**Section IV. Financial Proposal - Standard Forms**

#### **FPF-1: Financial Proposal Submission Form**

*[Location, Date]*

To: *[Name of Chairperson and address of IOM Mission]*

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for *[insert Title of consulting services]* in accordance with your Request for Proposal (RFP) dated *[insert date]* and our Proposal (Technical and Financial Proposals). Our attached Financial Proposal is for the sum of *[Amount in words and figures].*  This amount is exclusive of the local taxes, which we have estimated at *[Amount(s) in words and figures].*

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the validity period of *[insert validity period]* of the Proposal.

We acknowledge and accept the IOM right to inspect and audit all records relating to our Proposal irrespective of whether we enter into a contract with the IOM as a result of this Proposal or not.

We confirm that we have read, understood and accept the contents of the Instructions to Service Providers/ Consulting Firms (ITC), Terms of Reference (TOR), the Draft Contract, the provisions relating to the eligibility of Service Providers/ Consulting Firms, any and all bulletins issued and other attachments and inclusions included in the RFP sent to us.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

### **FPF– 2: Summary of Costs**

|  |  |  |
| --- | --- | --- |
| **Costs** | **Currency** | **Amount(s)** |
| I - Remuneration Cost (see FPF- 3 for breakdown) |  |  |
|  |  |  |
| **Total Amount of Financial Proposal 1** |  |  |

 1 Indicate total costs, net of local taxes, to be paid by IOM in each currency. Such total costs must coincide with the sum of the relevant

 subtotal indicated in all Forms FPF-3 provided with the Proposal.

Authorized Signature:

Name and Title of Signatory:

### **FPF-3: Breakdown of Costs by Activity**

|  |  |
| --- | --- |
| Group of Activities (phase):2  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Description: 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cost Component | Costs |
| Currency | Amount |
| Remuneration 4 |  |  |
| Reimbursable Expenses 4 |  |  |
| Subtotals |  |  |

 1 Form FPF3 shall be filed at least for the whole assignment. In case some of the activities require different modes of billing and payment

 (e.g. the assignment is phased, and each phase has a different payment schedule), the Service Provider(s) or Consulting Firm shall fill a

 separate Form FPF-3 for each Group of activities.

2 Names of activities (phase) should be same as or corresponding to the ones indicated in Form TPF-8.

3 Short description of the activities whose cost breakdown is provided in this Form.

4 For each currency, Remuneration and Reimbursable Expenses must coincide with relevant Total Costs indicated in FPF-4 and FPF-5.

Authorized Signature:

Name and Title of Signatory:

### **FPF-4: Breakdown of Remuneration per Activity**

[Information provided in this Form should only be used to establish payments to the Service Provider(s) or Consulting Firm for possible additional services requested by Client/IOM]

|  |  |  |
| --- | --- | --- |
| **Name of Staff** | **Position** | **Staff-month Rate** |
| Professional Staff |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Support Staff |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

 1 Names of activities (phase) should be same as, or corresponds to the ones indicated in

 Form TPF-8.

 2 Short description of the activities whose cost breakdown is provided in this Form.

Authorized Signature:

Name and Title of Signatory:

### **FPF-5: Breakdown of Reimbursable Expenses**

[Information provided in this Form should only be used to establish payments to the Service Provider(s) or Consulting Firm for possible additional services requested by Client/IOM]

|  |  |  |
| --- | --- | --- |
| **Description1** | **Unit** | **Unit Cost2** |
| 1. Subsistence Allowance |  |  |
| 2. Transportation Cost |  |  |
| 3. Communication Costs |  |  |
| 4. Printing of Documents, Reports, etcetera |  |  |
| 5. Equipment, instruments, materials, supplies, etcetera |  |  |
| 6. Office rent, clerical assistance |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1 Delete items that are not applicable or add other items according to Paragraph 7.2 of Section II-Instruction to Service Providers/ Consulting Firms

2 Indicate unit cost and currency.

Authorized Signature:

Name and Title of Signatory: