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INTERNATIONAL FOUNDATION FOR ELECTORAL SYSTEMS

(IFES)

Request for Proposal and Technical Specifications for Disability Access Needs Assessment in Ukraine

RFP/15/055

January 9, 2015

TABLE OF CONTENTS

1	INTR	ODUCTION	3
	1.1 1.2	PURPOSE	
2	GENE	ERAL INFORMATION	3
	2.1 2.2	THE ORGANIZATION	
3	PROP	OSAL PREPARATION INSTRUCTIONS4	1
	3.1 3.2 3.3 3.4 3.5 3.6	SERVICE PROVIDER'S UNDERSTANDING OF THE INQUIRY	4 4 5 5
4	SCOP	E OF WORK	5
5	FUNC	TIONAL REQUIREMENTS	5
	5.1 5.2	TIMELINE	
6	QUAI	LIFICATIONS & REFERENCES	7
7	BUDG	GET & ESTIMATED PRICING	7
8	ADDI	TIONAL TERMS & CONDITIONS	3
0	8.1 8.2 8.3 8.4 8.5 8.6 8.7	Non-Disclosure Agreement. 8 Costs 8 Intellectual Property 8 Service Provider's Responses. 8 Partial Awarding. 8 No Liability 8 Entire RFQ 8	8 8 8 8 8 8 8
9		ICE PROVIDER CERTIFICATION	
		ILE "A"10	
SC	CHEDU	JLE "B"11	L

1 INTRODUCTION

1.1 Purpose

The purpose of this Request for Proposal (RFP) is to invite prospective Ukrainian civil society organizations (CSO) to submit a proposal and technical specifications for assessment of access for persons with disabilities in electoral and political processes. The RFP provides service providers with the relevant operational and performance requirements.

1.2 Coverage & Participation

IFES reserves the right not to enter into any contract, to add and/or delete elements, or to change any element of the coverage and participation **prior to the award** without prior notification at any time without any liability or obligation of any kind or amount.

2 GENERAL INFORMATION

2.1 The Organization

The International Foundation for Electoral Systems (IFES) is an independent, non-governmental organization providing professional support to electoral democracy. IFES promotes democratic stability by providing technical assistance and applying field-based research to the electoral cycle worldwide to enhance citizen participation and strengthen civil societies, governance and transparency.

IFES is working with the Central Election Commission (CEC) to improve electoral access for persons with disabilities. The first step in this process is to analyze the current degree of access through a comprehensive needs assessment. The needs assessment will aim to:

- 1. Identify and assess the barriers facing persons with disabilities and the impact on their participation in political life due to this limited access;
- 2. Identify gaps between existing legislation, regulation, policies and procedures and Ukraine's commitments under the UN Convention for the Rights of Persons with Disabilities.

2.2 Schedule of Events

The following tentative schedule will apply to this RFP, but it may change in accordance with the IFES' needs or unforeseen circumstances. Changes will be communicated by email to all bidders.

- Issuance of RFP on January 9, 2015 Ukraine time 12:00
- Technical Questions/Inquiries Due by
- Answers/Addenda from IFES on
- RFP Closes on

- January 15 2015 Ukraine time 17:00
- January 22, 2015 Washington, DC time 17:00
- February 6, 2015 Ukraine time 17:00

3 PROPOSAL PREPARATION INSTRUCTIONS

3.1 Service Provider's Understanding of the Inquiry

In responding to this RFP, the service provider accepts full responsibility to understand the RFP in its entirety, and in detail, including making any inquiries to IFES as necessary to gain such understanding. IFES reserves the right to disqualify any service provider who demonstrates less than such understanding. Further, IFES reserves the right to determine, at its sole discretion, whether the service provider has demonstrated such understanding. Such disqualification shall be at no fault, cost, or liability whatsoever to IFES.

3.2 Good Faith Statement

All information provided by IFES in this RFP is offered in good faith. Individual items are subject to change at any time. IFES makes no certification that any item is without error. IFES is not responsible or liable for any use of the information or for any claims asserted there from.

3.3 Communication

Verbal communication shall not be effective unless formally confirmed in writing by a specified procurement official in charge of managing this RFP process. In no case shall verbal communication govern over written communication.

