**FINANCIAL PROPOSAL**

**Individual Consultant: Editing, translation and proof-reading services**

**for COVID-19 communication products (PART TIME)**

**PROFESSIONAL FEE**

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| --- | --- | --- | --- |
| **Deliverable/s** | **UNICEF Estimate** | | **All Inclusive Rate Per Word**  **for editing, translation and proof-reading (INR)**  ***(To be quoted by the candidate)*** |
| **Estimated deadline for completion of deliverable** | **Estimated travel required for completion of deliverable** |
| Quality standards (checklist) developed and applied for various communication products.  At least 15 to 25 communication products are edited, translated, proofread in Hindi and English on COVID specific and sensitive practices and facilitated the endorsement of the materials by MoHFW. | Throughout the consultancy | No Travel  required | **INR\_\_\_\_\_\_\_\_\_ per word**  **for editing, translation and proof-reading services** |
| Communication materials review and editing for language proficiency. (Up to 5 a month) |
| Develop stories in Hindi and English (Up to 5 a month) |

**Note: 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. However, no travel is anticipated for this contract.*

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*(v) Please do not quote any lump sum costs but provide detailed breakdown of all costs.*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