**NATIONAL CHILDREN'S COUNCIL**

**APPLICATION FORM**

**One-Off Grant Scheme for Child Day Care Centres/Crèches of up to Rs 500,000**

File Reference: …………………………………………….... **(FOR OFFICIAL USE ONLY)**

***NOTE: Applicants are requested to thoroughly study the guidelines before filling in the application form.***

**1.0 Detail of Institution**

1.1 Name of Child Day Care Centre (CDCC) /Crèche: .......................................................................................

1.2 Postal Address of Child Day Care Centre/Crèche: .......................................................................................

.....................................................................................................................................................................

1.3Telephone No: ................................................ Mobile No: .......................................

1.4 E-mail Address: ................................................... Fax No: .........................................

1.5 Total Number of staff employed: ...............

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.N**  | **POST**  | **MALE** | **FEMALE** | **BOTH SEXES** |
| 1 | Manager |  |  |  |
| 2 | Assistant Manager |  |  |  |
| 3 | Child Care Givers |  |  |  |
| 4 | Assistant Child Care Givers |  |  |  |
| 5 | Maid/ Servant |  |  |  |
| 6 | Cleaner |  |  |  |
| 7 | Driver |  |  |  |
| 8 | Other (Specify) ……………………….. |  |  |  |
|  | **TOTAL** |  |  |  |

1.6 Total number of children enrolled: ....................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.N | **Age group** | Number of Children |  | No. of Care Givers |
|  |  | Boys | Girls |  |
| 1 | 3 Months to 1 year |  |  |  |
| 2 | 1 year to 2 years  |  |  |  |
| 3 | 2 year to 3 years |  |  |  |
|  | **Total**  |  |  |  |

1.7 Date started operation: ..........................................Number of years of operation: ………..

1.8 Fees charged by the Child Day Care Centre/ Crèche per child: Rs ………………………………..

1.9 Whether the CDCC has applied for registration with Ministry of Gender Equality and Family Welfare: Yes/No: ……………… Date of application: ……………………..

1.10 Whether the CDCC is owned or rented: ……………….. Monthly Rent: Rs ………………

1.11 Name of Owner: …………………………………………………………………………………………

1.12 Whether the CDCC has its own Building and Land Use Permit: Yes/No: ……. Date: …………..

1.13 Whether the CDCC has a valid certified Health Clearance: Yes/No: ……….. Date: …………..

1.14 Whether the CDCC has a valid Fire Certificate : Yes/No ………………. Date: ………….

**1.14 Contact Person**

Full Name of Contact person: ................................................................................................................

Address: .............................................................................................................................................

…………………………………………………………………………………………………………..

NIC No: .......................................................................... Tel No: ..................................................

Email Address: ...........................................................................

Bank Account Details: ...................................................................

**2.0 Description of Activities to be undertaken under the Project:**

**……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….**

**2.1 Time frame for Implementation of Activities to be undertaken under the Project:** …….Months

* **Expected start date: ……………………........……………………………………………………..**
* **Expected completion date: ......………......…………………………………………………………**

**2.2 Total Cost Estimate for Activities to be undertaken under the Project: Rs……………………………..**

**3.0 Breakdown of Cost Estimates for the Activities to be undertaken under the Project:**

*Please fill in the table below as appropriate to indicate the total financial budget for your project and its basic breakdown as per budget guidelines.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEMS (+ short description)** | **Unit** | **Unit rate****(Rs)** | **Number of Units** | **Costs(Rs)** | **Time Frame** |
| **3.1 Infrastructural Changes (Building and Extensions)**  |  |  |  |  |  |
| 3.1.1 Floor Tiling |  |  |  |  |  |
| 3.1.2 Labour Costs |  |  |  |  |  |
| 3.1.3 Electrical work |  |  |  |  |  |
| 3.1.4 Sanitary Wares |  |  |  |  |  |
| 3.1.5 Plumbing and Pipe Fittings |  |  |  |  |  |
| 3.1.6 Painting |  |  |  |  |  |
| 3.1.7Others(Health Clearance, Fire Certificate etc..) |  |  |  |  |  |
| **3.2. Training of Child Caregivers** |  |  |  |  |  |
| **3.3. Medical Certificates Expenses**  |  |  |  |  |  |
| **3.4.Furniture & Electrical Appliances** |  |  |  |  |  |
| **3.5. Educational/Developmental Materials/Toys/Outdoor Games** |  |  |  |  |  |
| **TOTAL COST = Rs**  |  |  |
| **FINANCIAL CONTRIBUTION OF APPLICANT (If Any)** |  |  |
| **FINANCIAL CONTRIBUTION REQUESTED** |  |  |

**4.0 Documents to be attached with the application form:**

1. address of Site and Location Plan of the Child Day Care Centre/ Crèche,
2. local Authorities clearance (Municipal Councils or District Councils), if necessary/available, or any other clearance as may be required certifying that the building can be renovated for the purpose of running a CDCC/ Crèche.
3. if building is a rented one, a written authorization from the landlord approving the changes to be made in the building, if any, housing the CDCC/ Crèche.
4. evidence that the institution has been operating for at least one (1) year with an undertaking that it will operate as such for the next three (3) years
5. list of children enrolled as well as staff employed, duly certified by the Officer-in-Charge of the CDCC/ Crèche.
6. details of children currently enrolled in the CDCC/Crèche: age and number of children by age and sex.
7. evidence that the applicant has at least 1 year proven track record on child issues and managing a CDCC/ Crèche.
8. certified quotation from suppliers/ contractors of proposed upgrading works or other services
9. Evidence/proof of date when the CDCC/ Crèche started operation.
10. Evidence/proof of fees charged per child.

**5.0 Declaration**

I, Mr/Mrs/Ms……………………………………………………….……………, do hereby:

1. Declare that the information given on this form is true and correct;
2. Undertake to implement the activities described in paragraph 2.0 and 2.1, failing which I shall be liable to reimburse the total amount disbursed for this purpose, within three months of written notice from the National Children Council;
3. Undertake to operate the child day care centre/crèche as such for at least 3 years in case I benefit from the grant, and.
4. Agree that all eligible unqualified staff employed at the time of application, will undertake appropriate training course in “Early Childhood Development”, if so required.

**Signature:…………………………………………………………**

**Designation:………………………………………………………**

**Date:……………………………………**