**FINANCIAL TEMPLATE FOR CICs**

**PART-TIME/FULL-TIME (please indicate): FULL TIME**

**INDIVIDUAL CONSULTANT/CONTRACTOR FOR National EMTCT Consultant**

**PART A. PROFESSIONAL FEE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deliverable/s:**  **Monthly Progress Report X 11 months** | **UNICEF Estimate** | | | **All-inclusive monthly professional fee**  **(INR)**  ***(To be quoted by the candidate)*** |
| **Estimated deadline for completion of deliverable (per Month)** | **Estimated travel required for completion of deliverable (Total days of Travel)** | |
| Monthly Progress Report  10 Monthly progress reports and 1 final report |  |  | | **Please indicate your monthly professional fee = INR**  **Prof fee for 11 months = 11 \* monthly fee = INR** |
| **Total Professional Fee (A) X 11 Months = INR** | | |  | |

**PART B. TRAVEL COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated Travel details for this consultancy:**  **a. Number of trips = 7**  **b. Number of days per trip = 4-5**  **c. States/Districts where travel is required = 7** | | | | |
| **S. No.** | **Description** | **Unit** | **Unit cost (INR)** | **Total Cost (INR)** |
| 1. | Air ticket cost (Return Trip) | 7trips | \_\_\_ per return trip |  |
| 2. | Per Diem (days per trip x no. of trips) | 30days | \_\_\_\_ per day |  |
| 3. | Transfer to/from airport | 28 transfers | \_\_\_ per transfer |  |
| 4. | Any other expenses (travel to districts, etc.) | nil |  |  |
|  | **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*(v) Please do not quote any lump sum costs but provide detailed breakdown of all costs.*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:**