3.3.1 Notice of Intention: Service providers' interested in bidding to this RFQ are encouraged to notify IFES of their interest as soon as possible by filling and sending to the contact below the Notice of Intention herewith attached as *Schedule A*. However, the Notice of Intention is not mandatory and is does not legally bind the interested service providers.

Attention:Elizabeth DurbinFax:+1 202 350 6701E-mail:edurbin@ifes.org

3.3.2 Service Providers' Inquiries. Applicable terms and conditions herein shall govern communications and inquiries between IFES and Service Providers as they relate to this RFP. Inquiries, questions, and requests for clarification related to this RFP are to be directed in writing to:

Attention:Elizabeth DurbinFax:+1 202 350 6701E-mail:edurbin@ifes.org

- **3.3.3** Formal Communications shall include, but are not limited to:
 - Questions concerning this RFP must be submitted in writing.

- Errors and omissions in this RFP and enhancements. Service Providers shall recommend to IFES any discrepancies, errors, or omissions that may exist within this RFP. With respect to this RFP, Service Providers shall recommend to IFES any enhancements, which might be in IFES best interests.
- Inquiries about technical interpretations must be submitted in writing.
- Addenda to this RFP.
- **3.3.4** Addenda: IFES will make a good-faith effort to provide a written response to the questions or request for clarification that requires addenda per the *Schedule of Events in 2.2*.

3.4 Proposal Submission

It's mandatory for bidders to send proposals in electronic copy via e-mail to both Elizabeth Durbin at IFES Headquarters (<u>edurbin@ifes.org</u>) and Melanie Poulsen in Kyiv (<u>mpoulsen@ifes.org</u>) on or prior to the closing date and time shown in the *Schedule of Events in 2.2*. All submitted proposals must be in the English language.

3.5 Criteria for Selection

The evaluation of each response to this RFP will be based on its demonstrated competence, compliance, format, and organization. The purpose of this RFP is to identify those suppliers that have the interest, capability, and financial strength to supply IFES with the services identified in the Scope of Work.

Evaluation Criteria:

1.	Products' Quality	30%
2.	Price	20%
3.	Timeline	25%
4.	Experience	25%

3.6 Selection and Notification

Service Providers determined by IFES who possess the capacity to compete for this contract will be selected to move into the negotiation phase of this process. Written notification will be sent to these Service Providers via mail. Those Service Providers not selected for the negotiation phase will not be notified.

4 SCOPE OF WORK

Under IFES' *Building the Capacity of Electoral and Political Actors Program*, funded by the Canadian Department of Foreign Affairs, Trade and Development (DFATD), IFES will select one Ukrainian CSO to conduct a needs assessment of access for persons with disabilities in electoral and political processes.

Working closely with IFES, the Grantee will:

- Conduct a desk review of relevant literature, legislation, policies and procedures on disability and political participation which includes an analysis of gaps in compliance with the UN Convention on the Rights of Persons with Disabilities.
- Conduct interviews and focus groups with DPOs, NGOs, CEC officials, Parliamentarians and other relevant stakeholders, both in Kyiv and in the regions.
- Develop focus group reports summarizing findings.
- Document relevant quotes from key stakeholders.
- Send 1-2 representatives from the organization to participate in the Zero Project Conference on political participation of persons with disabilities, to be held February 26-27, 2015 in Vienna, Austria.
- Produce brief report on lessons learned from the Zero Project Conference
- With guidance from IFES Access and Inclusion Specialist, produce an assessment report of between 20 and 40 pages (excluding annexes and attachments) that includes:
 - An assessment of the accessibility of elections and the electoral system to persons with disabilities, taking into account international best practices and standards as well as Ukraine's obligations under the Convention on the Rights of Persons with Disabilities;
 - A discussion of the barriers faced to full participation in elections by persons with disabilities;
 - Recommendations for changes to policies, procedures and legislation to facilitate full participation of persons with disabilities as voters, candidates, Parliamentarians, observers, election commission members and electoral staff;
 - Meeting log detailing names, titles and date of each interview and focus group.
- Submit monthly financial reports in a form acceptable to IFES.

