Call for Expression of Interest

**Consultancy to support One Health activities in Asia and the Pacific Region**

**Annex 1
(to be returned; completed and signed as Financial offer)**

|  |  |  |
| --- | --- | --- |
|  | **Unit day(s)**  | **Cost in EUR****(*must include consultancy fees and any additional fees*)** |
| Consultancy day of work (daily rate)  | 1 | **EUR…** **(*including consultancy fees and any additional fees*)** |

The scope of work is described on article 2 “duties and responsibilities” of the CFEOI.

**As a reminder, the number of consultancy days of work cannot exceed 40 person-days by quarter and 120 person-days in 12 months.**

**Name and Title of duly authorized representative: ……………………………………………………**

**Date: …………………………………………………………………………………………………………….**

**Signature:**