

Fund Request Form

THE NATIONAL TRUST

For the Welfare of Persons with Autism, Cerebral Palsy,
Mental Retardation and Multiple Disabilities,
Department of Empowerment of Persons with Disabilities
(Ministry of Social Justice & Empowerment, Govt. of India)

Fund Request form for SNAC

1.	Duration	From: Month and Year		To : Month and Year	
2.	Name of RO				
3.	Address of RO				
4.	Contact person at RO				
5.	Phone number				
6.	Email ID				
7.	Fund Utilisation details – Fixed Component				
	Activity	Amount utilized	Activities carried out (Please type in 200 words)		
	Honorarium for coordinator				
	Documentation / Reporting				
	Misc.				

8.	Variable components- Details of Activities carried out					
	Activity	No. of meetings to be conducted	Date of meeting	Amount utilised for the meeting	No. of participants	Outcome of the meeting (Please type in 300 words)
	Meeting of Registered Organisations					
	Meeting of all LLC members (District Collectors, PwD members, LLC Registered organizations)					
	Meeting with SLCC					
9.	Attachments	Self attested and detailed audited utilization certificate with item wise expenditure as per Annexure-A (once in a year).				