GRANT AWARD LETTER

Leter No.: 12P/NP/USACS/Grant Award/2017-18/ 798

Dated 16/10/17

To,

Avorde Gramya Vikas Shiksha Samiti, Vill.- Bandia, Post- Kichha, Udham Singh Nagar.

Subject: Grant Award Letter

Dear Sir/Madam,

We are pleased to convey the approval for your Project Proposal titled Targeted Intervention for Grant Award at a total cost of ₹ 1267980/- (Rupees Twelve Lac sixty seven Thousand nine hundred eighty only) of which Uttarakhand State AIDS Control Society Grant Fund ₹ 1267980/- (Rupees Twelve Lac sixty seven Thousand nine hundred eighty only).

Your Project ID is 0500158,

Please quote your Project ID No. given above for all future correspondence with the State AIDS Control Society.

The following documents are enclosed along with this Grant Award Letter:

- 1. Grantee Contract between State AIDS Control Society and your Organization
- 2. Grantee Manual for State AIDS Control Funds with Annexure
- 3. Agreed Project Proposal
- 4. Agreed Budget
- 5. Performance Bond with performance indicators

The details of our Grant support are as follows:

1. Duration of the Project : 1 April 2017-31 March 2018

2. Date of commencement of the Project : 1 April 2017

3. Date of end of the Project : 31 March 2018

4. Total grant from State AIDS Control Society for :₹ 1267980/-01/04/17 to 31/03/18

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The terms and conditions of release of Grant is as mentioned in the Grantee Agreement.

The following members shall be the one point contact for assisting your project:

Technical Assistance:

- 1. DD/AD(T.I.) USACS/Team Leader, Technical Support Unit Financial Assistance:
- 1. DD/AD Finance, USACS

Kindly let us know the one point contact from your side.

The grant will be given in installments [Ist Installment ₹ 637340/- (Rupees Six Lac thirty seven thousand three hundred forty only) for (April-Sept. 2017)] and release of installments will be based on satisfactory progress of the project as given in the agreed proposal and achievement of output as given in the project Summary Sheet

You are requested to send the other documents duly signed by the chief functionary with official seal. Each page shall be initialed and affixed with official seal.

On receipt of your signed documents, we will arrange to release the 1st Installment.

In case if you need any clarification, you can call on us during official working hours.

Kindly arrange to send us a copy of this letter duly signed and sealed as a token of your acceptance of the terms and conditions.

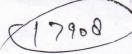
Thanking you and with all good wishes,

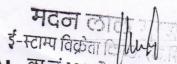
Yours sincerely,

For Uttarakhand State AIDS Control Society

Dr. Vinod Singh Tolia Additional Project Director

Encl: as above





INDIA NON JUDICIAL ला.नं. ११३, वैद्यता ३१/३/२०/ ४ **Government of Uttarakhand**



सत्यमेव जयते

Certificate No.

Certificate Issued Date

Account Reference

Unique Doc. Reference

Purchased by

Description of Document

Property Description

Consideration Price (Rs.)

First Party

Second Party

Stamp Duty Paid By

Stamp Duty Amount(Rs.)

IN-UK38091683469298P

e-Stamp

16-Oct-2017 05:56 PM

NONACC (SV)/ uk1238504/ KICHHA/ UK-UN

: SUBIN-UKUK123850476659583033566P

: AVORDE GRAMYA VIKAS SIKSHA SAMITI

Article 4 Affidavit

NA

(Zero)

AVORDE GRAMYA VIKAS SIKSHA SAMITI

AVORDE GRAMYA VIKAS SIKSHA SAMITI

(One Hundred only)



-----Please write or type below this line-----

AGREEMENT

Date: 2.4

AGREEMENT BETWEEN Uttarakhand State AIDS Control Society, Redcross Building, Village - Danda Lakhond, P.O.- Gujrada, Sahastradhara Road, Dehradun AND Avorde Gramya Vikas Shiksha Samiti, Vill.- Kishanpur, Sugar Factory Road, Kishanpur, Post-Kichha, Udham Singh Nagar.

AGREEMENT NUMBER:

Statutory Alert:

The authenticity of this Stamp Certificate should be verified at "www.shcilestamp.com". Any discretavailable on the website renders it invalid.

