

Subcontractor Name:
 Client Name
 Solicitation #
 Period of Performance:

In-Country Salary Escalation: 5%
 US-Based Salary Escalation: 3%
 ODC Inflation: 5%

All amounts shown are in USD.

SECTION	ITEM	Unit Cost	Unit	Year 1			Year 2			Total	
				# of Units	Unit Cost	Subtotal Cost	# of Units	Unit Cost	Subtotal Cost	Units	Cost
I.	LABOR (SALARIES & WAGES)										
	Direct Long Term Labor:										
	Expatriate/TCNs										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Local Nationals (CCN) Key Personnel										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	CCN Non- Key Personnel										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Local Support Staff										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Short Term Technical Assistance:										
	Expatriate STTA										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Local STTA										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Home Office										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	TOTAL LABOR (SALARIES & WAGES)					\$ -			\$ -		\$ -
II.	FRINGE BENEFITS	0%	/salary			\$ -			\$ -		\$ -
III.	TRAVEL AND TRANSPORTATION										
	Assignment to Post and Entitlement										
	Airfare - [To] - [From]	\$ -	/One Way	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	International Travel										
	Airfare - [To] - [From]	\$ -	/Round Trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -

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SECTION	ITEM	Unit Cost	Unit	Year 1			Year 2			Total	
				# of Units	Unit Cost	Subtotal Cost	# of Units	Unit Cost	Subtotal Cost	Units	Cost
	Per Diem	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Ground Transportation	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Taxis To and From Airport	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Local Travel										
	Airfare - [To] - [From]	\$ -	/Round Trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Per Diem	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Ground Transportation	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Taxis To and From Airport	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	TOTAL TRAVEL AND TRANSPORTATION				\$ -	\$ -		\$ -	\$ -		\$ -
IV.	ALLOWANCES (EXPATRIATE)										
	Shipping of Household Effects										
	To Post	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	From Post	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Storage of Household Goods in US	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Post Differential	\$ -	/salary	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/TBD	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/TBD	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	TOTAL ALLOWANCES (EXPATRIATE)				\$ -	\$ -		\$ -	\$ -		\$ -
V.	EQUIPMENT										
	[TBD]	\$ -	/each	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/each	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/each	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/each	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/each	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	TOTAL EQUIPMENT				\$ -	\$ -		\$ -	\$ -		\$ -
VI.	SUPPLIES										
	[TBD]	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	TOTAL SUPPLIES				\$ -	\$ -		\$ -	\$ -		\$ -
VII.	TRAININGS, MEETINGS & WORKSHOPS										
	[TBD]	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/event	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	TOTAL TRAININGS, MEETINGS & WORKSHOPS				\$ -	\$ -		\$ -	\$ -		\$ -
VIII.	OTHER DIRECT COSTS										
	Consultants										
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[Staff Name] - [Position]	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Subtotal Consultants				\$ -	\$ -		\$ -	\$ -		\$ -

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SECTION	ITEM	Unit Cost	Unit	Year 1			Year 2			Total	
				# of Units	Unit Cost	Subtotal Cost	# of Units	Unit Cost	Subtotal Cost	Units	Cost
Consultant Travel											
International Travel											
	Airfare - [To] - [From]	\$ -	/Round Trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Per Diem	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Ground Transportation	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Taxis To and From Airport	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
Local Travel											
	Airfare - [To] - [From]	\$ -	/Round Trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Per Diem	\$ -	/day	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Ground Transportation	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Taxis To and From Airport	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
Subtotal Consultant Travel						\$ -		\$ -		\$ -	
Communications											
Telecommunications											
	Phone/Fax/Email to Field	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Phone/Fax/Email to US	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
Courier Services											
	International	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Domestic	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
Subtotal Communications						\$ -		\$ -		\$ -	
Field Office											
	Rent	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Utilities	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Security	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Cleaning/Maintenance	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Materials/Supplies	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
Subtotal Field Office						\$ -		\$ -		\$ -	
Home Office											
	Travel Insurance	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	DBA Insurance (2%)	\$ -	/salary	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Visas	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Immunizations	\$ -	/trip	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	Materials/Supplies	\$ -	/month	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/TBD	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
	[TBD]	\$ -	/TBD	0	\$ -	\$ -	0	\$ -	\$ -	-	\$ -
Subtotal Home Office						\$ -		\$ -		\$ -	
TOTAL OTHER DIRECT COSTS						\$ -		\$ -		\$ -	
IX. Sub-Grants											
Sub-grants to Local Organizations						\$ -		\$ -		\$ -	
TOTAL SUB-GRANTS						\$ -		\$ -		\$ -	
TOTAL DIRECT COSTS						\$ -		\$ -		\$ -	
X. INDIRECT COSTS											
Overhead		0%	/TBD	0	\$ -	\$ -		\$ -	\$ -		\$ -
G & A		0%	/TBD	0	\$ -	\$ -		\$ -	\$ -		\$ -
TOTAL INDIRECT COSTS						\$ -		\$ -		\$ -	
XI. FEE		0%	/cost		\$ -	\$ -		\$ -	\$ -		\$ -

