

Ministry of Civil Service and Administrative Reforms

Improvement of Counter/Customer Services Scheme

Project Proposal Form – Financial Year 2010

1.
**Applicant
Organization**

Ministry/Department : _____

 Address : _____

2.
**Project
Description**

- (a) Project Title (*By which name will the project be known?*)

- (b) Give a short description of what needs to be put in place/renovated.

- (c) Indicate the exact location where the project will be implemented.

- (d) What are the benefits expected?

- (e) What is the number of customers, on a monthly basis, that is expected to benefit from the project? (*Please tick as appropriate*)
 <50 51 – 100 101 – 200 201 – 500 >500

(a) Within how many months will the project be completed?

< 3 months a maximum of 6 months

(b) What materials and equipment will be required and what are their estimated costs?

Items	Costs (Rs)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
TOTAL	

3. Project Management

(c) Is your organization prepared to meet part of the costs? Yes No

If yes, please specify the quantum: Rs _____

(d) Please indicate who will be the Project Coordinator responsible for implementation of the project and Deputy Project Coordinator who will assist him/her in this task.

Project Coordinator

Name : _____

Designation : _____

Phone : _____

Fax : _____

e-mail : _____

Deputy Project Coordinator

Name : _____

Designation : _____

Phone : _____

Fax : _____

e-mail : _____

4. Endorsement

Name of Head of

Ministry/Department : _____ Signature _____

Date : ___/___/___