Annex 2 - FORM FOR SUBMITTING SERVICE PROVIDER’S

FINANCIAL PROPOSAL

***(This Form must be submitted only using the Service Provider’s Official Letterhead/Stationery[[1]](#footnote-1))***

(to be password protected)

**RFP 099/22**

**Technical Consultancy Services to Develop Agriculture Sector Adaptation Project Concept Note for Armenia in line with Green Climate Fund Requirements**

1. **Cost Breakdown per Deliverable\***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deliverables**  ***[list them as referred to in the RFP]*** | **Percentage of Total Price *(Weight for payment)*** | **Price**  ***(Lump Sum, All Inclusive)*** |
| 1 | Deliverable 1: Inception report submitted and approved. | 40 |  |
| 2 | Deliverable 2. Stakeholder consultations to support concept note development conducted; Stakeholder engagement report developed in accordance with GCF requirements. |
| 3 | Deliverable 3. Draft CN with supporting documentation and annexes in GCF reporting template developed; National workshop organized, and results validated; Report on recommendations to close the identified information gaps to enable development of a Full Funding Proposal submitted. | 60 |  |
| 4 | Deliverable 4. Minutes that document the agreement with the accredited entity/NDA ensured; Concept Note with supporting documentation and annexes in GCF reporting template finalized and ready for submission to focal entity of funding agency. |
|  | Total | 100% |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Activity** | **Remuneration per Unit of Time** | **Total Period of Engagement** | **No. of Personnel** | **Total Rate** |
| **I. Personnel Services** |  |  |  |  |
| 1. Services from Home Office |  |  |  |  |
| 1. Key Expert 1 |  |  |  |  |
| 1. Key Expert 2 |  |  |  |  |
| 1. Key Expert 3 |  |  |  |  |
| 1. Expert 4 etc. |  |  |  |  |
| 2. Services from Field Offices |  |  |  |  |
| 1. Key Expert 1 |  |  |  |  |
| 1. Key Expert 2 |  |  |  |  |
| 1. Key Expert 3 |  |  |  |  |
| 1. Expert 4 etc. |  |  |  |  |
| 3. Services from Overseas |  |  |  |  |
| a. Expertise 1 |  |  |  |  |
| b. Expertise 2 |  |  |  |  |
| **II. Out of Pocket Expenses** |  |  |  |  |
| 1. Travel Costs |  |  |  |  |
| 2. Daily Allowance |  |  |  |  |
| 3. Communications |  |  |  |  |
| 4. Reproduction |  |  |  |  |
| 5. Equipment Lease |  |  |  |  |
| 6. Others |  |  |  |  |
| **III. Other Related Costs** |  |  |  |  |
| **TOTAL** |  |  |  |  |

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

*[Designation]*

*[Date]*

1. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-1)