rural / Tribal / Border Area
3. (a)	Date of starting of the course	
(b)	Duration of Course	
(c)	Batch No.	
(c)	Level & Type of the Course	Primary, Middle and High School or one year Matric fail. Residential Non-Residential
4.	Particulars of the grant sanctioned	
(a)	Amount sanctioned	
(b)	Amount released by the State Board through ECS System.	
5.	Particulars of the candidates admitted in the course.	
(a)	No. of candidates admitted	
(b)	No. of SC/ST/OBC candidates	SC ST OBC
(c)	No. of drop outs	
(d)	Reasons for dropping out.	
(e)	Whether NGO will take up batch for drop outs?	
(f)	Amount for dropouts students to be refunded to CSWB by NGO	

(3) Particulars of Teachers.

S. No.	Name of the Teacher	Qualification	Salary	Date of Joining	Full Time / Part Time

7.	Whether prescribed syllabus being followed or not.		
(a)	Name of authority conducting the examination		
(b)	Approximate date of examination.		
(c)	Periodicity of Test / Monthly / Quarterly / Yearly		
8.	Equipment's No. and amount spent	Adequate	Inadequate
9.	Arrangement of Hostel	Proper	Improper
10.	Comments on the maintenance of accounts verification of cash book, ledger, paid vouchers, bank account loan, donation and subscription.		
(a)	Expenditure incurred		
(b)	Maintenance Charges		
(c)	Pocket Money		
(d)	Stipend		
(e)	Teacher's salary		
f)	Education Equipment's		
g)	Rent		
h)	Contingencies		
i)	Regularity in submission of accounts.		
11.	Placement position of candidates of earlier batches.		
(a)	Batch No.		
(b)	No. of passed candidates		
(c)	No. of candidates employed		
(d)	No. of candidates sent for further training		
(e)	Follow up action on previous reports.		
12.	Impact assessment of the programme. (Feedback)		

Photos:

Name & Designation of the Field Officer**State:**

INSPECTION REPORT**Part-II****Name Of The Programme: SHORT STAY HOME**

1.	Complete address of the Home	:	
2.	Whether location is suitable and easily accessible from Hospital, Court, Police Station etc.	:	
3.	Has the Home Committee been formed? Details of members	:	Yes / No

4. Please give details of the participation of the members in the committee meeting.

S. No.	Name of the Member	Occupation	No. of Meetings attended during last 12 months

5. Did the Committee discuss the followings during the period.

(i)	Rehabilitation problems of the individual inmates.	:	
(ii)	Follow up of the rehabilitation decisions of earlier meetings.	:	
(iii)	Follow up of the inmates who have been rehabilitated.	:	
(iv)	Quality of Food in the Home	:	
(v)	Quality of training for the inmates.		
(vi)	Problems of the Children of the inmates.	:	
(vii)	Psychological and adjustment problems of the inmates and	:	
(viii)	Mobilization of the financial and other supports from the community	:	

6. (a) Details of the present and absent inmates

S. No.	Name	Age	Date of Admission	Present / Absent	SC / ST / OBC / Physically Handicapped	If found absent, reasons	If staying for more than 18 months rehabilitation details.

(b)	Comments about the genuineness of the inmates in the Home	:	
(c)	Month-wise details of inmates in the Home (from April to March of last financial year) and monthly average	:	
7.	No. of beds available for inmates.	:	

8.	Had the inmates who were not present in the Home submitted any application? In case, some of them were away on outside training, could you verify from any register or document that they were really attending the training?	:	
9.	Does the Home maintain case records of every inmate with their photographs? Did you verify the records?	:	
10.	Please talk to few inmates and mention their response on the following.	:	
(i)	Is the quality of food reasonable?	:	
(ii)	Are there adequate amenities in the Home?	:	
(iii)	Is the attitude of staff and inmates satisfactory?	:	
(iv)	Do they feel safe in the Home?	:	
(v)	Is the staff regular?	:	
(vi)	Is there any kind of harassment to inmates?	:	
(vii)	Are they satisfied with the training available to them?	:	
(viii)	Do they receive medical treatment and medicines when needed?	:	
(ix)	Is there any specific problem?	:	

