

**Ticket to Life Project**

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| **Name of the State Association** |
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| **Name and address of the District Association:** |
| **Person In-Charge of this Project** |
| Name: | Position: |
| Email: | Phone Number: |
| **Unit Leader/Assistant Unit Leaders of this Project** |
| Name:1. 2. | Position:Position: |
| Email: | Phone Number: |
| **General background of the project:** |
| **Describe the project and answer the following questions:**  |
| * What is the project all about?
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| * Why did you choose this project?
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| * Describe the living condition of the children and their families? How are the children or their families surviving?
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| * What changes you are trying to achieve in your community and why? How many people are living in the area of the project? Describe the community they are living.
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| * Are the children studying? If Yes, who is helping them or who is paying for their studies?
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| **The Reasons:** |
| State the purpose of the projects and its corresponding objectives. |
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| **How many years has the project been running?** |
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| **Legalities:** |
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| * Do you have a partner/contact outside Scouting (community/institution) in doing this project?
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| * Are there any policies from any authority (government, institutions, partners) that would surround this project? If YES, how would/did you overcome them?
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| **What is the yearly budget of your project?** |
| Please state on what specifics do the budget get spent like materials, meals, transportation, etc. |
| Rs. XXXXXXXX /annually |
| **The Results:** |
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| * What are the foreseeable achievements and outcomes of the project?
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| * Are you seeing that this project will continue even after the support of the Asia-Pacific Regional Office? If YES, How and what would be your next steps to do this?
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 Signature of SOC(S)

 Seal & Signature of State Secretary