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| **ACCESS Health International, INC** | | |
| **REQUEST FOR PROPOSAL OF CONTRACT** | | |
|  | Name of Organization | Swasti | |
|  | Address | #25, Raghavendra Nilaya, AECS Layout, Ashwathnagar, Bangalore, Karnataka-560094, India | |
|  | Legal Status of | Society (Registered not-for-profit) | |
|  | Country of Registration | India | |
|  | Registration Number | 134/2004-05 | |
|  | Date of Contract | January 1, 2024 | |
|  | Completion of Contract | March 31, 2024 | |
|  | Type of Contract | Grant Agreement | |
|  | Name and Designation of Authorized Signatory of the Contract | Shama Karkal, CEO | |
|  | Contact No. / Email ID of Authorized Signatory of the Contract | +918023517241, [shama@swasti.org](mailto:shama@swasti.org) | |
|  | Name of the Project | HSTP | |
|  | Grant Start Date | 14-Nov-19 | |
|  | Grant End Date | 31-Mar-24 | |
|  | Budget /Total Contract Value | INR 45,00,000 inclusive of taxes | |
|  | Service/ Goods Description | Indore Healthy City Project | |
|  | Name of Approver of Contract | Himani Sethi | |
|  |  |  | |
| **Bank Details** | | |
|  | Please make payment to | Swasti | |
|  | Bank Name | State Bank of India | |
|  | Account Number | 40070303436 | |
|  | Bank Address | FCRA Cell, 4th Floor , State Bank of India, New Delhi Main Branch Sansad March 110001 | |
|  | IFSC Code | SBIN0000691 | |
|  | Swift Code | SBININBB104 | |