**Consultant for Evaluation of Community Based Management of Acute Malnutrition (CMAM) Programme in Madhya Pradesh and Gujarat, India**

 *Note: Please note that you are required to provide a breakup of lumpsum fee quoted for each deliverable as follows:*

***PART A: PROFESSIONAL FEE***

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Deliverables** | **Payment Percentage**  | **Consultant's****Proposal** |
| **1.** | Submission of Approved Inception Report (with Methodology and Study Design, Workplan, Study Tools) | 15% |  |
| **2.** | Finalization of the tools after field testing | 20% |  |
| **3.** | Presentation of the initial findings of the evaluation and submission of draft report | 25% |  |
| **4.** | Submission of Approved Final Evaluation Report | 25% |  |
| **5.** | Dissemination materials (two x two-page summary of the report and presentation) | 15% |  |
|  |  | **TOTAL PROFESSIONAL FEE (A)**  |  **INR**  |

***PART B. TRAVEL COSTS***

|  |
| --- |
| **Estimated Travel details for 9 weeks (63 days) in this consultancy:**  **a. Number of trips =** **b. Number of days per trip =** **c. States/Districts where travel is required =**   |
| **S. No.**  | **Description**  | **Unit**  | **Unit cost (INR)**  | **Total Cost (INR)**  |
| 1.  | Air ticket cost  | \_\_\_\_ trips  | \_\_\_ per ticket  |   |
| 2.  | Per Diem (days per trip x no. of trips)  | \_\_\_\_ days  | \_\_\_\_ per day  |   |
| 3.   | Transfer to/from airport  | \_\_\_\_ transfers  | \_\_\_ per transfer  |   |
| 4.  | Any other expenses (travel to districts, etc.) (please provide detailed breakdown) |   |   |   |
|   |  **Total Travel Costs (B)**  | **INR**  |
|   |  **TOTAL COST OF CONSULTANCY (A+B)**  | **INR** |

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*(v) Please do not quote any lump sum costs but provide detailed breakdown of all costs.*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

(VI) Sub-contracting any part of the assignment is not permitted

**PAYMENT TERMS: 30 days net**

# Name of the Consultant:

# Signature of the Consultant:

# Address:

# Contact no.:

# Email address:

# Date: