**Consultancy Financial Offer**

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| **TITLE OF CONSULTANCY:** National Consultant to Conduct Assessments on Mental Health and Social Services among Children & Adolescents, & People with disabilities | | | | | | |
| **Consultant name** |  | | | | | |
| **Date of proposal** |  | | | | | |
| **Validity of proposal (if applicable)** |  | | | | | |
| - Proposals should be submitted on an **all-inclusive basis** for providing the contracted Deliverable as described in the TOR. No other costs can be added at a later stage  - The number of days / months is indicative to establish the fee basis. The consultant will manage their own time within the timeframe for deliverables as set out in the contract. Payment will be made on the acceptance of the final deliverables to UNICEF’s standards (not on a time worked basis). | | | | | | |
| **1. Deliverables as per TOR** | **Timeframe** (month or days) | **Rate** | **Total (USD)** | | **Additional comments if any** | |
| Deliverable 1 |  |  |  | |  | |
| Deliverable 2 |  |  |  | |  | |
| Deliverable 3 |  |  |  | |  | |
| Deliverable 4 |  |  |  | |  | |
| Deliverable 5 |  |  |  | |  | |
| Deliverable 6 |  |  |  | |  | |
| Deliverable 7 |  |  |  | |  | |
| Deliverable 8 |  |  |  | |  | |
| **Total Consultancy Fee** | | | |  | |  |
| **2. Travel Costs (if applicable)** | | | | | | |
|  | Travel local | |  | |  | |
| DSA | |  | |  | |
| Medical insurance | |  | |  | |
| Other expenses required to meet deliverables (please specify) | |  | |  | |
| **Total travel and related costs:** | | | |  | |  |
| **Total All-inclusive fee (US$)** | | | |  | | |
| * Payment of professional fees will be based on the satisfactory submission of agreed deliverables. UNICEF reserves the right to withhold payment in case the deliverables submitted are not up to the required standard or in case of delays in submitting the deliverables on the part of the consultant. * Consultant is responsible for his/her own health and travel insurance * Consultant is responsible to arrange his/her own travel, including visa | | | | | | |

Signature:

Name:

Date: