

PROPOSAL

Submitted by EKAM FOUNDATION

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| Project name: | Proposal to support Thalassemia Children and Hearing Impaired Children at Government Coimbatore Medical College and Hospital, Tamil Nadu, India. |
| Location: | Coimbatore district of Tamil Nadu |
| Sponsor name/Chapter: | Ekam USA |
| Total budget amount: | Total amount: INR 1,29,757 (USD 1569) Administrative cost: INR 4145 (USD 50) |
| Total amount and breakdown, including admin cost, funds raised by Ekam Foundation or given by other sponsors in addition to Ekam USA. | For cost split-ups, please see the attached Excel sheet. Funds raised by other sponsors in addition to Ekam USA: None |
| Expected project start date: | Immediately on the receipt of the funds. |
| Expected project completion date: | Max. 2 weeks from the date of project initiation. |
| Report date: | Within 2 weeks after completion of the project |
| Point of contact: (name and email) | Mr. Rajesh rajesh@ekamoneness.org |
| Staff involved in the project: (names) | Mr. Mahamuni, Zonal Officer |
| Beneficiaries: (who will benefit and number) | 41Thalassemia paediatric patients and 3 hearing impaired children at Coimbatore Government College and Hospital. |
| Measurable Outcome of the project/impact: | The provision of hearing aids and support to thalassemia patients in blood transfusion will improve their quality of life. |

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| Project description: | Every month, 41 Thalassemia patients are given blood transfusions at Government Coimbatore College and Hospital (GCCH). GCCH has requested a few medical supplies to detect allo antibodies and avoid blood transfusion reactions such as Febrile Non-Haemolytic transfusion reaction, transfusion-related lung injury, and bone marrow transfusion-related complications (see attached requisition letter). In addition, there are two children at GCCH who have sensory neural hearing loss and require digital hearing aids (see attached requisition letter). Ekam proposes to help GCCH's pediatric patients with their medical needs. |
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Proposal writer: A Bhavani Shri

Proposal submission date: 18.04.2023



GRANT REQUEST FORM

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|---|------------|---|---|
| APPLICATION DATE: 18TH APR 2023 GRN : 23100011-EYAP-TN | | FOR ÉKAM USA USE ONLY PROPOSAL NUMBER | |
| IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER ORGANIZATION? <ul style="list-style-type: none"> • YES • No ✓ | | IF "YES" GIVE DETAILS OF THE ORGANIZATION NAME, ADDRESS, PHONE, EMAIL, WEBSITE AND CONTACT INFO OF RESPONSIBLE PERSON IN A SEPARATE SHEET. | |
| PROPOSAL TITLE: THALASSEMIA CHILDREN AND HEARING AID AT GMC HOSPITAL, COIMBATORE, TAMILNADU | | | |
| PROJECT BUDGET REQUESTED FROM ÉKAM USA (IN LOCAL CURRENCY) INR | | PROJECT BUDGET TOTAL (ENCLOSE A DETAILED BUDGET) (IN LOCAL CURRENCY) | |
| ÉKAM USA USE ONLY (IN USD) \$ 1569 | | ÉKAM USA USE ONLY (IN USD) \$ 1569 | |
| IS COUNTRY GOVERNMENT APPROVAL NEEDED TO RECEIVE MONEY FROM ÉKAM USA? <ul style="list-style-type: none"> • YES • No ✓ | | IF "YES" EXPLAIN | |
| PROJECT DURATION (1-36 MONTHS) MONTHS – 2 WEEKS | | START DATE 18 TH APRIL 2023 | END DATE 2 ND MAY 2023 |
| PROJECT LOCATION ADDRESS (STREET, CITY, STATE, PIN/ZIP CODE, COUNTRY) GMCH, COIMBATORE, MADURAI | | | |
| BENEFICIARY ORGANIZATION NAME EKAM FOUNDATION | | WERE YOU FUNDED BY ÉKAM USA IN THE PAST? <ul style="list-style-type: none"> • YES ✓ • NO | |
| BENEFICIARY ORGANIZATION TAX ID NUMBER (US ONLY) | | | |
| ADDRESS (STREET, CITY, STATE, PIN/ZIP CODE, COUNTRY) NO: 1A/3, JAYALAKSHMIPURAM 2 ND STREET, NUNGAMBAKKAM, CHENNAI, TAMILNADU- 600 034, INDIA. | | | |
| PHONE 91-44-42072785 | FAX | WEBSITE : WWW.EKAMONENESS.ORG | EMAIL: SAILAKSHMI@EKAMONENESS.ORG |
| PURPOSE OF ORGANIZATION (ATTACH SHEETS IF NECESSARY) TO REDUCE THE IMR AND MMR IN INDIA BY PROVIDING QUALITY HEALTHCARE TO THE MOTHERS AND CHILDREN. | | | |
| CREDENTIAL/HISTORY/PREVIOUS REHABILITATION WORK (ATTACH SHEETS IF NECESSARY) | | | |