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SECTION	ITEM	Unit Cost	Unit	Year 1			Year 2			Total	
				# of Units	Unit Cost	Subtotal Cost	# of Units	Unit Cost	Subtotal Cost	Units	Cost
TOTAL ESTIMATED COSTS						\$ -			\$ -		\$ -

Note: Cost Line Items are indicative & should therefore be adjusted as appropriate/applicable

Cost Proposal Narrative

Please delete all yellow highlighted text once the budget narrative is complete. In addition please change all blue text back to black once the necessary information has been completed.

Project Assumptions and Waiver Requests

Please include any overachieving project assumptions and waiver requests as needed.

- **Exchange Rate:** For evaluation purposes, a fixed conversion rate of (XXX) to 1.00 US Dollar (USD) has been applied to all proposed costs. All payments will be made to the contractor in the form of USD.
- **Salary Increases:** Salary increases for all US-based personnel are budgeted at X%. Salary increases for in-country personnel are budgeted at X%. Salary increases will be granted after completion of each twelve month period of satisfactory services under this contract.
- **Basis of Estimate:** Proposed costs are based on a combination of historical experience in-country, market research, and discussions with the prime contractor. All proposed costs are for the purposes of budget estimation. Actual costs will be billed as incurred during project implementation.

Labor

Please discuss in detail all staff budgeted including name, position on the contract, job responsibilities, qualifications, basis of daily rate proposed, and location of staff (i.e. headquarters/home office, in-country).

Staff Name	Position	Daily Rate Proposed	Total Level of Effort	Job Responsibilities
[Staff Name]	[Position]	[Daily Rate]	[LOE]	[Description of job responsibilities]

Level of Effort is based off of a full-time equivalent of XXX days per year.

Fringe Benefits

Please customize based off of your organization's application of fringe benefits (i.e. – different rates applied in US vs. in-country).

Fringe Benefits are budgeted at a rate of XXX%. The fringe rate proposed is used for the purposes of budget estimation; however, ORGANIZATION NAME will bill based on actual costs incurred for fringe benefits during project implementation. At all times ORGANIZATION NAME will seek to be compliant

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with local law, which may change during the course of project implementation. Thus, budgeted fringe benefits may change over time.

Travel and Transportation

Please indicate any overarching assumptions used in the development of travel estimates including basis of estimate. Please describe your organization’s travel policy.

Project Year	Number of Trips	Staff Traveling	Origin/ Destination	Trip Duration	Purpose of Trip
[Project Year]	[Number of trips]	[Staff Name]	[Origin]/[Destination]	[Trip Duration]	[Description of purpose of trip]

Airfare: The budget incorporates the below estimates for round-trip airfare. Note that where applicable, airfare estimates are budgeted in compliance with the Fly America Act.

- International travel from [From] to [To], economy, round-trip: \$X,XXX
- Local travel from [From] to [To], economy, round-trip: \$X,XXX

Per Diem: The budget incorporates the below estimates for Per Diem. For the purposes of budget estimation, Per Diem rates are budgeted in compliance with the U.S. Department of State published rates.

- **Location:** \$XXX per day

Ground Transportation: The budget incorporates an estimate of \$XXX per trip for ground transportation expenses.

Taxis To and From Airport: The budget incorporates an estimate of \$XXX per trip for taxis to and from the airport.

Allowances (Expatriate)

Please include a detailed description any allowances budgeted for expatriate staff including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section can be deleted if no expatriate staff is budgeted.

Equipment

Please include a detailed description of any equipment budgeted including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section can be deleted if no equipment is budgeted.

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Supplies

Please include a detailed description of any supplies budgeted including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section can be deleted if no supplies are budgeted.

Trainings, Meetings & Workshops

Please include a detailed description of any trainings, meetings & workshops budgeted including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section should include a detailed table with a cost breakdown per training/meeting/workshop that ties directly to the budget. Example line item breakdowns include training materials, venue rental, travel, Per Diem and lodging for participants and facilitators, etc. This section can be deleted if no trainings, meetings & workshops are budgeted.

Consultants

Please discuss in detail all consultants budgeted including name, position on the contract, job responsibilities, qualification, basis of daily rate proposed, and location of staff (i.e. headquarters/home office, in-country).

