

Ministry of Public Service, Administrative and Institutional Reforms

Improvement of Counter/Customer Services Scheme

Project Proposal Form – Financial Year 2024-2025

1.
Applicant Organisation

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, who 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?

- (e) What is the impact on service delivery in terms of improvement?

**3.
Project
Management**

(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	

(c) Is your organisation prepared to meet part of the costs? Yes No
 If yes, please specify the quantum: Rs _____

(d) Photo(s) of present site to be improved submitted Yes No

(e) 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 : ____/____/____