11. Please give details of the staff working in the Home

Post	Name	Qualifications	Was he present during inspection	Is he / she regular	Working hours of each

12.	Does the Home maintain Attendance Register for the inmates and the staff? Did you verify the records? Are the records satisfactory	:	
13.	Does the Home maintain Stock Register for recurring and non-recurring items? Are these registers satisfactory?	:	
14.	Is there any problem in getting support from police, court etc? If yes, do you have any suggestion in this area?	:	
15.	Details of training which was being imparted to the inmates on the date of inspection. Do you think that the training could be improved? Do you have any suggestions?	:	

Photos:



Signature & Designation of the Field Officer

State :

(To be sent through e-mail)

INSPECTION REPORT

Part-II

Name Of The Programme: WORKING WOMEN'S HOSTEL

1.	Complete address of the hostel	:				
	Location of Working Women's Hostel	:	Suitable	Unsuitable		
(a)	Area		Urban / Rural / Tribal / Hilly / Backward Area			
(b)	Date of Starting	:				
2.	Criteria for admission of beneficiaries	:				
3.	Particulars of Staff					
	S.No.	Name	Designation	Trained / Untrained	Salary	Regulatory of payment
4.	Staff of Management	:				
5.	Details of Accommodation	:	Rented	Own Building		
6.	No. of Inmates	:	SC	ST	OBC	Others
7.	Comments on suitability and safety of the hostel	:				
8.	Facilities provide i.e. (TV, Fridge, Common Room, newspapers, books and others.)	:				
9.	Fee charged from inmates	:				
10.	Details of accounts settled for last release.	:				

Signature & Designation of the Field Officer

State :

INSPECTION REPORT

Part-II

Name Of The Programme: INNOVATIVE SCHEME

1.	Location and Address of the Project.	:		
2.	Whether accommodation is sufficient?	:	Sufficient	Insufficient
3.	Suitability of the location	:	Suitable	Unsuitable
4.	Details of Equipments	:		
5.	Whether No. and detail of Beneficiaries as per target group proposed?	:		

6. Detail of Staff appointed under Innovative Scheme.

7.	S.No.	Name & Designation	Date of Appointment	Salary	Absent / Present during visit.	Remarks
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8. Feed back from beneficiaries

9. Utility of the programme being run

10. Details of convergence of schemes both Central & State Schemes

Photos:

Signature & Designation of the Field Officer

State :

Note:

1. It is expected that a well established Mother NGO will take up a project which is need based for area development, addresses a peculiar problem of a vulnerable group and plans on convergence of schemes both centrally funded and State Govt. assets. Applicant to give one page (100 words) description of idea project)

2. The field officer should ensure that there is no duplication of the activity in the same premises. The innovative scheme is a need-based programme. The field officer should focus on the impact of the activity and give feedback. Follow up activity, which could be undertaken by the voluntary organization to sustain the activity, should be provided by the field officers. The field officers should also give proper guidance to the voluntary organization for establishing link with other Departments / Local bodies.

(To be sent through e-mail)

Inspection Report -II

Name of the Programme: FAMILY COUNSELLING CENTRE

1.	Address of the FCC.	:						
2.	Date of Starting	:						
3.	Accommodation for the FCC	:	Rented / Own / Free / Sufficient					
4.	No. of cases registered (due period) No. of cases handled in a month	:						
5.	Break up of cases	:	a) Marital maladjustment b) Abuse or alcoholism of husband c) Thrown out of mental home d) Dowry e) Domestic Violence f) Others - Please specify					
6.	Particulars of Counsellors:							
	S.No.	Name & Address	Age	Qualification	Experience	Date of Joining	Date of Relieving	Salary per month.
7.	Follow up done on cases by Counsellors	:						
8.	Any difficulties faced by Family Counselling Centre with respect of working of the scheme/feedback.	:						
9.	Display of information in FCC							
10.	Details of activities taken up by Family Counselling Centre in last 3 months							

Photos:

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Signature & Designation of the Field Officer

State :