**Annex 2b**

1. **COST BREAKDOWN BY DELIVERABLES (ACCORDING TO THE TOR):**

**ANNEX 2b MUST BE PASSWORD PROTECTED!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **№** | **Deliverable** | **Timing** | **Payment percentage** | **Price, KZT** |
| 1 | **Preparatory stage**  A detailed plan for the implementation of the pilot project has been developed, including events, dates, responsible performers and co-executors;  Staff has been recruited, purchases have been made, documentation for the Center has been developed; | 1.5 months from the date of signing the contract | 20% |  |
| 2 | **Implementation stage**  The center carries out activities. | 5 months from the date of signing the contract | 30% |  |
| 3 | **Implementation stage**  The center carries out activities. | 11 months from the date of signing the contract | 30% |  |
| 4 | **Analytical stage**  The experience of the Center is summarized. Recommendations and draft documents have been developed | 15 months from the date of signing the contract | 10% |  |
| 5 | **Final stage (results)** | 16 months from the date of signing the contract | 10% |  |
| **TOTAL ALL-INCLUSIVE PRICE** | | | |  |

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

1. **Cost Breakdown by Cost Component *[This is only an Example]*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of activities** | **Payment for months** | **Duration of services (months)** | **Number of people** | **Total price** |
| 1. **Personnel**   (according to the Terms of Reference) | | | | |
| Project Manager |  | 16 | 1 |  |
| Consultant - Career counselor |  | 16 | 1 |  |
| Support specialists (job coach) |  | 16 | 3 |  |
| Specialist on social work |  | 16 | 1 |  |
| Psychologists |  | 16 | 2 |  |
| Lawyer |  | 16 | 1 |  |
| Consultant in medical and social examination sphere |  | 16 | 1 |  |
| 1. **Travel expenses** |  |  |  |  |
| Fare |  |  |  |  |
| Daily allowance |  |  |  |  |
| Communication |  |  |  |  |
| Copying documents |  |  |  |  |
| Equipment rent |  |  |  |  |
| Other |  |  |  |  |
| 1. **Bank expenses (if applicable)** |  |  |  |  |
| 1. **Unexpected expenditures (if yes, please specify)** |  |  |  |  |
| **VAT (if applicable)** |  |  |  |  |
| **Grand total in KZT** | | | | | |

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

*[Designation]*

*[Date]*