**FINANCIAL PROPOSAL**

**Individual Contractor: National Maternal, Neonatal and Child Health (MNCH) Consultant (FULL TIME)**

**PART A. PROFESSIONAL FEE**

|  |  |  |
| --- | --- | --- |
| **Deliverable/s:** | **UNICEF Estimate** | **All-inclusive monthly professional fee****(INR)*****(To be quoted by the candidate)*** |
| **Estimated deadline for completion of deliverable**  | **Estimated travel required for completion of deliverable (Total days of Travel)** |
| Monthly Progress Report X 11 months | Monthly  | Indicated in Part-B below | **INR\_\_\_\_\_\_\_\_\_ per month** |
| **Total Professional Fee (A) for 11 Months** | **INR\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PART B. TRAVEL COSTS**

|  |
| --- |
| **Estimated Travel details for this consultancy:****a. Number of trips = 11****b. Number of days per trip = 4****c. States/Districts where travel is required = 11** |
| **S. No.** | **Description** | **Unit** | **Unit cost (INR)** | **Total Cost (INR)** |
| 1. | Air ticket cost (Return Trip) | 11 trips | \_\_\_ per trip |  |
| 2. | Per Diem (days per trip x no. of trips) | 44 days | \_\_\_\_ per day |  |
| 3.  | Transfer to/from airport | 44 transfers | \_\_\_ per transfer |  |
|  | **Total Travel Costs (B) = INR** |  |
|  | **TOTAL COST OF CONSULTANCY (A+B)** |  |

*Shaded areas to be filled in by Candidate*

**Notes to financial offer:**

*(i) Travel costs would be reimbursed as and when an actual trip happens as agreed with the contract supervisor.*

*(ii) Air travel should be by economy class using the most direct route. The cost will be paid based on the rates quoted in the financial proposal.*

(iii) *Per diem will be paid based on actual number of days travelled. Per diem is towards boarding, lodging and incidentals.*

*(iv) No other fee would be paid or reimbursed other than the fee indicated in the financial proposal.*

*(v) Please do not quote any lump sum costs but provide detailed breakdown of all costs.*

*(vi) The consultant/contractor will work on his/her own computer(s) and use his/her own office resources and materials in the execution of this assignment, including personal email address(es) and mobile/smart phones.*

**PAYMENT TERMS: 30 days net**

**Name of the Candidate:**

**Signature of the Candidate:**

**Address:**

**Contact no.:**

**Email address:**

**Date:**