**(This form should be submitted as a separate file and be password protected)**

**Form 4: Financial proposal**

* Financial proposals must be all inclusive and must be expressed with a breakdown of costs. The term ‘all inclusive” implies that all costs (professional fees, communications, utilities, consumables, insurance, travel, etc.) that could possibly be incurred by the Service Provider are already factored into the final amounts submitted in the proposal.
* Travel related expenses, if applicable, must include tickets, lodging and terminal expenses. In general, UNDP should not accept travel costs exceeding those of an economy class ticket. Should the consultant wish to travel on a higher class he/she should do so using their own resource
* Payment will be made upon submission of final deliverables and a certificate of payment request, indicating outputs delivered to be verified and cleared for payment by the Project Management Team.

**Table 1: Cost Breakdown per Deliverable:\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Outputs** | **Deliverables** | **Percentage of Total Price *(Weight for payment)*** | **Price*****(Lump Sum, All Inclusive)*** |
| 1  | Inception Note | 15% |  |
| 2 | Case Studies | 25% |  |
| 3 | Analytical Report | 30% |  |
| 4 | Recommendation Note | 30% |  |
|  | **Total all-inclusive cost** | 100% |  |

*\*This shall be the basis of the payment tranches*

**Table 2: Cost Breakdown by Cost Component:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Activity** | **Unit of Measure** | **Unit price** | **Quantity** | **Total cost**  |
| **I. Personnel Services**  |  |  |  |  |
|  a. Team Leader | Day |  |  |  |
|  b. Team Member 1 | Day |  |  |  |
|  c. Team Member 2 (if applicable) | Day |  |  |  |
|  d. Team Member 3 (if applicable) | Day |  |  |  |
|  d. Team Member 4 (if applicable) | Day |  |  |  |
| **II. Out of Pocket Expenses** |  |  |  |  |
|  1. Travel Costs (tickets) | Trip |  |  |  |
|  2. Daily Allowance | Day |  |  |  |
| **III. Other Related Costs (please specify)** |  |  |  |  |
|  |  |  |  |  |
| **Total all-inclusive offer** |  |

 *[Name and Signature of the Service Provider’s Authorized Person]*

*[Designation]*

*[Date*