**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.

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| **Period 1** | | | | | | | |
| 1. **FEES Period 1**  * *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* * *lines may be added as needed* | | | | | | | |
| **Name of Expert** | **Daily rate (EUR)** | | **Number of units** | | **Unit** | | **Total fee (EUR)** |
|  |  | |  | | day | |  |
|  |  | |  | | day | |  |
|  |  | |  | | day | |  |
| **Total fees Period 1 (EUR)** | | | | | | |  |
| 1. **REIMBURSABLE COSTS Period 1**  * *a detailed description of the cost must be provided for each cost item* * *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)** |
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| **Total reimbursable costs Period 1 (EUR)** | | | | | | |  |
| 1. **WORK PLAN BUDGET** | | | | | | | |
| **Cost item** | | **Unit cost (EUR)** | | **Number of units** | | **Unit** | **Total work plan budget**  **(EUR)** |
| In country travel costs (including field mission transport and per diems) and operational costs (office costs, workshops, publications, etc.). Use of the work plan budget needs a prior approval from EFI on quarterly basis. | | 23,000 | | x | | x | 23,000 |
| **Total work plan budget (EUR)** | | | | | | | 23,000 |
| **TOTAL (EUR)**  **=Total fees Period 1 + Total reimbursable costs Period 1 + Total work plan budget Period 1**  *In the evaluation against the award criteria, this sum is Fo (“price”)* | | | | | | |  |
| **Period 2** | | | | | | | |
| 1. **FEES Period 2**  * *the quoted fee shall be all-inclusive (with the exception of the reimbursable costs under E. below)* * *full general conditions applicable to the payment of fees can be found in Annex 8* * *lines may be added as needed* | | | | | | | |
| **Name of Expert** | **Daily rate (EUR)** | | **Number of units** | | **Unit** | | **Total fee (EUR)** |
|  |  | |  | | day | |  |
|  |  | |  | | day | |  |
|  |  | |  | | day | |  |
| **Total fees Period 2 (EUR)** | | | | | | |  |
| 1. **REIMBURSABLE COSTS Period 2**  * *a detailed description of the cost must be provided for each cost item* * *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)** |
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| **Total reimbursable costs Period 2 (EUR)** | | | | | | |  |
| 1. **WORK PLAN BUDGET** | | | | | | | |
| **Cost item** | | **Unit cost (EUR)** | | **Number of units** | | **Unit** | **Total work plan budget**  **(EUR)** |
| In country travel costs (including field mission transport and per diems) and operational costs (office costs, workshops, publications, etc.). Use of the work plan budget needs a prior approval from EFI on quarterly basis. | | 23,000 | | x | | x | 23,000 |
| **Total work plan budget (EUR)** | | | | | | | 23,000 |
| **TOTAL Period 2 (EUR)**  **=Total fees Period 2 + Total reimbursable costs Period 2 + Total work plan budget Period 2**  *In the evaluation against the award criteria, this sum is Fo (“price”)* | | | | | | |  |
| **TOTAL Period 1 + Period 2 (EUR)**  *In the evaluation against the award criteria, this sum is Fo (“price”)* | | | | | | |  |

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**Signature**

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