

#### Jamuna Narasimman <jamunasimman@gmail.com>

# **Project Quantification (V1.2)**

**Google Forms** <forms-receipts-noreply@google.com> To: jamunasimman@gmail.com

Fri, Jul 14, 2023 at 7:13 PM

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Checklist Number What Checklist number(s) does this correspond to? Please submit this once every academic year.		
1		
Year	of funding *	
metrics	ich funding year do the metrics correspond to? Enter "2019" if the funds corresponding to the swere sent in 2019. The information to be filled will be based on the 2019 project proposal and/or as report by the project partner for year 2019-2020 when the funds sent in 2019 were utilized.	
2023		
Proje	ct Partner Email *	
ajita@	v-excel.org	
Proje	ct Partner's Website	
https://	/www.v-excel.org/	
What	are the Project's short-term (1-2 year) goals? *	

We firmly believe that educated, literate and well-informed children are the building blocks of strong communities. We are committed to enriching the quality of education by ensuring right learning inputs to children across ability levels.

## What are the Project's long-term (5+ years) goals? \*

Our mission is to make a difference in the world of disability. We believe in human potential and its expression. Our emphasis is on education and its accessibility, regardless of caste, creed, race, religion and ethnicity. We educate and empower children with special needs to lead dignified, successful lives in the mainstream society.

## Number of years with Asha \*

How many years has the Project partner been supported by Asha? (includes your chapter and other chapters that have worked with the project partner and excludes gap in engagements)

17

Name of person filling in this form \*

Jamuna Rajamani

#### Chapter Affiliation \*

Example: Write "Seattle" for Asha Seattle chapter. Write "Chennai" for Asha Chennai.

Seattle

Affiliation of person filling the form \*

**Project Steward** 

**Chapter Coordinator** 

Other Chapter Volunteer

Date of submission of this form *
MM DD YYYY
<u>07</u>
[Quoted text hidden]
[Quoted text hidden]
NA
[Quoted text hidden]
[Quoted text hidden]
The kids are mentally challenged
Please describe the type of service provided for the children  (a) practical skills and academic education; (b) therapies such as occupational, speech, music etc
Do they have regular assessments and medical checkup for the beneficiaries and monitor progress ?
Yes
O No
Other:
Number of days service is provided per year
250

Student to Care-giver/teacher ratio (if applicable)

2

Cost of service per student per day (in INR)

200

Submit Form?

Do you have any feedback on this form for the Central Projects Team? We thank you for your time and effort in completing this form.

The form is not properly saved.

Are you done filling details for all relevant project types? (If no, please click on no, and this will take you to the relevant section)

- No, I need to fill details for more project types
- Yes, I want to submit the form now

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