

DO NOT TYPE IN THE SHADED CELLS

CAP Project code:
Project title:
Organization:

Total Estimated Budget USD -

***Other funding: please indicate if there is any other funding or resources (cash or in-kind) received toward activities of this project**
****Cost Type: please indicate cost type against each budget line to indicate whether cost is direct (D) or indirect (I)**

PART I										PART II				
(a) Items Description (Insert more budget line rows as needed)	(b) Location	(c) ** Cost Type D or I	(d) Unit of measurement	(e) Percentage/ FTE	(f) Quantity	(g) Unit Cost	(h) Total CHF Cost	(i) *Other funding to this project including in-kind	Forecast Budget Year 2018					
									Q1	Q2	Q3	Q4	Total	
									JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC		
1	RELIEF ITEMS and TRANSPORTATION (please separate relief items and transportation budget lines)													
1.1							0							
1.2							0							
1.3							0							
1.4							0							
1.5							0							
Sub-total									0					
2	PERSONNEL (provide detailed information on responsibility/title, post location and the percentage dedicated to the CHF project)													
2.1							0							
2.2							0							
2.3							0							
2.4							0							
2.5							0							
Sub-total									0					
3	STAFF TRAVEL (Flights, DSA, Perdiem, Terminals - Describe the nature of the travel and staff members responsibility/title)													
3.1							0							
3.2							0							
3.3							0							
3.4							0							
Sub-total									0					
4	TRAININGS, WORKSHOPS, SEMINARS, CAMPAIGNS - (Describe type of training, number of participants, duration)													
4.1							0							
4.2							0							
4.3							0							
Sub-total									0					
5	CONTRACTS/SUB GRANTS (Specialized services for the project provided by outside contractors or partners/NGOs)													
5.1							0							
5.2							0							
5.3							0							
Sub-total									0					
6	VEHICLE OPERATING & MAINTENANCE COSTS (provide detailed information on item/activity)													
6.1							0							
6.2							0							
Sub-total VEHICLE OPERATING & MAINTENANCE COSTS									0					
7	OFFICE EQUIPMENT & COMMUNICATIONS (provide detailed information on item/activity)													
7.1							0							
7.2							0							
Sub-total									0					
8	OTHER COSTS (e.g. bank charges) - provide itemized description of costs.													
8.1							0							
8.2							0							
Sub-total									0					
(i) SUBTOTAL Project Costs									0					
(ii) Programme Support costs														
Not to exceed 7% of Project requirements(A)														
(iii) AUDIT COSTS for NGO implemented projects														
NOT LESS THAN 1% of the Project Costs(A) and PSC(B)													0	
GRAND TOTAL (i+ii+iii)									0					

Check \$\$

****Total Direct (D) Cost** 0 #####
****Total Indirect (I) Cost** 0 #####
Check>> 0 #####