

No.K-14011/4/08-NURM-III
Government of India
Ministry of Urban Development
JNNURM Cell

Nirman Bhavan, New Delhi.
July 1st , 2009.

To

The Principal Secretary/Secretary (UD)
Government of Tamil Nadu, West Bengal, Assam,
Haryana and Karnataka.

Subject:- Community Participation Fund Projects.

Sir,

Please find enclosed a format for monitoring and evaluation of the CSMC approved Community Participation Fund projects under JNNURM. It is requested that these monitoring and evaluation format along with enclosed Utilization Certificates may be provided to Mission Directorate for seeking 2nd installment under this sector.

2. These formats would needed to be completed by the implementing agencies and duly verified by the concerned Municipal Commissioner and forwarded through the Secretary (Urban Development) of the State Government.

Yours sincerely,

Nitin

(NITIN R. GOKARN)
DIRECTOR(JNNURM)

Copy to:-

1. PS to JS(Mission)
2. Dir. (N-I)/DS(N-II)/US(N-III)
3. TAG Secretariat
- ✓ 4. NIC for setting on website – in JNNURM's UIG: "What's New Category.

CPF PROGRESS REPORT FORMAT

1.	Title of the Project	
2.	Details of Project Sanction	
	a). Date of Sanction	
	b). Total amount sanctioned in (Rs)	
	c). Beneficiary Contribution amount in (Rs)	
	d). Bank transaction and S.B. Account details	
3.	Amount released by the ULB	
	a). First installment (Date & Amount)	
	b). Second Installment	
4.	Date of project commencement	
5.	Name of the chief functionary nominated from the CBO's /community's side & his/her contact no	
6.	Name of the officer from the ULB (who is doing the field verification) & overall project monitoring	
7.	Whether the physical progress reported tallies with the field verification done. If not, substantiate	

8.	Does your city have a CTAG? (Yes/No) If Yes				
	a).	Have they made any project visits? If yes, mention the dates of the visits.			
	b).	Are they continuously involved in project Monitoring?			
	c).	Do they have any feedback?			
9.	Has the elected representative made project visits? (Yes/No) If yes				
	a).	Mention the dates of the visits.			
10.	Is photographic documentation of the project implementation being done? Have you enclosed some photographs along with this report?				
11.	Is ULB the implementing agency for this project? (Yes/No) If Yes,				
	a).	Is it organizing any community visits to the project site? (Yes/No) if yes, please mention the visit dates			
	b).	Has it held meetings with the concerned members of the polling station, for updating them on the project progress? (Yes/No) If yes, mention the dates			
12.	Report the activities undertaken in the following format				
	S.No.	Action Programmes	Target Quantity	Quantity Achieved	Comments

13.	Report the utilization of funds				
	S.No.	Head of Sanction	Amount released	Amount Utilized	Reasons for shortfall/excess
14.	Exact number of beneficiaries				
15.	Their views on project implementation				
16.	Benefits accrued to be quantified in terms of employment generated? Also, mention any specific benefits to the community in their day to day life.				
17.	Specific responsibilities taken up by the community vis-à-vis project implementation.				
18.	How many community members will be involved in the Operation & Maintenance of the project & how?				
19.	Substantiate people's participation (in other ways).				
20.	Furnish the details of innovation if any attempted.				
21.	Mid term corrections/modifications if any to be made.				
22.	Initiative planned for sustainability				
23.	Problems being encountered in the implementation process, suggestions if any for the MoUD.				

Signature of the Municipal Commissioner,

The Implementing Agency,

&

Two Community Representatives.

Form of Utilization Certificate for projects under C P F

State _____

City _____

Name of the Project _____

Project code _____

It is certified that out of Rs. _____ sanctioned as installment no. _____ for the above project an amount of Rs. _____ has been utilized as stated below.

Source of releases	Date of release	Amount released	Amount utilized	Percentage of funds Utilized
GOI				
State				
ULB				
Total				

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

- 1.
- 2.
- 3.
- 4.
- 5.

Signature

Municipal Commissioner _____

Secretary (UD) of State _____