Annex 1: Financial Proposal

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| **Description** | **Unit** | **Amount**  | **Remark** |
| Estimated consultancy fee (48 working days) |  |  |  |
| Travel Local (please include travel plan) |  |  |  |
| DSA |  |  |  |
| Health insurance  |  |  |  |
| Other fees (if applicable) |  |  |  |
| **Total estimated consultancy costs** |  |  |  |