



Rapid Response Fund

Approval

Project Code 06/2025
Humanitarian Response For Vulnerable Populations
Project Name Affected by Flood In Mokwa LGA of Niger State, Nigeria

The ACT Secretariat has approved the use of **USD 100,000** from its Global Rapid Response Fund (GRRF25) and would be grateful to receive contributions to wholly or partially replenish this payment.

Reporting Deadlines	
SitRep (<i>one month after approval</i>)	30 Jul 2025
Final Reports (narrative and financial)	31 Oct 2025
Audit Report (<i>for projects >USD50,000</i>)	30 Nov 2025

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Approved By:

Niall O' Rourke

Head of Humanitarian Affairs

ACT Alliance Secretariat

actalliance

Rapid Response Fund

Project Proposal

Do you have an EPRP	Yes
When was the last update	February, 20
Do you have a Needs Assessment for this	Yes

Please submit this form to the Humanitarian Coordinators in your region	Date submitted to ACT Secretariat
	19 Jun 2025

Section 1 Project Data

Project Information

Project Name	Humanitarian Response For Vulnerable Populations Affected by Flood In Mokwa LGA of
Project Code	06/2025
Country Forum	Nigeria
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	Christian Council of Nigeria (Nigerian Forum)
Name of person leading the project	Ephraim Yakubu Simon
Job Title	Director, CCNICS Jos
Email	ccnofnig.2010@yahoo.com, ccnpeacebuilding@gm
Location(s) of project (city / province)	Mokwa LGA-Niger State
Project start date (dd/mm/yyyy)	1 Jul 2025
Project end date (dd/mm/yyyy)	31 Aug 2025

Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	Member 1 CHRISTIAN COUNCIL OF NIGERIA			
	Male		Female	Total
Cash transfer for food	690		1230	1920
Household items	690		1230	1920
Psychosocial	70		130	200
WASH Items	690		1230	1920

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (extend rows 43, 44 and 45 if more space is needed)

The devastating floods has struck Mokwa Local Government Area of Niger State, Nigeria, causing widespread destruction and displacement. We urgently need support to provide life-saving assistance to the affected communities. The flood disaster, which occurred on May 29, 2025, has resulted in over 200 deaths, 800 people still missing, thousands displaced and widespread destruction of homes, infrastructure, and livelihoods in Mokwa, Niger State, in north-central Nigeria, according to State authorities. Many people, among them

children, are reportedly missing.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?

On May 29, 2025, Mokwa in Niger State, Nigeria, experienced one of the most catastrophic flash floods in the nation's recent history. Triggered by intense overnight rainfall, the flood rapidly overwhelmed local infrastructure. The situation worsened when a nearby dam collapsed, amplifying the floodwaters and devastation across the region. The human impact was severe: over people were confirmed dead, 800 reported missing, and at least 131 hospitalised with various injuries. Approximately 3,018 residents were displaced, many seeking shelter with relatives, friends, or in host communities due to limited emergency housing. Infrastructure damage was extensive. The collapse of the Mokwa bridge and two others severely hindered access and emergency response. Two major roads were destroyed, isolating affected areas. Over 250 homes and businesses were lost, and the agricultural sector suffered heavily, with more than 10,000 hectares of farmland destroyed—affecting livelihoods across Niger and neighboring states. This disaster highlights the growing threat of extreme weather events linked to climate variability and underscores the urgent need for effective early warning systems, resilient infrastructure, and comprehensive disaster risk reduction strategies in Nigeria.

More than 3,000 people have been displaced, according to the National Emergency Management Agency (NEMA). This includes over 1,600 children under the age of 12 and about 380 lactating mothers, according to UNICEF. Flooding has affected key roads and bridges, disrupting transport and economic activity. Mokwa is a transit hub, linking traders from southern Nigeria with food producers in the north. The town plays a strategic role in regional commerce and transportation. Priority humanitarian needs include emergency shelter, clean

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis.

Currently CCN does not have access to any funding to respond to this emergency situation in a bid to support the most vulnerable affected in these communities.☐

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular re

The proposed project will address the identified needs through a holistic life-saving response to meet the needs of affected communities in Mokwa LGA of Niger State. The perceived urgent needs are food/ Non-food items (NFIs) and WASH. Hence, we are proposing interventions within a 60-day implementation timeframe by providing these essential services through the following activities:

UNCONDITIONAL CASH TRANSFER: Assisting the most food-insecure people through Unconditional Mobile Cash Transfers. Cash transfers will be made to vulnerable Households targeting 320 households at 104 USD per HH/ once. The target reach is 1,920 people. The cash transfers will enable families to buy food and non-food items. The use of cash is in line with government policy which recommends using cash where markets

are functional. The use of cash is safe, cost-effective, and preferred by the project participants.

WASH: Through integrated WASH, the project will improve both sanitary and hygiene conditions in the camp by providing water purification solutions, and hygiene items including detergents, germicide, and fumigation materials for camps and use within clustered spaces. This will also be followed by awareness creation and sensitization sessions for hygiene promotion, including visual aids and demonstration sessions. This will minimize the risk of outbreaks of diseases, while also preparing households for first aid action in preparation for possible diseases such as cholera, with the onset of the rainy season. 320 households will be targeted with hygiene promotion sessions and risk communication messaging.

PSYCHOSOCIAL SUPPORT SERVICE: Psychosocial support services will be provided to 200 individual to be identified and referred through the referral pathways and other preferred channels by survivors, CCN has a Trauma Healing Center in Jos with skilled staff, this will work with other agencies, CSOs, and local partners to provide individual and group session. A minimum of 200 individuals will be provided with trauma counseling and psychosocial support services. The psychosocial support and trauma counselling component is a critical activity geared to helping the affected population process their experiences, manage their emotions, and gradually restore their dignity and well-being. Sessions will be sensitive to cultural and religious beliefs and will also ensure not re-traumatize survivors.☐

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

CCN has a chapter in Niger State who have a local presence across Mokwa LGA. Immediately after the approval of the RRF, CCN will conduct inception meetings in the LGA with the community stakeholders sharing the project objectives and targets.

CCN Niger state chapter will lead the beneficiary identification and selection in Mokwa LGA by rapidly deploying its pool of trained enumerators who are already familiar with the context and the terrain.

- Unconditional Cash Transfers (UCT) will be disbursed through the CCN who have experience working in a crisis context and with grassroots individuals in communities. Disbursing the monies would be well

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

Under this proposed immediate lifeline support intervention, the Christian Council of Nigeria plans to coordinate with the following stakeholders apart from working closely with other forum members:

1. Local Organizations and Community Leaders:

- Members of ACT-Alliance Nigerian Forum: We will work with members of the forum in Nigeria who have existing relationships with communities, knowledge of local needs, and infrastructure for outreach and distribution.
- Community-Based Organizations (CBOs): We plan to collaborate with CBOs rooted in the communities, including women's groups, youth associations, men's forums, and faith-based organizations. They provide valuable insights into cultural nuances, specific needs of different groups, and trusted access to participants.
- Traditional and Religious Leaders: We will not fail to engage with traditional chiefs, religious leaders, and elders who command respect and influence within the communities. They can be crucial for mobilizing community members, disseminating information, and ensuring cultural sensitivity in the intervention.

2. Government Agencies:

- Niger State Emergency Management Agency (NSEMA): as the government agency responsible for the coordination of emergency response – we will coordinate with NSEMA to leverage their disaster response expertise and coordination with national and international actors.

4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply. *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or*

Locally or within the affected areas	X		Regionally or neighbouring		I	n	t	e
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Do you have a procurement policy? What factors did you consider when you made this decision?

CCN has a Procurement Policy that is carefully crafted to guide the procurement process of project materials to ensure transparency, efficiency, compliance, and accountability of resources. When a procurement process is being done, the following factors are considered:

Value for money - CCN strives to purchase the best project materials balancing the cost considerations with quality and suitability to the needs.

Transparency and accountability - as guided by the policy, in all procurement processes clear procedures are adhered to in request for quotation, soliciting for tenders, awarding of contracts with procedures in place to prevent conflicts of interests.

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the participants of this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

CCN uses the standard of 6 members per household. A household is defined as people who live and eat together on a daily basis. The project targets to support: 320HH X 6 persons per HH = 1,920 persons. (690 Males /1,230 Females) For cash for food transfers to be secured. This will include children under five years old. 320 HH X 6 persons per HH = 1,920 (690 Males/1,230 Females) to have access to clean and safe water, and 200 persons (70 Males / 130 Females) to reduce stress through trauma healing sessions and counselling sessions. The NuTVal standard was used to determine the quantity, measurement, and ratio of the nutritional value of food items proposed as the amount for Cash assistance. Shere standard was also used to determine the essential Household hygiene, Water treatment, and personal hygiene items under the WASH intervention.

2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? *Please explain.*

Children: Under 5 years as they are at risk of malnutrition, stunted growth, severe illness such as cholera and death. They will be targeted to ensure they are food secure, access to safe water and basic sanitation to curb possible long-term consequences for their health and development.

