**FINANCIAL PROPOSAL**

**Individual Contractor: National Maternal, Neonatal and Child Health (MNCH) Consultant (FULL TIME)**

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

* All-inclusive monthly professional fee, which should mention your fee against each deliverable inclusive of any communication, printing, stationery costs and any local travel costs.
* No other fee would be paid or reimbursed other than the lumpsum fee indicated in your financial proposal

**PART A. PROFESSIONAL FEE**

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| --- | --- | --- |
| **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  | 30th June 2021 | No Travel required |  |
| Monthly Progress Report | 31st July 2021 | 4 days travel |  |
| Monthly Progress Report | 31st August 2021 | No Travel required |  |
| Monthly Progress Report | 30th September 2021 | 4 days travel |  |
| Monthly Progress Report | 31st October 2021 | No Travel Required |  |
| Monthly Progress Report | 30th November 2021 | 4 days travel |  |
| Monthly Progress Report | 31st December 2021 | 5 days travel |  |
| Monthly Progress Report | 31st January 2022 | 5 days travel |  |
| Monthly Progress Report | 28th February 2022 | 4 days travel |  |
| Monthly Progress Report | 31st March 2022 | 4 days travel |  |
| Monthly Progress Report | 30th April 2022 | No Travel required |  |
| **Total Professional Fee (A) = INR**  |  |

**PART B. TRAVEL COSTS**

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| --- |
| **Estimated Travel details for this consultancy:****a. Number of trips = 7****b. Number of days per trip = 4-5****c. States/Districts where travel is required = 7** |
| **S. No.** | **Description** | **Unit** | **Unit cost (INR)** | **Total Cost (INR)** |
| 1. | **Air Travel Cost (Return Trip)***Note: Travel cost is economy class airfare/train fare, including cost of travel from residence to Airport, Airport to hotel/office/meeting location and back to home.* | 7 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.* | 30 days | \_\_\_\_ per day |  |
| 3.  | **Field Travel (outstation)** | 30 days | \_\_\_\_ per day |  |
|  | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**