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| NON US BENEFICIARY ORGANIZATIONS ONLY (ATTACH APPROPRIATE DOCUMENTATION) | | | |
| CHARITABLE NUMBER AND VALIDITY DATE (80-G FOR INDIA) DIT(E) NO.2(616)/10-11 | | FOREIGN CURRENCY PERMIT NUMBER AND VALIDITY DATE (FCRA FOR INDIA) 075901403 , 20 TH JANUARY 2025 | |
| PROJECT COORDINATOR | | SIGNATURE & DATE | <i>Sailakshmi B</i> 18TH APRIL 2023 |
| NAME DR.SAILAKSHMI.B | DESIGNATION DIRECTOR | PHONE 91-9003035307 | EMAIL SAIALKSHMI@EKAMONENESS.ORG |
| OFFICE CONTACT | | | |
| NAME MR.RAJESH R | DESIGNATION : ADMINISTRATIVE MANAGER | PHONE 9551088594 | EMAIL RAJESH@EKAMONENESS.ORG |
| CONTACT INFORMATION OF SUPPORTERS IN THE US IF ANY (ATTACH A SHEET IF NECESSARY) | | | |
| NAME | PHONE | EMAIL | ADDRESS |
| | | | |

I DECLARE (OR CERTIFY, VERIFY, OR STATE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.

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| RESPONSIBLE OFFICER OF BENEFICIARY ORGANIZATION | | SIGNATURE & | DATE: 18TH APRIL 23 |
| | | <i>R. Rajesh</i> | |
| NAME Mr.RAJESH R | DESIGNATION ADMINISTRATIVE MANAGER | PHONE 91-9551088594 | EMAIL RAJESH@EKAMONENESS.ORG |



THIS PAGE EKAM USA OFFICE USE ONLY

DATE REQUEST RECEIVED: _____ **PROJECT AMOUNT (IN USD):** _____

SOURCE OF FUNDING :

STATUS:

- | | |
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| <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <input type="checkbox"/> UNDER CONSIDERATION | <input type="checkbox"/> NOT REVIEWED <input type="checkbox"/> DEFERRED <input type="checkbox"/> OTHER (SPECIFY): _____ |
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COMMENTS:

APPROVED BY DIRECTOR (NAME, SIGNATURE AND DATE)

| | | |
|-----------------|---------------|----------------|
| _____ | _____ | _____ |
| ARUNA VATSAVAYI | NEELIMA REDDY | SHILPA PUPPALA |

MONEY TRANSFER INFORMATION

| INSTALLMENT | FIRST | SECOND | THIRD | FOURTH | FIFTH | SIXTH |
|--|-------|--------|-------|--------|-------|-------|
| AMOUNT (IN USD) | | | | | | |
| TRANSFER DATE | | | | | | |
| ÉKAM USA BANK IN US | | | | | | |
| GRANTEE'S BANK | | | | | | |
| TRANSFERRED BY (ÉKAM USA OFFICER'S NAME) | | | | | | |
| CONFIRMATION NUMBER | | | | | | |
| DATE GRANTEE RECEIVED FUNDS | | | | | | |



REPORT STATUS

| REPORT | RECEIVED DATE | FORMAT | | | |
|--------|---------------|--------|----------|-------|-------|
| | | EMAIL | HARDCOPY | AUDIO | VIDEO |
| FIRST | | | | | |
| SECOND | | | | | |
| THIRD | | | | | |
| FINAL | | | | | |



DESCRIPTION OF GRANT REQUEST FORM

PURPOSE OF THE FORM

This form is intended to provide ÉKAM USA with information regarding the funding requested by your organization and the intended use of funds. You can use the form for application for funding renewal.

