**FINANCIAL TEMPLATE FOR CICs**

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

**INDIVIDUAL CONSULTANT FOR “Data Advocacy Consultant”**

**PART A. PROFESSIONAL FEE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Deliverable/s** | |  | **UNICEF Estimate** | | | **All-inclusive professional fee**  **(INR)**  ***(To be quoted by the candidate)*** |
| **Estimated deadline for completion of deliverable (days/months)** | **Estimated number of input days** | **Estimated travel required for completion of deliverable (please mention destination/ number of days)** | |
| Draft Diagnostic report  Draft Data Action Plan  Draft stakeholder map | | Week 8 | 25 | N/A | |  |
| Final Diagnostic report  Final Data Action Plan  Final stakeholder map | | Week 12 | 10 | N/A | |  |
| PowerPoint presentation  Summary brief document | | Week 14 | 5 | N/A | |  |
| PowerPoint presentations to guide consultations (x5)  Key strategic summary action points post each consultation | | Upon submission of each set of deliverables for each consultation | 20 | 12 days | |  |
| PowerPoint presentation for internal capacity building workshop/webinar | | Week 20 | 5 | N/A | |  |
|  | **Total Professional Fee (A) = INR** | | | |  | |

**PART B. TRAVEL COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Estimated Travel details for this consultancy:**  **a. Number of trips =** 3  **b. Number of days per trip =** 3  **c. States/Districts where travel is required =** selected from:Maharashtra, Rajasthan, Uttar Pradesh, Bihar, Madhya Pradesh, Assam, Andhra Pradesh, Odisha, Jharkhand, Telangana, Karnataka, Gujarat. | | | | |
| **S. No.** | **Description** | **Unit** | **Unit cost (INR)** | **Total Cost (INR)** |
| 1. | Air ticket cost (Return Trip) | 3 trips | \_\_\_ per ticket |  |
| 2. | Per Diem (days per trip x no. of trips) | 9 days | \_\_\_\_ per day |  |
| 3. | Transfer to/from airport (3 trips x 4 transfers) | 12 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:**