Pregnant and lactating women: have increased nutritional requirements as they may not be able to meet their increased nutritional needs, putting them at risk of malnutrition. Malnutrition during pregnancy can lead to adverse outcomes such as low birth weight, preterm birth, and birth defects. Inadequate nutrition during lactation can also impair the quality and quantity of breast milk, affecting the health and growth of infants.

People with Disability: PWD often face unique challenges that can exacerbate their vulnerability like limited Access to Resources such as food, water, healthcare, and income-generating opportunities. Physical barriers, discriminatory attitudes, and lack of accessible transportation restricts their ability to access markets, food distribution points, and essential services. Thus, households with PWD will be targeted in this project.

The Elderly: The conflict has left the elderly very vulnerable as they have limited livelihood opportunities to earn non-agriculture-based income as they depend on their farms to access food. In addition, the elderly have

6. ONE Commitment 4: Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?

The target population in Mokwa, Niger State has been involved in the design through some Community Disaster Management Platforms (CDMP) in some of the at-risk communities in Mokwa LGA and is in strengthening advocacy channels with traditional and faith leaders, Community Development Associations The States Emergency Management Agency in Niger State through their community reach have are currently working with community and LGA stakeholders to conduct rapid vulnerability and capacity assessments and disaster management institutional capacity assessments. PWDs have been involved in the rapid needs assessment in their communities through their local clusters and associations, PLW(Pregnant and Lactating women) have been considered in the design using available data about their needs in the PHCs and other protection needs for vulnerable girls and women during and post disasters through protection networks and design of referral pathways for effective coverage and timely intervention and services.

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones including dates.*

This project will be focused on the provision of emergency assistance to the vulnerable flood victims of Niger State and at the end of the project, it is expected that the quality of life of these displaced persons will be improved and they have increased access to basic services. The unconditional cash transfer will improve access to food and basic resources needed for daily living. Furthermore, the menstrual hygiene needs of adolescent girls in all their diversity will be met, and there will be a significant reduction in the negative coping mechanisms. In line with this, it is expected that there would be a reduction in the cases of SGBV(Sexual and Gender Based Violence) within the IDP camps.

Additionally, through the distribution of NFIs(Non-food items), these vulnerable households will have access to basic and essential items, which will support them in living in a dignified manner in the IDP(Internally Displaced Persons) camps. There would be improved shelter conditions with the availability of household items such as toiletries, blankets, and mattresses, provided to households to reduce exposure to the cold weather and unfavourable sleeping conditions, including decongested bed spaces.

The integrated WASH activities will prevent any disease outbreaks and reduce the incidence of WASH-related diseases such as cholera at the household level.☐

2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?

The project risk includes; security and safety risks (kidnapping, violent conflicts), information and data breaches or loss, safeguarding, operational risks, reputational and fiduciary. For security and safety, the project will ensure all field travels will be done in accordance with established security and safety advisory, security assessments will be conducted for new locations and updated where they exist, also communications with the security team will be carried out frequently and support will extend to implementing partners. Emails and all project related data will be processed in line with the GDPR and trainings extended to partners to ensure awareness of regulations and measures to be taken in such events. Safeguarding is a low risk on the project considering the low frequency in contact with direct beneficiaries against the designed accountability measures and systems in place, furthermore, the project will carry out safeguarding training for partners and representatives and get them to sign commitments to through their own organizational policies, measures will also be taken to provide support in areas where gaps are recorded. Operational risks become high especially due to security breaches around the project locations, government interventions through curfew might hinder activity implementation, therefore alternative arrangements will be in place to carry out remote implementation through virtual meetings on Zoom, MS Teams and other reliable and secure platforms.

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2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

There will be a monitoring, evaluation and learning team led by the M&E Officer. A comprehensive monitoring strategy will be employed to ensure the project's effective implementation and impact. This will involve regular tracking of activities, progress against objectives, and immediate outputs and outcomes. The monitoring process will ensure transparency, accountability, and continuous improvement. The use of Activity Tracking Sheets: Project staff will fill out activity tracking sheets during and after the completion of each activity, noting the number of participants, location, and any immediate feedback.

Beneficiary Feedback Mechanisms: Regular feedback will be collected through suggestion boxes, feedback forms, and community meetings.

Monitoring and Evaluation (M&E) Framework: This will outline key indicators, data sources, and data collection methods. Also, an M&E plan will be developed, detailing specific indicators for each project component (food security, WASH, protection, and psychosocial support). To gather qualitative data on the project's impact and community perceptions Focus Group Discussions (FGDs) will be held with different community groups (women, men, youth, and vulnerable groups) to discuss the project's progress and any emerging issues. This will include Post Distribution Monitoring which will be done 2 weeks after distributions.