INSTRUCTIONS

1. Provide all the information accurately and thoroughly.
2. Fill up the Grant Request Form (GRF) using MS Word.
3. Print the GRF, sign it and scan it.
4. Send the *filled up MS Word form* **AND** the *scanned version* to ekamusa16@gmail.com
5. The EKAM USA BOARD OF DIRECTORS will review the grant request and make a final decision. Upon Board approval, you will be intimated by ÉKAM USA. This process may take a few days-weeks.
6. Keep a copy of material sent with you.
7. Disbursement, Reporting Method and Schedule:
 - 9.A *Installment Disbursement*: The grant may be disbursed in installments based upon an agreed upon schedule or as funds are available. If installment requirement plan changes during the project contact EKAM USA as soon as possible. We will do our best to accommodate.
 - 9.B *Reporting Details*: Each recipient of the ÉKAM USA grant must provide a written report describing the progress of the project (including any relevant pictures, CDs, VCDs, DVDs, videos, etc.). This report will also detail the impact upon the people affected. Depending on the size of the grant EKAM USA may request additional information.
 - 9.C *Timely Reporting Requirements*: **If report(s) are not provided in a timely manner future grant installments will be halted and future grants cannot be sanctioned.**
 - 9.D *Use of Materials*: The Beneficiary organization will agree to allow EKAM USA Inc to use the report and any supporting material provided along with written report (i.e. videos, photos, testimonials etc.) as EKAM USA determines, including for marketing purposes.
8. The proposal details:
 - a. **Format**: Double-spaced; 11-point font; Times Roman or equivalent font; 1 inch margin on all sides.
 - b. **Table of Contents** should be included.
 - c. **Main Body of Proposal (10 pages)**: Objective; Project Benefits; Relevant Past work of the Organization; Approach; Project Description; Resources needed (labor, materials/supplies, equipment, etc.); Total number of recipients of the Project Benefits; Metrics (quantitative and qualitative indicators of success); and Timeline.
 - d. **Budget and Budget Justification**
 - e. **Short Bio of the Project Coordinator and other key members of the team.**
9. Questions? Contact ekamusa16@gmail.com



GUIDELINES FOR GRANTMAKING

The primary source for funding for ÉKAM USA is public donations. ÉKAM USA executes projects either through its volunteers or by granting funds to qualified organizations domestically in the US and abroad. To qualify, organizations must submit a Grant Request Form in the area of EKAM's current programs of interest. The EKAM board of directors make the final decision on projects submitted for grants. Projects are funded for 1-3 years to Beneficiary Organizations with funding renewal on an annual basis and are dependent on funding available for that program.

This document describes the procedures and requirements for a project. ***To respond to changing needs and governmental regulations, ÉKAM USA reserves the right to change the guidelines at any time without explanation.***

BENEFICIARY ORGANIZATION QUALIFICATIONS AND REQUIREMENTS:

- The Organization must be a registered nonprofit organization.
 - In the US the beneficiary organization must be a 501(c)(3) nonprofit, charitable organization in good standing with the IRS and the state of registration.
 - In India the organization must be registered as a 80G organization.
 - Other countries check with ÉKAM USA.
- The Organization must be legally able to receive donation
 - In India the organization must have FCRA (Foreign Currency Regulation Act) clearance certification as per the Indian Governmental regulations.
- The Organization must be pre-approved by ÉKAM USA.
- The Organization should not discriminate based on race, color, creed, caste, religion, gender, or nationality.
- The Organization must allow representatives of ÉKAM USA to review the funded project.
- The Organization is required to provide agreed upon quarterly and annual periodic updates, and, a completion report to ÉKAM USA