Consultant Name	Position	Daily Rate Proposed	Total Level of Effort	Job Responsibilities
[Staff Name]	[Position]	[Daily Rate]	[LOE]	[Description of job responsibilities]

Consultant Travel

Please indicate any overarching assumptions used in the development of travel estimates including basis of estimate. Please describe your organization's travel policy.

Project Year	Number of Trips	Consultant Traveling	Origin/ Destination	Trip Duration	Purpose of Trip
[Project Year]	[Number of trips]	[Staff Name]	[Origin]/[Destination]	[Trip Duration]	[Description of purpose of trip]

Airfare: The budget incorporates the below estimates for round-trip airfare. Note that where applicable, airfare estimates are budgeted in compliance with the Fly America Act.

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Title
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- International travel from [From] to [To], economy, round-trip: \$X,XXX
- Local travel from [From] to [To], economy, round-trip: \$X,XXX

Per Diem: The budget incorporates the below estimates for Per Diem. For the purposes of budget estimation, Per Diem rates are budgeted in compliance with the U.S. Department of State published rates.

- **Location:** \$XXX per day

Ground Transportation: The budget incorporates an estimate of \$XXX per trip for ground transportation expenses.

Taxis To and From Airport: The budget incorporates an estimate of \$XXX per trip for taxis to and from the airport.

Communications

Please include a detailed description of any communication expenses budgeted including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section can be deleted if no communication expenses are budgeted.

Telecommunications: Phone/Fax/Email to Field: The budget incorporates an estimate of \$XXX per month for phone, fax, and email communications to the field.

Telecommunications: Phone/Fax/Email to US: The budget incorporates an estimate of \$XXX per month for phone, fax, and email communications to the US.

Courier Service: International: The budget incorporates an estimate of \$XXX per month for international courier services.

Courier Service: Domestic: The budget incorporates an estimate of \$XXX per month for domestic courier services.

Field Office

Please include a detailed description of any field office expenses budgeted including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section can be deleted if no field office expenses are budgeted.

Rent: The budget incorporates an estimate of \$XXX per month for field office rent.

Utilities: The budget incorporates an estimate of \$XXX per month for field office utilities.

Security: The budget incorporates an estimate of \$XXX per month for field office security.

Cleaning/Maintenance: The budget incorporates an estimate of \$XXX per month for field office cleaning and maintenance.

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Materials/Supplies: The budget incorporates an estimate of \$XXX per month for field office materials and supplies.

Home Office

Please include a detailed description of any home office expenses budgeted including a description of the line item budgeted, unit cost, basis of estimate for unit cost, and number of units budgeted per year. This section can be deleted if no home office expenses are budgeted.

Travel Insurance: The budget incorporates an estimate of \$XXX per international trip for emergency evacuation insurance.

Defense Base Act (DBA) Insurance: The budget incorporates an estimate of 2% of salary expenses incurred during international travel for DBA insurance.

Visas: The budget incorporates an estimate of \$XXX per person for visas.

Immunizations: The budget incorporates an estimate of \$XXX per person for immunizations prior to international travel.

Materials/Supplies: The budget incorporates an estimate of \$XXX per month for Home Office materials and supplies.

Sub-Grants to Local Organizations

Please include a detailed description of any sub-grants budgeted and how these sub-grants will be managed financially and administratively. This section should be very robust in detail and supported with examples from any grants management manual/policy your organization maintains. This section can be deleted if no sub-grants are budgeted.

Indirect Costs

Please include a detailed breakdown of all indirect costs proposed and the basis of these costs (i.e. – what indirect rates are applied to which costs). Please ensure that supporting documentation for all indirect rates proposed are included within. If your organization has an approved indirect rate agreement, please include a copy. Otherwise, please include financial statements that support the basis of the indirect rate proposed. If your organization has not budgeted any indirect costs, this section can be deleted; however, please ensure that any direct costs associated with general and administrative costs are clearly explained within.

Fee

Please include the fee percentage proposed (if any) and explain your organization's fee policy.



CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (<i>Last, First, Middle</i>)		2. Contractor's Name	
3. Employee's Address (<i>include ZIP code</i>)		4. Contract Number	5. Position Under Contract
		6. Proposed Salary	7. Duration of Assignment
8. Telephone Number (<i>include area code</i>)	9. Place of Birth	10. Citizenship (<i>If non-U.S. citizen, give visa status</i>)	
11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment			

12. EDUCATION (<i>include all college or university degrees</i>)				13. LANGUAGE PROFICIENCY (<i>see Instruction on Page 2</i>)		
NAME AND LOCATION OF INSTITUTION	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading
					2/S	2/R
					2/S	2/R
					2/S	2/R

14. EMPLOYMENT HISTORY

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.

