

DIRECTORATE OF HEALTH SERVICES,
GNCT OF DELHI, F-17, KARKARDOOMA, DELHI-110 032.
PUBLIC NOTICE

SUB.: Grant in Aid (GIA) to NGO (2012-2013)

This Directorate invites application for Grant in Aid from Non Govt. Organization (NGO) in following areas as per term and conditions mentioned below:-

1. Home based care& support to MDR TB patients in the catchments area of a Major DOTS plus site in Delhi.
2. Community health care for Sr. Citizens.
3. Medical care for night shelter dwellers.
4. Awareness of anti-quackery in community.
5. Survey of disability due to leprosy.
6. Survey and training in Bio medical Waste Management of Medical and Paramedical staff in Healthcare institution in private sector.
7. Prostate disease awareness programme.
8. Improvement of Medical facility in Charitable dispensary.

Eligibility

1. NGO registered as a Society or Trusts and working in Delhi for at least three years can apply for grant.
2. The NGO must be involved in charitable work with proper infrastructure in form of office, staff, office equipments etc in Delhi.
3. It must have at least one Doctor with degree of modern medicine and registered with DMC (Delhi Medical Council).
4. It should have proven track record, must be actively working in the area of health in Delhi which should preferably be authenticated through Annual Reports incorporating health outputs/achievements.
5. The NGO should have its own sources of income also.
6. Preference will be given to NGO already working in the area in which the NGO is applying for GIA.
7. NGO who has received grant in 2010-11 from this Directorate will not be eligible.
8. NGO has to apply only one proposal .

Amount of Grant-in-Aid to NGOs. GIA maximum limit up to Rs.2,00,000/-**Non-recurring grants:-** medical equipments only 25% of project cost, subject to maximum of Rs.50,000/-**.Recurring grants** (maximum amount up to Rs.1,50,000/-) :-80% of cost of consumable like medicines, testing kits, pamphlets, posters, vaccines and 25% of cost of establishment expenses. (GFR Rule 209(4)(a) be followed).

Application forms for Grant in Aid. Application forms for GIA will be available from, GIA Cell, 6th floor, F-17, Karkardooma, Delhi-110 032 from 5th Mar 2012 on working days from 3 PM to 5 PM or it can be downloaded from Delhi Govt. website: www.health.delhigovt.nic.in->Forms Act Rule->Advertisement for Grant in Aid to NGO and Application Form. Application duly completed in all respect along with necessary documents as per checklist should reach the Receipt & Issue section (RI Section) of this Directorate on or before 2nd April. 2012 by 5 PM. Application for GIA without supportive documents (properly page, numbered and attested) as per eligibility criteria and checklist will be rejected without any further correspondence. More than one proposal for grant submitted by NGO will also be rejected.

DIRECTOR
(DTE. OF HEALTH SERVICES)

CHECK LIST

0.	Documents to be submitted
1.	Application in prescribed format.
2.	Project proposal in detail along with details of grant required.
3.	Society Registration Certificate.
4.	Memorandum of Association, Rules & Regulations, Aims and Objectives of Society. List of members of Executive Committee/Governing Body (Name, address, occupation and designation)
5.	Organisational structure and staffing pattern of the NGO and the Institution (Hospital etc.)
6.	Auditor Report of the Society for the last three years along with Income & Expenditure, Payments & Receipts of account, Balance sheet of the Society.
7.	Registration under Nursing Home Registration Act in case of Charitable Hospitals/Nursing Home.
8.	Undertakings: a) That no criminal case is pending against the Society/Institution or its office bearers. b) That the Society shall not dispose off the assets created out of grant or divert grant for any other purpose other than specified. c) That the project proposed for funding shall be run on no profit and no loss basis. d) That the NGO has not been blacklisted by any Govt. Institution
9.	Certificate showing total number of free cases treated in OPD/IPD/ Mobile Health, percentage of beds and OPD reserved for free patients.
10.	Details of charges from patients OPD/IPD/Special Investigations etc. Enclose rate lists.
11.	Details of Grant in Aid received by the Institution, if any.
12.	Services provided (in details) and Annual reports of past three years indicating previous experience of NGO in field of Health.
13.	Copy of Utilisation Certificate in GFR-19A duly certified by the Chartered Accountant on Grant in Aid received in past from Govt. of NCT of Delhi. ELFA audit report of the same and Action taken report of audit paras, if any.
14.	Copy of registration of the doctors/ANM/Nurses/para-medical with their respective councils.
15.	Any other details.

