**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 per diems under B. and reimbursable costs under C. 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****(only one Expert per field)** | **Daily rate (EUR)** | **Number of units** | **Unit** | **Total fee (EUR)** |
|  |  |  | day |  |
| **Total fees (EUR)** |  |
| 1. **PER DIEM**
* *per diem may be proposed up to the maximum levels as specified in Annex 9*
* *per diem includes**accommodation, meals, local travel (including, but not limited to, travel to and from airports and sundry expenses)*
* *full general conditions applicable to the payment of per diem can be found in Annex 8*
* *lines may be added as needed*
 |
| **Location** | **Per diem rate (EUR)** | **Number of days** | **Total per diem (EUR)** |
|  |  |  |  |
|  |  |  |   |
| **Total per diems (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*
* *may not include cost covered by D. Work plan budget*
* *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)** |  |
| **D. Work plan budget** |
| **Cost item** | **Unit cost (EUR)[where applicable]** | **Number of units [where applicable]** | **Unit** | **Total work plan budget****(EUR)** |
| The work plan budget will be used for costs related to interpretation, translation, domestic travel of stakeholders, meetings and alike.  | 12,000 | x | x | 12,000 |
| **Total work plan budget (EUR)** | 12,000 |
| **TOTAL (EUR)****=Total fees + Total per diems + Total reimbursable costs+ Total work plan budget***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