2. Salary definition – basic periodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, commissions, consultant fees, extra or overtime work payments, overseas differential or quarters, cost of living or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (<i>M/D/Y</i>)		Annual Salary
		From	To	Dollars

15. SPECIFIC CONSULTANT SERVICES (*give last three (3) years*)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (<i>M/D/Y</i>)		Days at Rate	Daily Rate In Dollars
		From	To		

16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee	Date
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17. CONTRACTOR'S CERTIFICATION (*To be signed by responsible representative of Contractor*)

Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fraudulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.

Signature of Contractor's Representative	Date
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INSTRUCTION

Indicate your language proficiency in block 13 using the following numeric Interagency Language Roundtable levels (Foreign Service Institute Levels). Also, the following provides brief descriptions of proficiency levels 2, 3, 4, and 5. "S" indicates speaking ability and "R" indicates reading ability. For more in-depth description of the levels refer to USAID Handbook 28 or superseding policy directive.

2. Limited working proficiency

S Able to satisfy routine special demands and limited work requirements.

R Sufficient comprehension to read simple, authentic written material in a form equivalent to usual printing or typescript on familiar subjects within familiar contexts.

3. General professional proficiency

S Able to speak the language with sufficient structural accuracy and vocabulary to participate effectively in most formal and informal conversations on practical, social, and professional topics.

R Able to read within a normal range of speed and with almost complete comprehension of a variety of authentic prose material on unfamiliar subjects.

4. Advanced professional proficiency

S Able to use the language fluently and accurately on all levels normally pertinent to professional needs.

R Able to read fluently and accurately all styles and forms of the language pertinent to professional needs.

5. Functional native proficiency

S Speaking proficiency is functionally equivalent to that of a highly articulate well-educated native speaker and reflects the cultural standards of a country where the language is natively spoken.

R Reading proficiency is functionally equivalent to that of the well-educated native reader.

PAPERWORK REDUCTION ACT INFORMATION

The information requested by this form is necessary for prudent management and administration of public funds under USAID contracts. The information helps USAID estimate overseas logistic support and allowances, the educational information provides an indication of qualifications, the salary information is used as a means of cost monitoring and to help determine reasonableness of proposed salary.

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this collection of information is estimated to average thirty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

United States Agency for International Development
Office of Acquisition and Assistance
Policy Division (M/OAA/P)
Washington, DC 20523-7100;

and

Office of Management and Budget
Paperwork Reduction Project (0412-0520)
Washington, DC 20503

NAME

Summary of Professional Experience

- Experience working on projects relevant to early grade reading;
- No. of years of directly relevant experience:
- Demonstrated experience developing teaching and learning materials and training to support the Khmer early grade curriculum and current textbooks;
- Participation in the current LTA team to develop TLM and training materials for Khmer language as part of the All Children Reading-Cambodia supported preschool/grade 1 package.
- **Availability:** Number of days per week that key personnel would be available (the ideal amount is 4-5 days per week)

Education

Professional Experience (list of current and previous employment)

Languages

References

Name	Telephone Number	Email
Reference 1		
Reference 2		
Reference 3		

NAME

Summary of Professional Experience

- Experience working on projects relevant to early grade reading;
- Experience delivering teacher training;
- **Availability:** Number of days that the person would be available (the ideal amount is 36 days or over but please propose what is realistic for each person)

Education

Professional Experience (list of current and previous employment)

Languages

NAME

Summary of Professional Experience

Education

Professional Experience (list of current and previous employment)

Languages

References

Name	Telephone Number	Email
Reference 1		

NAME

Summary of Professional Experience

- Experience working on early grade reading projects.
- The number of years of directly relevant experience
- Demonstrated experience developing teaching and learning materials and training to support the Khmer early grade curriculum and current textbooks.
- Demonstrated ability to provide quality technical input on the development of teaching and learning materials and training materials for Khmer language grade 1 – 3, using a collaborative approach, working in cooperation with multiple partners.
- Availability: Number of days per week that key personnel would be available (the ideal amount is 4-5 days per week).

Education

Professional Experience (list of current and previous employment)

Languages

References

Name	Telephone Number	Email
Reference 1		
Reference 2		

NAME

Summary of Professional Experience

Note: Master Trainers must be available for 36-41 days during the periods indicated in the calendar

- Experience working on projects relevant to early grade reading
- Experience delivering teacher training

Education

Professional Experience (list of current and previous employment)

Languages

References

Name	Telephone Number	Email
Reference 1		
Reference 2		

NAME

Summary of Professional Experience

Highlight experience relevant to early grade reading

Education

Professional Experience (list of current and previous employment)

Languages

References

Name	Telephone Number	Email
Reference 1		
Reference 2		