5 FUNCTIONAL REQUIREMENTS

An applying local CSO must:

- Be an NGO legally registered by the Ministry of Justice or its regional departments;
- Have a strong, established financial management and reporting system;
- Must not be affiliated with any political parties or engaged in any political activities;
- Prior experience and demonstrated expertise in implementation of projects related to the political rights of persons with disabilities, and prior history of successfully managing project grants and contracts;
- Proposals submitted to the competition must be original and the sole work of the applicant organizations.
- Professional monitoring and evaluation mechanisms using performance indicators are used to measure interim and final results;

• Must have the organizational capacity to implement the project in a timely and effective manner, and comply with the managerial, financial and administrative requirements of the grant.

5.1 Timeline

Service Provider must submit timeline (preferably in the form of a Gantt chart) in the proposal showing the time required to carry out each stage of the assessment, as well as the final written product. IFES expects the final assessment report to be **completed on or about May 1, 2015**, all **technical reporting to be completed by May 15, 2015** and **financial reporting to be completed by May 31, 2015**.

5.2 License, Clearance and Approvals

In the presence of any local legal requirement to produce or deliver the products and/or services described in the Scope of Work, the service provider will include the time needed to obtain possible, licenses, clearances and/or approvals in the timeline.

6 QUALIFICATIONS & REFERENCES

The applying service provider must provide the following information in order for their proposal to be considered:

- 1. A brief outline of the company and services offered, including:
 - Full legal name and address of the company
 - Full legal name of company's President and / or Chief Executive Officer
 - Registration Documents
- 2. Evidence of successful completion of a project of a similar size and complexity.
- 3. References: Contact information for no less than three references from projects similar in size, application, and scope and a brief description of their implementation (including location and year)
- 4. A completed IFES Pre-Award Survey (See Schedule B)

7 BUDGET & ESTIMATED PRICING

The applying Service Provider will fill out the following cost breakdown for the implementation of their solution for IFES's project as described in this RFP. The Service Provider must agree to keep these prices valid for minimum 90 calendar days.

The budget must be in US Dollars (USD). Applying Service Providers are expected to supply a budget narrative describing costs supplied. Unit prices are required and in the case of discrepancies between unit price and total price, the unit price will be taken as reference basis in the evaluation. Technical Specifications must be shown per each item. Please see *Schedule C* for the budget template. Potential

Service Providers may receive a budget template by contacting either Elizabeth Durbin at IFES Headquarters (<u>edurbin@ifes.org</u>) or Melanie Poulsen in Kyiv (<u>mpoulsen@ifes.org</u>).

8 ADDITIONAL TERMS & CONDITIONS

8.1 Non-Disclosure Agreement

IFES reserves the right to require the Service Provider to enter into a non-disclosure agreement.

8.2 Costs

The RFP does not obligate IFES to pay for any costs, of any kind whatsoever, which may be incurred by a Service Provider or third parties, in connection with the Response. All Responses and supporting documentation shall become the property of IFES, subject to claims of confidentiality in respect of the Response and supporting documentation.

8.3 Intellectual Property

The Respondent should not use any intellectual property of IFES including, but not limited to, all logos, registered trademarks, or trade names of IFES, at any time without the prior written approval of IFES, as appropriate.

8.4 Service Provider's Responses

All accepted Responses shall become the property of IFES and will not be returned.

8.5 Partial Awarding

IFES reserves the right to accept all or part of the quotation when awarding the purchase order.

8.6 No Liability

IFES reserve the right to accept or reject any quotation or stop the procurement process at any time, without assigning any reason or liability.

IFES shall not be liable to any Service Provider, person, or entity for any losses, expenses, costs, claims, or damages of any kind:

- Arising out of, by reason of, or attributable to, the Service Provider responding to this RFP; or
- As a result of the use of any information, error, or omission contained in this RFP document or provided during the RFP process.

8.7 Entire RFQ

This RFP, any addenda to it, and any attached schedules, constitute the entire RFP.

9 Service Provider Certification

This certification attests to the Service Provider's awareness and agreement to the content of this RFP and all accompanying calendar schedules and provisions contained herein.

The Service Provider must ensure that the following certificate is duly completed and correctly executed by an authorized officer of your company.

