

**APPLICATION CUM MONITORING FORM FOR GRANT-IN-AID FOR
SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUG)
ABUSE**
(for 1st instalment and new cases)

1. Financial year for which grant-in-aid is applied : _____

2. Name of the Organization : _____

3. (a) Nature of the Project _____

(b) Date of commencement of the Project

(c) Year of Commencement of Grant-in-aid from G.O.I for the Project :

4. Date of Registration of the organization :

5. Address of Registered Office : _____

(STD Code) Tel. No: _____ (STD Code) Fax No. E.Mail

6.(a) Complete Address of location/location where programme/project/scheme is being implemented.

(STD Code) Tel. No: _____ (STD Code) Fax No. E.Mail

(b) Nearest Railway Station/Bus stand

7. Whether building is: OWNED RENTED ON LEASE DONATED

(Please indicate \surd against appropriate box)

8.(a) Is the building being utilized exclusively for this program? : Yes No

(b) If no, provide details of usage : _____

9. (a) Area of building : (in sq. meters)

(b) Number of rooms

10. Whether separate project-wise accounts have been maintained for grants sanctioned earlier? :

Yes

No

11.(a) Whether principle of joint operation of banks accounts is being followed? :

Yes

No

12 Details of bank accounts in which grant-in-aid released during previous financial year :

Sl. No	Grant-in-aid for financial year	Sanction letter number	Dated	Recurring Amount	Non-recurring Amount	Bank A/c No.	Name and address of Bank	Person Operating the joint Account
1.								
2.								

Unaudited

13. Whether the statements of accounts submitted along-with the application :-

(Please indicate **Ö**)

against appropriate box)

14. (a) Distance from the nearest organization running operating similar / same program / scheme / project : _____ Kms.

(b) Name and locational address of such nearest Organization / Institution. : _____

15. The amount of support sought from the Ministry for : _____ recurring grant-in-aid

Cost Head Group	Rs. in Lakhs
(a) Recurring	
(b) Non-recurring	
(c) Total	

16. Whether *List of Beneficiaries* enclosed as per Form-I

Yes

No

17. Whether *List of Managing Committee* enclosed as per Form-II

Yes

No

18. Whether the List of Employees enclosed as per Form – III
No

Yes

19. Whether the Half Yearly Progress Report, required for monitoring
No
by Ministry and also to forward to UNCDPC is enclosed as per
Form – IV.

Yes

20. Whether Fund Flow statement enclosed as per Form – V.
No

Yes

(mark **Ö** above against the appropriate box)

NAME OF THE SCHEME:

LIST OF BENEFICIARIES

- (i) Name of the Organisation :
(ii) Name and address of the Coaching Programme :
(iii) Year :

S.No.	Name of the Date of Birth	Father's/ Qualification	Date of Remarks about entry in	Sex	Edn. beneficiary	Address Mother's Name outcome/results
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instn.

- 1.
- 2.
- 3.
- 4.
- 5.

Sd/-
Secretary/General Secretary
NGO NAME

Form-II

NAME OF THE SCHEME:

Details of Office-bearers/Managing Committee of the organization.

- (i) Name of the Organisation :
- (ii) Name and address of the Coaching Programme:
- (iii) Year :

S.No.	Name Edn. Qualification	Occupation	Address	Tel.No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Secretary

Sd/-
Secretary/General

NGO Name

Form-III

NAME OF THE SCHEME :

DETAILS OF STAFF EMPLOYED IN THE INSTITUTION DURING THE YEAR.

- (i) Name of the Organisation.
- (ii) Name and address of the Project.
- (iii) Year.

S.No.	Name and Total salary Address paid during the year.	Educational Remarks Qualification	Date of Appointment	Period for which employed during the year	Salary per month
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Sd/-
Secretary/General Secretary
NGO Name

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT
DRUG ABUSE PREVENTION DIVISION

PROGRAMME UNIT

HALF-YEARLY PROGRESS REPORT ON THE FUNCTIONING OF
TREATMENT-CUM -REHABILITATION CENTRES

(To be furnished before 10th of each half-year period ending on September & March)

A. REGISTRATION WITH THE MINISTRY

NOT TO BE FILLED BY THE CENTER

Serial No.	:
Organization No.	:
Center no.	:
State	:
U. T.	:
Month	:

TO BE FILLED BY THE CENTRE

(Do not leave any column Blank)

B. DRUG ABUSE PROFILE

Columns 7 to 19 should be filled during the admission stage

7(a) Name & address of the Organization: (Full Postal address with Tel Nos.)	
7(b) Name & address of the Cent (Full Postal address with Tel. Nos.)	
7(c) Name, designation, postal address, telephone/FAX Number of the contact person	

8. Period of reporting April – September, 200__ October – March, 200__	(Please indicate)
9. Date of Sanction	
10. No. of beds in position	
11. Number, date, amount and the year for the last financial sanction	

12. DETAILS OF DRUG ABUSED

Number of Drug Abusers in the Year under review

Drug Category	Estimated number of annual abusers (at least once)	Details of daily/ near daily users in last one month of admission				Trends in Drug Abuse	
		Estimated Number	Age range of daily abusers From To	% of females	Increase (Small /large)	Decrease (Small /Large)	
Opium							
Heroin							
Morphine							
Buprenorphine							
Propoxyphene							
Brown Sugar							
Other Opiates							
Synthetic Narcotic Analgesics							
Cocaine							
Alcohol							

Cannabis							
Hallucinogens							
Amphetamines							
Barbiturates							
Minor Tranquilizers							
Sedatives/Hypnotics							
Multiple Drugs (if not in above categories)							
Volatile Solvents (Inhalants)							
Others (Please specify)							
Total							

