**Bid format (To be submitted in PDF version)**

**State Consultant – Inclusive Education, Community and Sports**

| **Task/ Activity** | **Deliverables** | **Estimated deadline for completion of deliverable (please mention as day required and the month as per the TOR)** | **Estimated travel required for completion of deliverable (please mention destination/ number of days required as per the TOR)** | **Consultant’s proposal****Complete timeframe for deliverable** | **Consultants’ proposal****Cost (INR)(All inclusive i.e. professional fee, travel, DSA, communication, etc.)** |
| --- | --- | --- | --- | --- | --- |
| Support development of plan of action, and training material for inclusive education under SSA and RMSA | * Plan of action for Inclusive Education under SSA and RMSA
* Training manual and plan for promoting Inclusive Education in SSA and RMSA
 | 31 October 201560 days | 4 days2 districts |  |  |
| Support grading and strengthening of SMCs in all districts under SSA/RMSA | Report on support provided for grading & strengthening of SMCs in all districts | 31 December 201560 days | 6 days 3 districts |  |  |
| Support community survey on disability  | Survey report on disability |  |  |
| Support 'Mein Hoon Champion' sports for youth development in villages, KGBVs, JMSS. | Separate reports on key achievements of MHC for 20000 youth in 480 villages of 12 affected districts; KGBVs and also JMSS | 29 February 201660 days | 6 days 3 districts |  |  |
| Support development of SSA/RMSA/TE plan development with focus on CFS, ABL and IE | * Annual work plan for IE of SSA
* Annual work plan of RMSA
* Annual Work Plan of TE
 | 30 April 201660 days | 6 days 3 districts |  |  |
| Support Meena radio programme and Inclusive Education in selected schools of at least 2 districts | Report on support provided to Meena radio prog.  | 30 June 201660 days | 6 days4 districts |  |  |
| Report on support provided on IE in selected schools of at least 2 districts  |  |  |
| Documentation of good practices  | Submit documents of good practices |  |  |

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| *Shaded area to be filled in by consultant* |  |  |  |  |  |
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| **Name of the Bidder:** |  |  |  |  |  |
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| **Address:** |  |  |  |  |  |
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| **Contact no.:** |  |  |  |  |  |
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| **Email address:** |  |  |  |  |  |
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