This proposal is submitted in response to RFP/15/055 issued by IFES. The undersigned is a duly authorized officer, hereby certifies that:

(Service Provider Name)

agrees to be bound by the content of this proposal and agrees to comply with the terms, conditions, and provisions of the referenced RFQ and any addenda thereto in the event of an award. Exceptions are to be noted as stated in the RFQ. The proposal shall remain in effect for a period of 90 calendar days.

The undersigned further certify that their firm (check one):

	IS	
\square	IS	NOT

currently debarred, suspended, or proposed for debarment by any federal entity. The undersigned agree to notify IFES of any change in this status, should one occur, until such time as an award has been made under this procurement action.

Person[s] authorized to negotiate on behalf of this firm for purposes of this RFP are:

Name:	Title:	
Signature:	Date:	
Name:	Title:	
Signature:	Date:	
Signature of Au	uthorized Officer:	
Name:	Title:	
Signature:	Date:	

SCHEDULE "A"

NOTICE OF INTENTION

RFP/15/055

From:

Name:	[INSERT COMPANY NAME]
Contact:	[INSERT NAME OF AUTHORIZED REPRESENTATIVE]
Phone:	[INSERT TELEPHONE NO.]
Fax:	[INSERT FAX NO.]
Email:	[INSERT E-MAIL]

Please state your intention with regard to the subject Request for Proposal by selecting one of the following:

[] Intends to respond to IFES Request for Proposal

[] Does not intend to respond to IFES Request for Proposal

TO:

International Foundation for Electoral Systems Attention: Elizabeth Durbin Fax: +1 202 350 6701 E-mail: <u>edurbin@ifes.org</u>

SCHEDULE "B"

Pre-Award Survey of Accounting Systems and Financial Capability Questionnair For Non-US NGO Subrecipients

Acceptance of a subaward from IFES creates a legal duty on the part of the subrecipient to use the available funds in accordance with the provisions of the subaward and applicable U.S. Federal Regulations.

The purpose of this questionnaire is to provide IFES with current information to assess the financial and organizational capacity of a prospective subrecipient and to identify any need for technical assistance to ensure proper accountability in the even ta subaward is made. All information requested in the questionnaire should be answered in English as completely as possible, using supplemental sheets if neessary.

The subrecipient's questionnaire should be returned to IFES as soon as possible. If the proposal is accepted for consideration, the subrecipient's completed questionnair must be received prior to the issuance of a subaward by IFES.

SECTION A: General Information

Please complete this section which provides general information on your organization.

Legal Name of Organization								
Mailing Address								
Street Address (if different)								
Telephone Fax Number Other (Email) 1. What is your organization type (profit, non-profit, private volunteer organization, university, etc.)?								
2. Is your organization	incorporated or registered?	,						
Yes:		No:						
3. When and where was your organization incorporated or registered?								
Please provide a copy of y	your organization's incorpo	ration or regi	stration certificate.					

Enclosed: 🗆 Not enclosed (Explain): 🛛

4. What is your organization's tax status?

5.	Please provid	e a copy of	any info	ormation which des	cribes yc	our organization,	its mission a	nd history:
			Enclosed	l:□		Not enclosed	(Explain):	
6.	ls your organi	zation affil	iated wi	th any other organi	zation:			
		,	Yes:		No:			
	If yes, ple	ease provid	le details	s:				
7.	Please list the	names of	the follo	wing individuals:				
Presi	dent/Director	· .						
Secre	etary	-						
Chief	Financial Offi	icer _						
Cont	roller/Accoun	tant _						
8.	List the numb	er of emplo	oyees of	your organization:				
Full-1	lime Employe	es:	Part-Tim	e Employees:	Consult	ants:		
9.	Enter the beg	inning and	ending o	lates of your organ	ization's	fiscal year:		
From	(Month, Day)		To (Month, Day)				
	Financial Info reports.	rmation. P	lease co	mplete the request	ed infor	mation and prov	ide a copy of	your most recent financial
Curre	ent year inform	mation (ind	licate pe	riod)				
Reve	nues:	U.S.D. \$ _			Local C	urrency :		
Ехре	nses:	U.S.D. \$ _			Local C	urrency :		
Asset	ts	U.S.D. \$ _			Local C	urrency :		
Liabil	lities:	U.S.D. \$ _			Local C	urrency :		
				Exchange Rate:		per \$1 U.S.I) .	
Prior	year informa	tion (indica	ite perio	d)				

 Revenues:
 U.S.D. \$ ______
 Local Currency : ______

 Expenses:
 U.S.D. \$ ______
 Local Currency : ______

Exchange Rate: _____ per \$1 U.S.D.