13. ADMISSION

Please state the manner of admission of addicts during a month
(mark ✓ against each category)

Once in a month	Twice in a month	At any time

14. REGISTRATION

A. Please state number of addicts registered at the Center

	During the Half-year	Up to the Half-year
New (1 st time registered)		
Old (2 nd time/more Visited)		
TOTAL		

B. No. of addicts receiving treatment at other centers before :

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5. INTRAVENOUS DRUG USERS

Number of intravenous drug users		Number sharing needles/syringes		Behavioral patters of IDUs
Ever	Last one month	Ever	During Last one month	

C. SERVICES

6. TREATMENT (DETOXIFICATION)

Please state number of addicts
Detoxified at the Centre

OPD	Indoor	Total

7. STAY

Number of addicts Stayed at the Center:

1-10 days	11-15 days	16-30 days	31-60 days	More than 60 days	Total

8. COUNSELLING

Please state number of addicts provided counselling services:-

A. GROUP COUNSELLING

No. of addicts	Average size of Addicts group	No. of sessions held	Average time/ session	Alcoholic Anonymous (A.A)	Total

B. INDIVIDUAL COUNSELLING

No. of addicts	No. of sessions held	Average time/session

C. FAMILY COUNSELLING

No. of families	NO. of sessions held	Average time/session

D. BEHAVIOUR THERAPY

Please state number of addicts given behavior therapy/ psychiatric treatment

Behavior Therapy	Psychiatric Treatment

9. DROP OUT

Please state number of addicts dropped out of services at their own during treatment/counselling along with reasons :

Poverty	Lack of family support	Unable to cope with the treatment	Inadequate facilities	Personal/ any other reasons	Legal problems	Total

10. REFERRAL

Please state the number of addicts referred to other centers / Hospitals for following referral services:

T.B.	HIV/AIDS	Sexually transmitted diseases	Hepatitis A Or Hepatitis B	Any other infection	Intra-veins drug users	Counselling services	Total

11. RELAPSED

Less than 3 months	Less than 6 months	Less than 12 months	Less than 02 years	2 years and more

12. FOLLOW UP

	Twice in a month	Once in a month	Quarterly	Once in 6 months	Once in a year
Treatment					
Counselling					
Guidance					
Any other					
Total					

13. HOME VISITS & TELEPHONE CONTACTS

No. of visits Undertaken	No. of addicts Contacted	No. of ex addicts Leading drug free life	Services provided during the visit

14. REHABILITATION

Please state the number of addicts reintegrated into the community:

With family	With work place	With educational settings	Others

15. DETAILS OF SUPPORTIVE PROGRAMMES AVAILABLE

Programmes	Yes	No	Target Groups	Nature of programme in brief
Maintenance				
Out reach programmes, camps etc.				
Self help groups				
Half way Homes				
Drop in centers				
Family assistance programme				
Vocational training Services				
Educational support				
Work place support				
Any other services				

30. TRAINING PROGRAMMES

Please indicate the details of the training programmes attended :

Training programme attended	Duration and venue	Number of participants	Training programme conducted	Number and category of participants

31. Please indicate the incidence of any other types of drug related morbidity during this period and causes thereof

32. Any drug related mortality and if so the nature of drug being abused and immediate cause of death

33. Please indicate the cases related to drug addicted offenders and the services being provided to them

34. BRIEF EXPLANATION FOR THE REPORTED TRENDS

a) Please briefly explain the changes in the drug abuse trend/pattern during the period of report in the context of a) change in demand; b) social attitudes; c) geographical factors; d) any other factor

b) Estimated social and economic costs/consequences associated with the drug abuse

Form - V

21. **Organisations Funds Flow :**

FOR THE ORGANISATION

FOR THIS PROJECT
AS A WHOLE

	Year preceding the financial year of Grant-in-aid assistance indicated at Sl.No. 3(c) Part-A	Previous Year (new Projects)	Current Year budgeted/ actual	Year preceding the financial year of Grant-in-aid assistance indicated at Sl.No. 3(c) Part-A	Previous Year	Current Year budgeted/ actual
I. Financial year						
II. Total INCOME , of which:						
(i) funded by office-bearers, donations from private sector.						
(ii) funded by foreign contribution.						
(iii) funded by local bodies and public sector organization/State Govt..						
(iv) Grant from Central Govt.(Please indicate from each Ministry/ Deptt/ CAPART separately.)						
(v) Beneficiaries contribution/User Charges						
(vi) Miscellaneous income						
(vii) Any Other sources not mentioned above (specify)						
Total EXPENDITURE , of which:						
(i) Recurring						
(ii) Non-recurring						

d) Detail of Expenditure on :	Year preceding the financial year of Grant-in-aid assistance indicated at Sl.No.3(c) Part-A	Previous Year *	Current Year budgeted/ actual	Year preceding the financial year of Grant-in-aid assistance indicated at Sl.No. 3(c) Part A	Previous Year	Current Year budgeted/ actual
(i) Salaries and Wages						
(ii) Rental : (a) building (b) Furniture & fixture (c) Plant &Machinery						
(iii) Travelling, daily, etc. allowances.						
(iv) Other Administrative Costs						
(v) Expenditure on beneficiaries: (a) in cash:						
(vi) Expenditure on beneficiaries:						
(b) in kind:						
i) Food						
ii) Uniform/clothing						
:						
iii) Medicines						
:						
iv) Transport facility						
:						
v) Recreation/games						
:						
vi) Misc.						
:						
(vi) Material costs incurred by the orgn.: (For imparting Vocational Training)						
a) -----						
b) -----						
c) -----						
(vii) Cost per beneficiary:						

