



## Application for Grants under Learning Rewards Program

### Instructions:

1. Before filling this Grant Application Form please read the latest Grant Rules on our website – [www.shikshasankalp.org](http://www.shikshasankalp.org).
2. Requests for grant funding by *Shiksha Sankalp* should be submitted only using the Grant Application Form. The form may be revised from time to time. Please check our website for the latest version.
3. The application should be accompanied by a Target Area Assessment Report (TAAR). The grant requesting agency should get a survey of the proposed project area or group done, based on which the TAAR should be prepared. The TAAR may also be completed by using information from reliable secondary sources if available. However, the applying Non-Profit Organization must take the responsibility for accuracy of such information.
4. Applicants are expected to be familiar with the Learning Rewards Model. A summary of the key components of the model is provided below. Additional information about the model is available on our website – [www.shikshasankalp.org](http://www.shikshasankalp.org).

The “*Learning Rewards Model*” is an “*Achievement Linked Conditional Cash Transfer*” scheme. The scheme works as follows:

1. Identify school-going students from poor families and register them upon verification of eligibility.
2. Help mothers open bank accounts for direct transfer of monthly stipends called *Learning Rewards*.
3. Assess academic progress every four months through “*Standardized Academic Performance*” Tests.
4. Pay monthly cash stipends (*Learning Rewards*) commensurate with the student’s performance.
5. Provide regular performance feedback to students and their parents.
6. Provide learning material and teaching aids to children and tuition centers.
7. Encourage students to enroll into good schools and after-school tuitions using stipend money.
8. Monitor attendance, performance and grade promotion of students at school.
9. Foster accountability of teachers by encouraging parents to meet teachers and take interest in school affairs.
10. Ensure complete transparency in all transactions through the internet based “*Pardarshee*” MIS system, to which donors also have a log-in based access.

5. Provision of grants is contingent upon adequate arrangements for implementation of the Learning Rewards Model, fiduciary accountability and community presence which would be assessed based on information provided in this form and in the Target Area Assessment Report.
6. Approval of grant requests would be subject to availability of funding based on commitments from our donors.
7. List of copies of documents to be attached: (Tick if attached)

Formation Documents  
Organogram of the Organization  
Tax Returns for Last Two Years  
Evidence of Presence in Target Area  
Permission for SAP Test Venue  
Authorization to Apply

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Tax Exemption Document  
Audited Accounts for Last Two Years  
Target Area Assessment Report  
Proof of Internet Connection  
Permission to Receive Foreign Funds

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| Question                                       | Response | For Office Use Only |
|--|----------|---------------------|
| <b>A. Applicant Organization’s Particulars</b> |          |                     |
| A01: Name of your organization                 |          |                     |
| A02: Address of registered office              |          |                     |

| Question  | Response | For Office Use Only |
|---|----------|---------------------|
| A03: In which country would you deploy the grant funds?   |          |                     |
| A04: Is your organization registered with the government of your country of operation? Provide the relevant registration number.  |          |                     |
| A05: Have you attached latest official copies of your formation documents (Articles of Association, Trust Deed etc)? Please indicate what formation documents are attached.   |          |                     |
| A06: Is your organization exempt from tax in your country of operation under provisions similar / equivalent to 501C3 in the USA? Explain briefly how your tax exemption is equivalent to 501C3 in the USA. Provide the Tax Exemption Number. Have you attached a copy of the exemption letter / certificate? |          |                     |
| A07: Have you attached the latest your organogram indicating governance and management positions and names of people?   |          |                     |
| A08: Have you attached copies of audited accounts for the last two years?   |          |                     |
| A09: Have you attached copies of tax returns for the last two years?  |          |                     |
| A10: Has your NGO ever been identified by the local/provincial/ national government for being non-compliant with laws of the country? If yes, please explain.   |          |                     |
| <b>B. Proposed Target Area and Target Group</b>   |          |                     |
| B01: Please provide the address of target area where you would deploy the grants.   |          |                     |
| B02: Please specify the target group that would benefit from the grants. If all people in the target area are eligible for benefit from the grants, please write 'All People'.  |          |                     |
| B03: How is the boundary of target area or target group defined?  |          |                     |

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|---|----------|--------------------|--------------|---------------------|
| B03: Please explain why the people in the target area or target group deserve to benefit from Shiksha Sankalp grants.   |          |                    |              |                     |
| B04: Was a target area survey conducted? By whom?   |          |                    |              |                     |
| B05: Have you attached the Target Area Assessment Report (TAAR)?  |          |                    |              |                     |
| B06: Has your Non-Profit been active in this area in the past? Please provide evidence of your presence in the area as well as your contact with the members of the community.  |          |                    |              |                     |
| B07: Number of children from poor families that proposed project would support in each year and estimated funding requirement.  |          | Number of Children | Amount (USD) |                     |
|   | Year-1   |                    |              |                     |
|   | Year-2   |                    |              |                     |
|   | Year-3   |                    |              |                     |
|   | Total    |                    |              |                     |
| <b>C. Familiarity with Learning Rewards Model</b>   |          |                    |              |                     |
| C01: Have you familiarized yourself with the requirements of the Learning Rewards model?  |          |                    |              |                     |
| C02: Are you aware that under the Learning Rewards model, administrative and testing overheads (including the cost of funds transfer to you and cost of conducting SAP tests) must be limited to 15% of the grant amount?                           |          |                    |              |                     |
| C03: Are you aware that under the Learning Rewards model you commit to assessing learning progress of the students based on standardized tests devised/approved by Shiksha Sankalp?   |          |                    |              |                     |
| C04: Are you aware that under the Learning Rewards model, Shiksha Sankalp may depute its staff to oversee the SAP test process as well as overall administration of the scheme?   |          |                    |              |                     |
| C05: Are you aware that under the Learning Rewards model, you would be obliged to regularly upload information about beneficiary students and their academic performance on the Pardarshee MIS system?  |          |                    |              |                     |
| C06: Would your organization be willing to undergo training on the Pardarshee software (Online MIS system)?   |          |                    |              |                     |
| C07: Are you aware that under the Learning Rewards model, you would receive grant funds from Shiksha Sankalp every four months and transfer of funds would be subject to fulfillment of expenditure responsibility requirements during each period? |          |                    |              |                     |
| <b>D. Ability to Fulfill Expenditure Responsibility Requirements</b>  |          |                    |              |                     |
| <b>D01: Availability of Office</b>  |          |                    |              |                     |
| a. Does your organization have an office near the target area?  |          |                    |              |                     |
| b. Please provide the address of the office.  |          |                    |              |                     |

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| c. Do you have a telephone at the office near the target area? Please provide the number.  |          |                     |
| d. How far is the office from the target area?   |          |                     |
| e. If you do not have an office near the project location, how do you propose to implement the learning rewards model in this area?  |          |                     |
| <b>D02: Access to Internet and Computer Facilities</b>   |          |                     |
| a. Do you have a reliable internet connection at your office in the target area?   |          |                     |
| b. If yes, please provide name of internet service provider and attach a proof of connection (connection letter or monthly bill).  |          |                     |
| c. If not, do you commit to make suitable arrangements for internet access at your office in case you are provided with grant funds by Shiksha Sankalp?  |          |                     |
| d. Otherwise, is there an internet café in the neighborhood where you can access internet? Please provide details of where you can access such a connection.   |          |                     |
| e. Please confirm that in case you are provided grant funds by Shiksha Sankalp, you would not cite lack of adequate internet access as a reason for non-compliance with the expenditure responsibility requirements. |          |                     |
| f. Do you have digital camera and scanner facilities available with you for taking photographs and scanning documents?   |          |                     |
| <b>D03: Conducting SAP Tests</b>   |          |                     |
| a. Have you identified a suitable venue (such as a neighboring school) for conducting the SAP tests?   |          |                     |
| b. Please confirm that the identified venue has suitable facilities for conducting SAP tests, including covered rooms and proper desks for students to sit. If not, please explain how you would conduct the test.   |          |                     |
| c. Please provide the name and address of the venue.   |          |                     |
| d. Have you have secured permission from the management of the venue for conducting SAP tests?   |          |                     |

