Name of Company
Address of Company:

**Project Title** 

Submitted To: Family Health International – FHI 360/Alive & Thrive Project

	I				
	Cost Category	%	Rate	/Unit	Total (INR)
I	SALARIES AND WAGES	70	11440	701110	10001 (11(11)
-	(limited to staff providing direct service)				
	(				
	TOTAL SALARIES AND WAGES				
II	TRAVEL AND TRANSPORTATION				
	TOTAL TRAVEL AND TRANSPORTATION				
III	SUPPLIES and SERVICES				
	TOTAL SUPPLIES AND SERVICES				
IV	PROGRAM DELIVERY COST				
	TOTAL PROGRAM DELIVERY COST				
	TOTAL DIRECT COSTS (DC)				
V	INDIRECT COSTS				
	GRAND TOTAL				