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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name | Neha Jampala |
|  | Address | 10 Harmon Dr., Tinton Falls, NJ 07724 |
|  | Legal Status of | NA |
|  | Country of Registration | NA |
|  | Registration Number | NA |
|  | Date of Contract | 9-Jun-21 |
|  | Completion of Contract | 31-Jul-21 |
|  | Name of Point of Contact | Neha Jampala |
|  | Contact No. / Email ID of Person to Contact | 732-796-4032, nehabjampala@outlook.com |
|  | Name of the Project | Central Overhead |
|  | Grant Start Date | NA |
|  | Grant End Date | NA |
|  | Budget Line Item | Communications |
|  | Available Budget | $500 per month |
|  | Service/ Goods Description | Intern to provide support on administrative, operational or communications tasks, as needed |
|  | Name of Approver of Contract | William A. Haseltine |
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| **Bank Details** | | |
|  | Please make payment to |  |
|  | Bank Name |  |
|  | Account Number |  |
|  | Bank Address |  |
|  | Routing Number |  |
|  | IFSC Code |  |
|  | Swift Code |  |