



**POVERTY AND HUMAN DEVELOPMENT
MONITORING AGENCY (PHDMA)
PLANNING AND CONVERGENCE DEPARTMENT
GOVERNMENT OF ODISHA**



Letter No. 300/06/22 Date 6.4.2023

CORRIGENDUM-I

TOTHE REQUEST FOR PROPOSAL (RFP)

Sub: Selection of Agency for providing Services of Theme-based Professionals for Monitoring & Evaluation in Human Development Perspective.

The last date for receipt of *Proposals* invited from the interested Bidders for providing Services of Theme-based Professionals for Monitoring & Evaluation in Human Development Perspective advertised vide this office letter of invitation No. 226 dated 10.03.2023 has been further extended to **25.04.2023**. Accordingly, the date of major events under this bid process has also been extended; interested Bidders may take note of the following.

| Sl. No. | List of Key Events | Critical Dates |
|---------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | Last Date for Submission of Bid | 25.04.2023 |
| 3 | Date of Opening of Technical Bid | 28.04.2023 (Time: 11.00 PM, Venue: Conference Hall, PHDMA, P & C Department, 2 nd Floor, North Annex Building, Lokaseva Bhavan, Ph: 0674-2391075) |
| 4 | Date of Technical Proposal Presentations | 28.04.2023 |
| 5 | Date of Opening of Financial Bid | 09.05.2023 |

Further, interested bidders are hereby requested to use revised forms i.e., No. *FIN-2* and *FIN-3* enclosed herewith as **Annexure-I** for submission of their *Financial Proposal* along with their *Technical Proposal* and other documents as indicated in RFP invitation No. 226 dated 10.03.2023.

All other terms & conditions mentioned stand unaltered.

A-P
6.4.2023
OSD, PHDMA

Memo No 301 /PH.,

Dated 06 April, 2023

Copy forwarded to the Head, State Portal Group, IT Center, Lokaseva Bhavan, Bhubaneswar along with the soft copy of *Corrigendum* with a request to host the same in the Government of Odisha Portal.

A-P
6.4.2023
OSD, PHDMA

EIN-2**SUMMARY OF FINANCIAL PROPOSAL**

| | | | | |
|---------------------------------|--------------------------------------------------------------|----------------------|------------------------------|--------------|
| Name of the Assignment : | | | | |
| Sl. No. | Fee Particulars | Amount in INR | | |
| A | Remuneration for Key Professionals | | | |
| | Description of Manpower | Qty | Monthly Rate (in INR) | Total |
| 1 | Theme-based Professional-Narrative Based Evaluation (Oral) | 1 | | |
| 2 | Theme-based Professional-Visual Anthropology (Visual) | 1 | | |
| 3 | Theme-based Professional-Data Sensing | 1 | | |
| B | Total Remuneration for Key Professionals | | | |
| C | Overhead | | | |
| D | Consulting Fee(B+C) | | | |
| E | Taxes applicable as per GST Act@ _____% of Consulting Fee(D) | | | |
| Grand Total (INR) (D+E) | | | | |
| In Words | | | | |

NB:

1. Bidders shall submit the financial proposal as per the prescribed format given above in both figures and words, and signed by the Authorized Representative. In the event of any difference between figures and words, the amount indicated in words shall prevail.
2. Taxes will be paid by the Client as per the applicable rate under GST Act from time to time. Consultancy fee proposed for the assignment shall remain fixed till completion of the contract.

Authorized Signatory [In full and initials]: _____

Name and Designation with Date & Seal: _____

FIN-3

DETAIL BREAK-UP OF FEE OF KEY PROFESSIONALS

| Sl.No | Position | Requirement | Name of Key Person | Monthly Fee in INR | Yearly Fee in INR | Total Fee in 36 months (INR) |
|-----------------|------------------------------------------------------------|-------------|--------------------|--------------------|-------------------|------------------------------|
| 1 | Theme-based Professional-Narrative Based Evaluation (Oral) | 1 | | | | |
| 2 | Theme-based Professional-Visual Anthropology (Visual) | 1 | | | | |
| 3 | Theme-based Professional- Data Sensing | 1 | | | | |
| Total | | | | | | |
| In Words | | | | | | |

Authorized Signatory [In full and initials]: _____

Name and Designation with Date & Seal: _____