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|---|-------------------------------------|---------------------|--|
| e. Have you attached a copy of the permission given by the management of the venue to conduct the SAP tests at their premises?  |                                     |                     |  |
| <b>D04: Local Contact</b>   |                                     |                     |  |
| a. Are you aware of the need for a local person (from the target community / group) who would assist in the implementation of the Learning Rewards Model?   |                                     |                     |  |
| b. Have you identified a local person (from the target community / group)?  |                                     |                     |  |
| c. Please provide the name and contact details of this person including phone number.   |                                     |                     |  |
| d. Provide details about the education and livelihood background of this person.  |                                     |                     |  |
| <b>D05: Office Staff</b>  |                                     |                     |  |
| Please provide names and designations of the key office staff that would be responsible for implementing the project.   | <b>Name</b>                         | <b>Designation</b>  |  |
|   | 1.                                  |                     |  |
|   | 2.                                  |                     |  |
|   | 3.                                  |                     |  |
|   | 4.                                  |                     |  |
|   | 5.                                  |                     |  |
| <b>E. Factors Affecting Learning Rewards Model</b>  |                                     |                     |  |
| a. Are there adequate school facilities in the target area for all children benefitting from Learning Rewards model to be enrolled? Does the TAAR provide names and addresses of schools in the area? |                                     |                     |  |
| b. Based on the TAAR, what is the percentage of school enrollment of children in the area?  |                                     | <b>Enrollment</b>   |  |
|   | <b>Primary Grades (I to V)</b>      |                     |  |
|   | <b>Middle Grades (VI to VIII)</b>   |                     |  |
|   | <b>Secondary Grades (IX to XII)</b> |                     |  |
| c. What is the typical education level of the parents in the area?  |                                     |                     |  |
| d. Are there adequate banking facilities in the target area?  |                                     |                     |  |
| e. What other NGOs are active in the target area? Provide names and arena of work.  |                                     |                     |  |
| f. Are there educated local people in the target area who could provide after-school tuition services? Have you checked their willingness to provide such services? Please explain.                   |                                     |                     |  |

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|--|----------|---------------------|
| g. Are you agreeable to a Shiksha Sankalp Staff / Volunteer visiting the target area to review the above information?  |          |                     |
| <b>F. Fiduciary Obligations</b>  |          |                     |
| a. Are you aware that you would be required to maintain separate accounts of funds received from Shiksha Sankalp and would need to get them audited on an annual basis?  |          |                     |
| b. Are you aware that Shiksha Sankalp would be monitoring the use of funds through the Pardarshee software and that Shiksha Sankalp's permission would be required at specific milestones to proceed further?  |          |                     |
| c. Are you aware that funds would be made available on a four-monthly basis and transfers may be held back in case of non-compliance with the fiduciary requirements or instances of corruption?   |          |                     |
| d. Do you have the necessary permissions from the government of our country to receive foreign funds?  |          |                     |
| e. If yes, please attach a copy of such permission.  |          |                     |
| f. If not, would you secure such permission before availing funding from Shiksha Sankalp?  |          |                     |
| <b>G. Conflict of Interest</b>   |          |                     |
| a. Are you or any of the board or management members of your organization within first order relations with any of the board or management members of Shiksha Sankalp?   |          |                     |
| b. If yes, please provide details.   |          |                     |
| <b>H. Applicant's Particulars</b>  |          |                     |
| a. Name of a person filling up this application form on behalf of the organization.  |          |                     |
| b. Have you been formally authorized by your organization to make this application?<br>Please attach copy of authorization.  |          |                     |
| <b><u>Declaration and Signature</u></b><br><br>I hereby declare that information provided in this form is true and consistent with the records of my organization to the best of my knowledge. I am aware that Shiksha Sankalp can terminate the grant allocation in case information provided by me and by the applying organization is found incorrect at any stage.<br>Signed By Authorized Signatory<br><div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="border: 1px solid black; width: 300px; height: 60px; margin-bottom: 10px;"></div> <div> Name:<br/>Designation: </div> <div> Date:<br/>Place: </div> </div> |          |                     |