**Please read the instructions below carefully**

INSTRUCTIONS FOR USING THE FORM

1. You may not in any other way than as instructed below add information to this document, or otherwise alter or modify this document.
2. Fill only out the fields indicated in blue (as applicable).
3. Mark with x in all blue fields where you don’t fill out information.
4. All sums shall be stated in euro only.
5. All sums shall be stated without Value added tax (VAT). EFI will, where applicable, pay VAT in addition to the sums stated.
6. Please note that all sums are binding for you and EFI is under no obligation to renegotiate these.

|  |
| --- |
| 1. **FEES**
* *the quoted fee shall be all-inclusive (with the exception of the reimbursable costs under B. below)*
* *full general conditions applicable to the payment of fees can be found in Annex 8*
 |
| **Name of Expert****(only one Expert per field)** | **Daily rate (EUR)** | **Number of units** | **Unit** | **Total fee (EUR)** |
|  |  |  | day |  |
|  |  |  | day |  |
|  |  |  | day |  |
|  |  |  | day |  |
|  |  |  | day |  |
|  |  |  | day |  |
| **Total fees (EUR)** |  |
| 1. **REIMBURSABLE COSTS**
* *a detailed description of the cost must be provided for each cost item*
* *may not include costs covered by the per diem under A. or B. above*
* *may not include any form of overhead nor equipment*
* *full general conditions applicable to the reimbursement of costs can be found in Annex 8*
* *lines may be added as needed*
 |
| **Cost item** | **Unit cost (EUR)[where applicable]** | **Number of units [where applicable]** | **Unit** | **Total reimbursable cost****(EUR)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total reimbursable costs (EUR)** |  |
| 1. **WORK PLAN BUDGET**

*The work plan and the specified work plan budget are subject to approval by EFI as defined in the terms of reference.* | **Unit cost (EUR)** | **Number of units**  | **Unit** | **Total work plan budget****(EUR)** |
| **Cost item** |  |  |  | **70,000** |
| *The work plan budget cover costs related for example to interpretation, translation, short-term consultancies, domestic travel and costs of meetings.* | 70,000 |
| **TOTAL (EUR)****=Total fees + Total reimbursable costs***In the evaluation against the award criteria, this sum is Fo (“price”)* |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

Representative authorized to sign on behalf of the Tenderer/Consortium leader, as stated in the identification form