Attachment 2- Cost Proposal-Deliverable Specifications and Price table

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| **No**  | **Deliverable** | **Criteria for Acceptance**  | **Delivery time**  | **Percentage (%) of total contract sum** | **Total Price-LKR** |
| 1. | Assessment Report that:* Identifies the gaps in the current organization web portal and its member outreach initiatives.
* Determines the internal requirements and technical aspects needed based on the expected outcomes and objectives.
* Proposes a Course of Action and Project Timeline
 | Written report / presentation with copy to PSD signed and acknowledged by the designated officer of WCIC | 30 Days from the date of commencement | 20% |  |
| 2. | Execute and complete web portal design & marketing workplan as per projected timeline.  | Workplan completion report signed and acknowledged by the designated officer of WCIC | 90 Days from the date of commencement | 50% |  |
| 3. | Analysis & evaluation of the effectiveness of the implemented improvements and a roadmap for medium- and long-term developments  | Written campaign execution report/ presentation detailing learnings and results and roadmap for future development signed and acknowledged by the designated officer of WCIC | 120 Days from the date of commencement | 20% |  |
| 4 | Signing of agreement on maintaining the relaunched website for a period of one calendar year from activity completion. | Copy of the signed agreement between WCIC & the Service Provider.  | 120 days from the date of commencement  | 10% |  |
|  **Total Price (LKR)-** |  |

Note:

Validity of Offer (Minimum 90 days) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Currency of Offer (should be in LKR): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Terms: Minimum two weeks accepted after completion of each deliverable as described above:

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| Service Provider detailsService Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_