GOVERNMENT OF NCT OF DELHI
DIRECTORETE OF HEALTH SERVICES
F-17, KARKARDOOMA, DELHI-110032

*Subject: Application for Grant in Aid for Non Government Organisation

Sl.No.	Information required by the Directorate	Details
1	Name of the NGO	
2	Name Designation & Tel. No and address of the Person responsible for communication	
3	Registration No. and Date of registration in Delhi as Society.	
4	Name of hospital/dispensary/project proposal for which assistance is sought.	
5	Address of the hospital/dispensary.	
6	Date of setting of the hospital/ dispensary	
7	Population of the city/town/village where the hospital/dispensary situated	
8	Dose the hospital/dispensary cater to the high density urban slum area. If so, the name/names of slum colony and its/their population	
9	What are the aim objectives of the society?(Attach attested copy of the same)	
10	Nature of activities in field of medical care(Attach copy of last three years annual report of the society)	
11	Organisation or body responsible for maintenance of the NGO/Society and its composition..(Attach attested copy of the document showing the constitution of the present Governing Body responsible for its maintenance along with names and designations of two members authorized to operate upon and its	

	fund be enclosed)	
12	a) Bed strength of the Hospital	
	b)The number of beds which are free as per the definition of the free bed/free medical care given at the end of this application form.	
13	Whether the Society/Institution agrees to reserve 1/5 th of the total bed strength as free bed/free medical care referred to at Sl.No.12(b).	
14	Particulars of staff employed. Viz., their names, qualifications, designation and scale of pay.	
15	The annual expenditure incurred by the institution/society on free beds.	
16	Year-wise number of door/outdoor patients treated during last three years.	
17	a)Whether any grant has been sanctioned by any other department or Government of India or State Government for the purpose for which the financial assistance is now sought? If so, details thereof. If not, furnish a certificate duly attested by the auditor.	
	b)Recurring or Non-recurring grants received, if any, from Central/State Government during last five years for the purposes other than those which have been indicated at 17(a) above. Where such grants were received, a certificate to the effect that all the grants have been utilized for the purpose for which they were sanctioned to be attached duly certified by the Auditor.	
18	Whether the Institution/Society is involved in any proceedings. If not, furnish a certificate the effect that the Institution/Society is not involved in any proceedings relating to the account conduct of its office bearers.	
19	Financial resources: a)Total income during last financial year Rs.-----	

	b)Total expenditure during the last financial year Rs.-----	
	c)Assets at the end of last financial year Rs.----- -----	
20	a)Sources of income(donations, hospital fee, bank interest & grant received during last financial year should be indicated here ,source wise.	
	b)Particulars of donations received from such donors as have claimed exemption on paying income tax on the said donations.	
21	Whether the accounts of the Institution/Society are audited by the Chartered accountant or Government Auditors? If so, the statement in original of its annual audited accounts, Viz., Income & Expenditure account, Receipts & Payments accounts and Balance sheet for last three years duly certified by the above auditors to be enclosed	
22	Details of Recurring Grant: Total recurring expenditure on the project(with details).How much grant is required for the recurring expenditure.	
23	Schedule of charges recoverable from paying patients.	
24	Whether the project or scheme can be taken up in case the grant is less than the amount asked for. If so, how?	
25	Details of assistance received from foreign source during last three years.	
26	Details of account in the scheduled Bank or Post office. Account No.: Name of the Bank/Post office: Branch:	

27	Name of the members authorized to transact on behalf of NGO/Society.	
28	Any other information justifying the request for grant.	
29	Performance output expected during implementation of project.	

It is also certified that this is a charitable institution and serves the general public without any distinction of cast, creed, colour or religion. Note: Documents being submitted with project proposal are to be page numbered

Signature of Authorized person
Name, designation Office