2. The onus of checking the legitimacy is on the users of the certificate.

3. In case of any discrepancy please inform the Competent Authority.

This AGREEMENT (hereinafter called this AGREEMENT) is made on the 27/16/17 between Avorde Gramya Vikas Shiksha Samiti, a society registered under Societies Act 1860 and having its office at Avorde Gramya Vikas Shiksha Samiti, Vill.- Kishanpur, Sugar Factory Road, Kishanpur, Post-Kichha, Udham Singh Nagar in the State of Uttarakhand hereinafter called the GRANTEE, which unless repugnant to the contrary shall include its successors, administrators, heirs, assigns and nominees OF FIRST PART AND Uttarakhand State AIDS Control Society, having its office at Redcross Building, Village – Danda Lakhond, P.O.- Gujrada, Sahastradhara Road, Dehradun hereinafter called the GRANTOR, which expression shall unless repugnant to the context be deemed to include its successors-in-interest. WHERE AS

- (a) The Government of India (GOI) has applied for a credit from the International Development Association (the BANK) towards the cost of the Fourth National Aids Control Program (NACP-IV) and the GRANTOR intends to apply a part of the proceeds of the said credit made available to it for the purpose of certain Targeted Interventions and/or Care, Support & Treatment Services as defined in this AGREEMENT (hereinafter called the "SERVICES") on the terms and conditions set forth in this AGREEMENT;
- (b) the GRANTEE has represented to the GRANTOR that it has the required professional skills, and personnel and technical resources, to provide the SERVICES on the terms and conditions set forth in this AGREEMENT;

SECRETARY

Avorde Gramya Vilme Shikeha Samid Kighna, U. S. Nagai (Utt. 10⁸...)

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NOW THEREFORE the parties hereto hereby agree as follows:

1. Documents

The following documents shall be deemed to form an integral part of this

AGREEMENT:

- (a) SECTION I Terms and Conditions of this AGREEMENT;
- (b) SECTION II Approved Project Proposal and Detailed Implementation Plan

...... describing the SERVICES to be performed; (c)

Section III - Schedule of Grant Disbursements

(d) The NGO/CBO Guidelines of National Aids Control Organisation(NACO)

dated .

2. Previous Communications

This AGREEMENT between the parties supersedes all previous ommunications, whether oral or written, in relation to the implementation of the SERVICES to be undertaken in accordance with this AGREEMENT.

3. Implementation of the SERVICES

The GRANTEE shall in accordance with the terms and conditions as specified in Section I of this AGREEMENT implement the SERVICES as described in Section II of this AGREEMENT. The GRANTEE shall submit to the GRANTOR necessary documents and reports as specified in this AGREEMENT.

4. Financial Limit

The total financial grant for the SERVICES shall not exceed ₹ 1267980/-(Rupees Twelve Lac sixty seven Thousand nine hundred eighty only) [Ist Installment ₹ 637340/- (Rupees Six Lac thirty seven thousand three hundred forty only) for (April-Sept.2017)]

5. Disbursement

The GRANTOR shall disburse grants to the GRANTEE for the SERVICES in such manner as provided in Section III - Schedule of Grant Disbursements, within the financial limit specified in Clause 4 above. The disbursement shall be subject to receipt of grant funds by the GRANTOR from NACO.

6. Duration of this AGREEMENT

This AGREEMENT shall remain in FORCE from 01 April 2017 to 31 March 2018 unless terminated earlier in accordance with the provision of this AGREEMENT or in the event the period is extended through a mutually agreed amendment to this AGREEMENT. The total duration of the AGREEMENT including extension, if any, shall not exceed a period of one year.

IN WITNESS WHEREOF, the parties hereto have caused this GREEMENT to be signed in their respective names as the day and year first above written.

Spenger by

Avorde Gramya Vikas Shikeha Samili 3 Kidinia, U. S. Nayai (Uttra-ichal)

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Signed by (1)
Name - Ajil Soevastava
Designation Project Director
Address - Kichanpur, Kichha, U. S. Magan
Date
Signed by (2) 18hrome
Name - Rahul Shame
Designation - Counsellor
Address - Ishwer Colony - Rudsapur, US. Nayan
Date
In the presence of Signature of Witness 1
Name Ishowana Pandy
Address Thoronor vikes/ Sanotha
Date
Signature of Witness 2 by
Name Mr. K. N. Dunka
Address PD-TI LCM, Malalway
Date
FOR AND ON BEHALF OF THE GRANTOR
Name MSM
Position
Signature डॉ॰ दी॰ एस॰ टोलिया अपर परियोजना निदेशक
Date 3142 410414
In the presence of
Signature of Witness 1
Name Address
Address
Date
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SUCHETARY

Averde Gramya Vitas # Semili

Kuchina, U. S. Nagai (Usua school)

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