GlobalQMS ID: 11008.6, 2 July 2021 DELETE BEFORE SENDING TO CLIENT

Instructions: This provides a helpful template for budgeting, which matches Chemonics' own. Feel free to add missing line items, delete line items that are not applicable, edit to reflect your organization's indirect rate structure, etc.

In addition to completing this budget template, please provide a narrative that explains your assumptions, calculations, and origins for base/units and rate.

Line Item	B #1.11	
	Base/Units Rate	e Total
I. Salaries		
A. Short-Term Expatriates/TCNs Title, Name		\$0
Title, Name		\$0
Subtotal, Short-Term Expatriates/TCNs		\$0
B. Long-Term Local Professionals		
Title, Name Title, Name		\$0 \$0
Subtotal, Long-Term Local Professionals		\$0
C. Short-Term Local Professionals Title, Name		\$0
Title, Name		\$0
Subtotal, Short-Term Local Professionals		\$0
D. Home-Office Professionals		
Title, Last Name Title, Last Name		\$0 \$0
Subtotal, Home-Office Professionals		\$0
Total, Salaries		\$0
II. Fringe Benefits		
A. Local Direct Fringe		
i. Long-Term Local Professionals Health Insurance		\$0
Pension Plan		\$0
13th Month		\$0
Severance Workers' Compensation Insurance		\$0 \$0
Total, Fringe Benefits		\$0

Notes:

For all labor, please indicate the name and title of the individual proposed, the level of effort required (under base/units), and the daily rate of the individual.

Per your cost accounting structure, if any of the persons proposed above are eligible for fringe benefits, please indicate the type of benefit offered and the rate calculation.

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	Line Item		Dit	T.4.1
		Base/Units	Rate	Total
III. Tra	vel and Transportation			
	•			
A.	U.S. Travel			\$0
В.	International Travel			\$0
C.	Airport Taxes			\$0
D.	Regional/In-Country Travel			\$0
otal, Tra	avel and Transportation			\$(
IV. Allo	owances			
۸	Day Diagram			Φ
A.	Per Diem			\$
otal, All	owances			\$(
\	D' - 1 0 - 1			
v. Oth	ner Direct Costs			
A.	DBA Insurance (base = salaries + post diff + danger pay)			\$
л. В.	Business Travel Accident, War Risk, and Security Evacuation Insurance			\$
٥.	Short-Term Expatriates/TCNS & Home-Office Travelers			\$
C.	Medical Exams			\$
	Short-Term Expatriates/Home-Office Travelers			\$
D.	Inoculations			\$
E.	Passports/Visas/Work Permits			\$
F.	Communications			\$
G.	Legal Costs			\$
H.	Reproduction Costs			\$
I.	Expendable Supplies			\$
J.	Vehicle Maintenance and Fuel			\$
K.	Vehicle Rental			\$
L.	Insurance (Vehicle, Liability, Other)			\$
M.	Software Licenses			\$
N.	Temp (Edit/Translation/Clerical/Language Training)			\$
Ο.	Technical Materials/Memberships			\$
P.	Conferences/Meeting Expenses			\$
Q.	Surveys			\$
R.	Media Promotions			\$
S.	Promotional Materials			\$
T.	Computer Information Services			\$
U.	Value Added/Sales Taxes			\$
otal Ot	her Direct Costs			Ş

Notes:

Please indicate any travel costs required for the scope of work.

For any travel, please include any per diem costs, as per your organization's travel policy.

Include any other costs associated with completion of the scope of work.

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Line Item			
Line item	Base/Units	Rate	Total
VI. Equipment, Vehicles, and Freight			
A. Information Technology Hardware and Software B. Office Equipment			\$0 \$0
Total, Equipment, Vehicles, and Freight			\$0
VII. Training A. In-Country Training (ICT)			\$0
Total, Training			\$0
Grand Total			\$0

Don't forget to add your organization's indirect costs.

Please provide a total cost per milestone based on the line item budget above.

\$ -
\$ -
\$ \$ \$ \$ \$ \$ \$ \$

Notes: