**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 2015  60 days | 4 days  2 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 2015  60 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 2016  60 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 2016  60 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 2016  60 days | 6 days  4 districts |  |  |
| Report on support provided on IE in selected schools of at least 2 districts |  |  |
| Documentation of good practices | Submit documents of good practices |  |  |

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