11. Will your organization have other sources of U.S.Government funds during the period of the IFES subaward

Yes: 🗆 No:

If Yes, what is the estimated value of U.S. Government funding that your organization receives per year?

\$_____

SECTION B: Internal Controls

Internal controls are procedures which ensure that: 1) financial transactions are approved by an authorized individual and are consistent with laws, regulations, and the organization's policies, 2) assets are maintained safely and controlled, and 3) accounting records are complete, accurate, and are maintained on a consistent basis.

Please complete the following questions concerning your internal controls:

- 1. List the name and position title for the following area(s):
 - Responsible for cash, bank accounts, or equipment.

Cash:______
Bank Account:______
Equipment:______

- Responsible for reviewing expenditures to make sure they are allowable.
- Responsible for keeping all receipts and other documentation to support expenses charged to this grant.
- Responsible for signing checks.
- Responsible for maintaining the accounting records.
- Responsible for reconciling bank statements to the accounting records.
- Responsible for preparing financial and narrative reports.
- 2. Describe the types of reconciliations performed, and how frequently they are performed.

Type of reconciliation			Frequency			
3.	Are timesheets mainta	ined for	each empl	oyee who is paid	2	
		Yes:		No:		
4.	Is each employee's sala	ary docu	mented in	an employment l	etter or contract?	
		Yes:		No:		

5. Do you maintain inventory records?

Yes:
No:
(if no, explain)

6. How often do you check inventory records to the actual inventory?

SECTION C: Accounting system

The purpose of an accounting system is to: 1) accurately record all financial transactions, and 2) ensure that financial transactions are supported by invoices, timesheets or other documentation. The type of accounting system often depends upon the size of an organization. Some organizations may have computerized accounting systems while others use a manual system to record each transaction in a ledger.

In all cases, IFES' subaward funds must be properly authorized, used for the intended purpose and recorded in an organized and consistent manner.

 Briefly describe your organization's accounting system. At a minimum, describe: a) any manual ledgers used to record transactions (general ledger, cash disbursements ledger, accounts payable ledger, etc); b) any computerized accounting system used (please indicate the type); c) how recorded transactions are summarized for financial reporting purposes, and d) the frequency of financial reports.

2. Do you have written accounting policies and procedures?

Yes: 🗆 No: 🗆

3. Are your financial reports prepared on a:

Cash basis: 🛛 Accrual basis: 🗆

4. Can the accounting records identify the receipts and payments of an IFES grant from the receipts and payments of other activities?

- Yes: 🗆 No: 🗆
- 5. Can the accounting records summarize payments by budget category?

Yes: 🗆	No:
--------	-----

6. How will you ensure that line item and overall budget limits for the IFES subaward will not be exceeded?

7. Do you maintain invoices, vouchers, and timesheets for all payments made from subaward funds?

Yes: 🗆 No: 🗆

8. Are there any circumstances in which invoices, vouchers, and timesheets cannot or will not be obtained?

	Yes:	🗆 (explain)	No:	
Priofly doscribo your s	raonizoti	on's system for fil	ling and m	aintaining comporting documentation
Briefly describe your o	organizati	ion's system for fil	ling and m	aintaining supporting documentation.
Will you be able to ma	intain ac	counting records i	including i	nvoices vouchers and timesheets for at least three year
			including i	nvoices, vouchers, and timesheets for at least three year
			including i	nvoices, vouchers, and timesheets for at least three year
			including i No:	nvoices, vouchers, and timesheets for at least three year
	l report is	s submitted?		
	l report is	s submitted?		
	l report is	s submitted?		
	l report is	s submitted?		
Will you be able to ma after the final financia	l report is	s submitted?		

11. Do you have an audited indirect cost rate?

Yes: \Box (enclose approved rates) **No:** \Box

SECTION D: Funds Control

IFES' subrecipients receiving advances of subaward funds must maintain a separate bank account for IFES' funds. Access to the bank account should be limited to authorized individuals. Bank balances should be reconciled periodically to the accounting records. If cash cannot be maintained in a bank, it is very important to have strict controls over its maintenance and disbursement.

1. Can a separate bank account be established just for IFES' subaward funds?

Yes:	No:	

2. Will any cash from IFES funds be maintained outside the bank (in petty cash form, etc.)?

Yes: 🗆 No	. 🗆
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If yes, please explain the amount of funds to be maintained, the purpose and person responsible for safeguarding these funds.

3. If you don't have a bank account, what do you do to make sure that cash is maintained safely?

4. If IFES subaward funds will be held in a non-U.S. bank, please answer the following:

a.	Are bank deposits insured by the government?
----	--

Yes:	No:	

b. Do you intend to convert U.S. currency to foreign currency?

Yes: 🛛 No: 🗆

c. Are there any government restrictions on the number of bank accounts a single organization may maintain?

Yes: 🛛 No: 🗆

d. Are there any government or bank restrictions on the use of checks for making payments or withdrawals? (Please explain.)

Yes: 🗆	No:	
--------	-----	--

e. Are checks usually accepted by vendors?

Yes: 🛛 No: 🗆

f. Will it be possible for you to establish a bank account in U.S. dollars?

Yes: 🗆 No: 🗆

g. Are there any government or bank restrictions, taxes, or other charges that will be placed on U.S. dollar bank accounts? (Please explain.)

		Yes:		No:	
h.	Are there any	/ taxes or	other charges when	i convert	ing U.S. dollars to local currency? (Please explain).
		Yes:		No:	

RFP/15/055

SECTION E: Audit

		rd provisions on prior audit		-	erformed	d of your accounting	records.	Please provide the following
1.	Have ex	ternal accoun	tants evei	performed an aud	lit of you	r organization's finan	cial state	ments?
			Yes:		No:			
2.	lf an aud	dit was perfor	med, plea	se provide this offi	ce with a	copy of your most re	ecent repo	ort.
		Enclose	ed:□					
3.	Does yo	ur organizatio	on have re	gular audits?				
			Yes:		No:			
	а.	lf yes, who p	performs t	he audit and how f	frequentl	y is it performed?		
	b.	lf you receiv	ve an IFES'	subaward, will IFE	S' subaw	ard funds be included	d in such a	an audit?
			Yes:		No:		N/A (n	ot applicable): 🛛 🗆
	c.	If yes, would	d it appea	r as a separate proj	ject?			
			Yes:		No:		N/A:	
	d.	Would the r	eport be p	prepared in, or tran	islated in	to English?		
			Yes:		No:		N/A:	
4.		-		ndition, laws, or ins audit of your orga			would p	revent an independent
			Yes:		No:			
lf y	es, please	provide deta	ils:					

Prepared by:			
	Printed Name	Signature	
	Title	Date	
Approved by:			
	Printed Name	Signature	
	Title	Date	

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SCHEDULE "C" Budget Template

