Financial Offer: Sign Language Translator

**Full Name:** **Date:**
**Address:**
**Country:**
**Phone:**
**Email:**

| | |
|---|---|
| Project Name | GIZ |
| Period of assignement | Till November 2026 |
| Currency | USD |

| Description | Unit (up to) | Type of Unit | Price per unit cost in USD | Total price in USD |
|---|---|---|---|---|
| The Sign Language Translator: Support program accessibility by interpreting during sessions, adapting training materials, and working with the outreach team to engage the deaf community | 100 | Hours | | |
| Transportation fees will be calculated by Km, based on the location of the training. | km | per 10 km | | |
| | | | **Total** | |
| | | | **VAT 11%** | |
| | | | **Total** | |

| Acknowledgments | Response (yes/no) |
|---|---|
| Acknowledgement that you are ready to achieve the deliverables by end of project | |
| Acknowledgement that you accept Bank Letter Payment Modality | |
| Validity offer by end of the project | |