

Ministry of Civil Service and Administrative Reforms

Improvement of Counter/Customer Services Scheme

Project Proposal Form – Financial Year 2015

1.
**Applicant
Organization**

Ministry/Department : _____

 Address : _____

2.
**Project
Description**

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

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

(c) 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

(d) What are the benefits expected?

(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

Deputy Project Coordinator

Name : _____

Name : _____

Designation : _____

Designation : _____

Phone : _____

Phone : _____

Fax : _____

Fax : _____

e-mail : _____

e-mail : _____

**4.
Endorsement**

Name of Head of

Ministry/Department : _____ Signature: _____

Date : ____/____/____