**FINANCIAL PROPOSAL**

**Individual Contractor: Emergency WASH Coordinator (FULL TIME)**

**PART A. PROFESSIONAL FEE**

|  |  |  |
| --- | --- | --- |
| **Deliverable/s** | **UNICEF Estimate** | **All-inclusive Monthly professional fee (INR)*****(To be quoted by the candidate)*** |
| **Estimated deadline for completion of deliverable**  | **Estimated travel required****for completion of deliverable** |
| Monthly Progress Report (as outlined in the ToR) | End of each contracted month  | 25 days, as explained in PART B below | **INR\_\_\_\_\_\_\_\_\_\_\_ per month** |
| **Total Professional Fee (A) for 11.5 months** | **INR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PART B. TRAVEL COSTS**

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| --- |
| **Estimated Travel details for this consultancy:****a. Number of trips = 5****b. Number of days per trip = 5****c. States/Districts where travel is required = one state office per trip** |
| **S. No.** | **Description** | **Unit** | **Unit cost (INR)** | **Total Cost (INR)** |
| 1. | **Air Ticket Cost (Return Trip)** | 5 trips | \_\_\_ per trip |  |
| 2. | **Per Diem** (days per trip x no. of trips)*Note: Per diem is to cover meals (breakfast, lunch and dinner), boarding and lodging costs.* | 25 days | \_\_\_\_ per day |  |
| 3. | **Transfer to/from Airport** | 20 transfers | \_\_\_\_ per transfer |  |
| 4.  | **Any other expenses (travel to districts, etc.)** |  |  |  |
|  | **Total Travel Costs (B) = INR** |  |
|  | **TOTAL COST OF CONSULTANCY (A+B)** |  |

**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.*

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*(v) Please do not quote any lump sum costs but provide detailed breakdown of all costs.*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