Please Note: This is a templa unique. You can delete and ac					Period 1		Το	hal
unque. Tou can delete and ad	in mes as needed of gio	up and ungroup rows an			r enoù 1		10	lai
				2/1	/2015 - 8/31/2	2015		
Title/Category	Name	Rate	Per	Units	Rate	Amount	Units	Amount
1. DIRECT LABOR - Coope	rating Country Nationals	(CCN) (Labor & Bene	fits)					
Cooperating Country National			110)					
TBD TBD	TBD TBD		0 /month 0 /month	0 0	0	\$0 \$0	0 0	\$0 \$0
	Subtotal C	ooperating Country Na	tionals (CCNs)	0		\$0	0	\$0
CCN Benefits		Subtota	l CCN Benefits			\$0		\$0
1. Total Direct Labor (CCN)	(Labor & Benefits)					\$0		\$0
2. CONSULTANTS								
Local Consultants - Consultant - 1			0 /day	0	0*	\$0	0	\$0
Consultant -2			0 /day 0 /day	0	0	\$0 \$0	0	\$0 \$0
			2					
		Subtotal Loca	al Consultants -	0		\$0	0	\$0
International Consultants - Consultant - 1			0 /day	0	0	\$0	0	\$0
Consultant -2			0 /day	0	0	\$0 \$0	0	\$0 \$0
		Subtotal Internationa	-	0		\$0	0	\$0
2. Total Consultants				-		\$0	-	\$0
3. TRAVEL, TRANSPORTA	TION & PER DIEM					φυ		φυ
In-Country Travel (Field)								
Airfare (Origin/Destination)			0 /round trip	0	0	\$0	0	\$0
Perdiem (Lodging) - City			0 /day	0	0	\$0	0	\$0
Perdiem (M&IE) - City			0 /day	0	0	\$0 \$0	0	\$0 \$0
Airport Transportation			0 /trip	0	0	20	0	\$0
		Subtotal In-Countr	y Travel (Field)			\$0		\$0
Field Office - Local Transpor Local Transportation	rtation (Field)		0/month	0	0	\$0	0	\$0
		Subtotal In-Countr		0	0	<u>\$0</u>		\$0
		Subiolul In-Countr	y 11uvei (Fieill)			\$ 0		ቅሀ
Travel Services						<i></i>	-	
Interpreter/Facilitator Travel Insurance			0 /each	0 0	0	\$0 \$0	0	\$0 \$0
Travel insurance			0 /day/person	0	0		0	
		Subtotal	Travel Services			\$0		\$0
3. Total Travel, Transportation	on & Per Diem					\$0		\$0

4. FURNITURE & SUPPLIES - EXPENDABLE (<\$5,000)	1			1		
Office Furniture & Equipment						
Office Workstations & Desk Furniture (Technical Staff)	0 /each	0	0	\$0	0	\$0
Bookshelves	0 /each	0	0	\$0	0	\$0
Office Chairs	0 /each	0	0	\$0	0	\$0
Other (detail)	0 /each	0	0	\$0 \$0	0	\$(
	0 /eden	Ŭ	0	φυ	0	ψ
IT Equipment (Computer Accessories & Software (Start Up)						
Computer Accessories (e.g. Modem, External Drives)	0 /each	0	0	\$0	0	\$(
Server & Workstations (includes computers)	0 /each	0	0	\$0	0	\$0
Server & Workstations (software)	0 /each	0	0	\$0	0	\$
Other (detail)	0 /each	0	0	\$0	0	\$(
4. Total Furniture & Supplies - Expendable (<\$5,000)				\$0		\$(
5. SUB-AWARDS / SUB-CONTRACTS						
Programmatic						
5. Total Sub-Awards / Sub-Contracts				\$0		\$(
5. TOTAL SUD-AWARDS / SUD-COMPACTS				φU		
6. OFFICE EXPENSES						
Operational Costs - Expenses			_			
Office Lease Expense-Field Office 1	0 /month	0	0	\$0	0	\$
Office Utility Expense-Field Office 1	0 /month	0	0	\$0	0	\$
Communication Expense	0 /month	0	0	\$0	0	\$0
Office Supplies	0 /month	0	0	\$0	0	\$0
Other Office Costs (please detail)	0 /month	0	0	\$0	0	\$0
6. Total Office Expenses				\$0		\$(
7. SPECIAL EVENT EXPENSES (Excluding Airfare & Per Diem	1 for International Facilitators))				
Project Activities		0		¢0	0	.
Briefings	0 /month	0	0	\$0 \$0	0	\$0
Meetings	0 /month	0	0	\$0 \$0	0	\$(
Other (Study Tour, Lessons Learned, Summer Camp)	0 /workshop	0	0	\$0	0	\$0
7. Total Special Event Expenses (Excluding Airfare & Per Diem)				\$0		\$(
8. OTHER DIRECT COSTS						
Other Expenses				1		
Subscriptions	0 /each	0	0	\$0	0	\$0
Bank Charges	0 /year/type	0	0	\$0	0	\$0
Translation	0 /month	0	0	\$0	0	\$(
Other Insurance	0 /year	0	0	\$0	0	\$0
8. Total Other Direct Costs				\$0		\$
TOTAL DIRECT COSTS (1-8)				\$0		\$(