

**APPLICATION FOR FIT FACILITY INCLUDING GROUP
FOSTER CARE**

1.	Detail of Institution/ Agency/ Organization which seeks recognition as fit facility	
1.a	Name of the Institution /Agency/ Organization	
1.b	Registration number and date of Registration of the Institution/ Organization under the relevant Act /NITI Aayog ID number (Annex- Relevant documents of registration, bye-laws, memorandum of association)	
1.c	Complete address of the Applicant/ Institution/ organization	
1.d	STD code/ Telephone No.	
1.e	STD code Fax No.	
1.f	E-mail address	
1.g	Whether the organization is of all India character, if yes, give address of its branches, in other states	
1.h	If the Institution had been denied recognition earlier? If yes i. Reference No. of application leading to denial of recognition ii. Date of denial iii. Who had denied the recognition iv. Reason for denial of recognition	
2.	Details of the proposed fit facility:	

MODEL GUIDELINES FOR FOSTER CARE, 2016

2.a	Complete address/ location of proposed Fit Facility	
2.b	STD code/ telephone no	
2.c	STD code fax no	
2.d	E-mail	
3.	Connectivity (Name and Distance from the proposed Fit Facility):	
3.a	Main Road	
3.b	Bus –stand	
3.c	Railway Station	
3.d	Any landmark	
4.	Infrastructure:	
4.a	No. of Rooms (Mention with measurement)	
4.b	No. of toilets (mention with measurement)	
4.c	No. of Kitchens (mention with measurement)	
4.d	No. of sick room	
4.e	Annex -Copy of blue print of the building (authentic sketch plan of building)	
4.f	Arrangement to deal with unforeseen disaster also mention the kind of arrangement made: i. Fire ii. Earth quake iii. Any other arrangement	
4.g	Arrangement of Drinking water Annex-Certified from public health engineering (PHE) Department.	
4.h	Arrangement to maintain sanitation and hygiene: i. Pest Control ii. Waste disposal iii. Storage area iv. Any other arrangement	

MODEL GUIDELINES FOR FOSTER CARE, 2016

4.i	Rent agreement/ building maintenance estimate (whichever is applicable)(Annex- copy of Rent agreement)	
5.	Capacity of the Fit Facility	
6.	Facilities Available (would depend on the purpose for which recognition as fit facility is to be given)	
6.c	Any other facility that shall impact on the overall development of the child	
7.	Staffing	
7.a	Detailed staff list	
7.b	Name of partner organizations	
8.	Background of the Applicant	
8.a	Major activities of the organization in last two years	
8.b	An updated list of members of the management committee/ governing body in the enclosed format (Annex- resolution of the annual meeting)	
8.c	List of assets/ infrastructure of the organization	
8.d	If the organization is registered under the Foreign Contribution (Regulation) Act, 1976 (Annex - certificate of registration)	
8.e	Details of foreign contribution received last two years (Annex- relevant documents)	
8.f	List of other sources of grant- in – aid funding (if any)with the name of the scheme / project , purpose amount, etc (separately)	
8.g	Details of existing bank account of the agency indicating branch code account no.	
8.h	Whether the agency agrees to open a separate bank account for the grant proposed	

MODEL GUIDELINES FOR FOSTER CARE, 2016

8.1	Annex -Photocopy of Accounts of last three years: <ul style="list-style-type: none">i. Auditors reportii. Income and expenditure accountiii. Receipt and payment accountiv. Balance sheet of the organization.	
-----	--	--

I have read and understood the Juvenile Justice (Care and Protection of Children) Act, 2015; and the Juvenile Justice (Care and Protection of Children) Rules, 2016.

.....(Name of the Organization / Institution) has complied with all the requirements to be granted recognition as a Fit Facility under the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Juvenile Justice (Care and Protection of Children) Rules, 2016.

I declare that no person associated with the organization has been previously convicted or has been involved in any immoral act or in any act of child abuse or employment of child labour or an offence involving moral turpitude and that the organization has not been blacklisted by the Central or the State Government at any point of time.

I undertake to abide by all the conditions laid down by the Central/ State Act, Rules, Guidelines and Notifications in this regard.

I undertake to abide by the orders passed by the Juvenile Justice Board or the Child Welfare Committee from time to time.

Signature of the authorized signatory:

MODEL GUIDELINES FOR FOSTER CARE, 2016

Name:

Designation:

Address:

District:

Date:

Office stamp:

Signature of

Witness no.1:

Witness no.2: