Ministry of Civil Service and Administrative Reforms
Circular Letter No 26 of 2016
E/60/28/05/01 V15

From: Senior Chief Executive, Ministry of Civil Service and Administrative Reforms

To: Supervising Officers in charge of Ministries/Departments

Improvement of Counter/Customer Services Scheme
Invitation for Project Proposals for Financial Year 2016-2017

One of the priorities of Government is to continuously enhance the quality of services provided to the public by improving the counter services through the provision of new and/or additional facilities under the Improvement of Counter/Customer Services Scheme, which is coordinated by this Ministry.

2. Over the years, this Scheme has enabled several organisations to successfully upgrade and modernise the physical layout of their respective counter facilities, resulting into an enhanced environment for officers to attend to the needs of the public. Given its positive impact on service delivery, this Ministry proposes to consider new projects for financial year 2016/2017 under this Scheme.

3. Ministries/Departments are therefore invited to take advantage of this Scheme and come up with project proposals for consideration by this Ministry. The proposals should be worked out on the basis of the “Guidelines on Providing Quality Counter/Customer Services”, which can be accessed on the website of this Ministry on http://civilservice.govmu.org.

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4. Proposals should be submitted to the Administrative Reforms Division of this Ministry as per pro-forma at Annex which can also be downloaded from this Ministry’s website. The duly filled in Project Proposal Forms can be submitted by fax on 211 2734 or sent by mail at mcsa-aru@govmu.org and should reach this Ministry by **Friday 26 August 2016 at latest**.

5. It is worth pointing out that project proposals not satisfying the criteria set out in the Guidelines would not be considered for funding by this Ministry. Mrs J. Bhugoo or Miss V. Rama of this Ministry may be contacted on 405 5787 and 405 5788, respectively, for any additional information/clarification on the matter.

(P. Jhugroo)
Senior Chief Executive

Copy to: Secretary to Cabinet and Head of the Civil Service
Ministry of Civil Service and Administrative Reforms

Improvement of Counter/Customer Services Scheme

Project Proposal Form – Financial Year 2016/2017

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, 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?

____________________________________________________

____________________________________________________

____________________________________________________

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?

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<th>Items</th>
<th>Costs (Rs)</th>
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(c) Is your organisation 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: ____/____/____