Monthly Progress Reports: To summarize project achievements, challenges, and learnings. ☐

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.

CCN has a Code of Conduct, and it is required that both staff and volunteers sign it upon engagement.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

The project will be guided by humanitarian principles that will guide the accountability plan that will hold CCN staff and stakeholders responsible for community engagement. There will be regular engagements with affected communities, and this will include informing, involving, and listening to them. Accountability of the project will involve functioning and open communication channels. Complaints and feedback mechanisms will be put in place that include the help desk and a designated hotline. All data transmissible to third parties will be anonymized before sharing while learnings gathered from all activities, on field experience, complaint and feedback will be adapted to ensure beneficiary satisfaction. All data processed will be in for learning and decision making purpose in this intervention and will be anonymized before sharing to Act Alliance where required. Monitoring assessments and PDM will be jointly conducted by CCN and forum member while analysis and reporting will be led by CCN.



Rapid Response Function

Financial Budget and Report

Project Code

06/2025

Project Name

Humanitarian Response For Vulnerable Populations Affected by
Flood In Mokwa LGA of Niger State, Nigeria

Budget Exchange rate (1 USD to local currency) **###**

Exchange rate source in this site:

http://www.floatrates.com/historical-exchange-rates.html?currency_date=2023-01-13&base_currency_code=PHP&format_type=html

Description		Type of Unit (Unit of Measurement)	No. of Units	Level of (LOE %)	Unit Cost local currency	Frequency	Budget	
							Naira	USD
DIRECT COSTS								
1 PROJECT STAFF								
1.2.1.	Project Manager (LOE 50% of N1	Per person	1	50%	#####	2	1,500,000	973
1.2.2.	Project Officer (100%)	Per person	1	100%	750,000	2	1,500,000	973
1.2.3.	Project Finance officer	Per person	1	80%	550,000	2	880,000	571
1.2.4.	M&E officer	Per person	1	60%	400,000	2	480,000	311
1.2.5.	Media & Documentation officer	Per person	1	100%	350,000	2	700,000	454
1.2.6.	Logistic Officer	Per person	1	100%	350,000	2	700,000	454
TOTAL PROJECT STAFF							5,760,000	3,738
2 PROJECT ACTIVITIES								
2.1.	Engagement:						2,040,000	1,324
2.1.1.	Staff Perdiem	per person	4	100%	35,000	4	560,000	363
2.1.2.	Staff Accommodation	per person	4	100%	65,000	3	780,000	506
2.1.3.	Vehicle Fueling	per trip	1	100%	350,000	2	700,000	454
2.2.	Enumerators:						3,100,000	2,012
2.2.1.	Staff Perdiem	per person	4	100%	35,000	4	560,000	363
2.2.2.	Staff Accommodation	per person	4	100%	65,000	4	1,040,000	675
2.2.3.	Refreshment	per person	10	100%	5,000	2	100,000	65
2.2.4.	Hall Hire(Venue)	per activit	1	100%	250,000	2	500,000	324
2.2.5.	Enumerators Transport Allowance	per person	10	100%	10,000	2	200,000	130

2.2.6.	Vehicle Fueling	per trip	1	100%	350,000	2	700,000	454
2.3.	Data Collection:						3,700,000	2,401
2.3.1.	Staff Perdiem	per person	5	100%	35,000	4	700,000	454
2.3.2.	Staff Accommodation	per person	5	100%	65,000	4	1,300,000	844
2.3.3.	Enumerators fee	per person	10	100%	100,000	1	1,000,000	649
2.3.4.	Vehicle Fueling for Data Collection	per trip	1	100%	350,000	2	700,000	454
2.4.	Visibility Materials:						1,258,000	816
2.4.1.	Roll up Banner	Per item	2	100%	100,000	2	400,000	260
2.4.2.	Large Visibility Banner (6 by 8)	Per item	2	100%	80,000	2	320,000	208
2.4.3.	Beneficiaries Card	Per item	320	100%	1,000	1	320,000	208
2.4.4.	Field Assistant Tag	Per item	10	100%	1,000	1	10,000	6
2.4.5.	Stickers	Pieces	320	100%	500	1	160,000	104
2.4.6.	Demarcation rope	Per bundle	4	100%	4,000	3	48,000	31
2.5.	Support)						11,340,000	7,358
2.5.1.	Staff Per-diem	per person	2	100%	35,000	4	280,000	182
2.5.2.	Staff Accommodation	per person	6	100%	65,000	4	1,560,000	1,012
2.5.3.	Hall Hire(Venue)	per activity	1	100%	200,000	4	800,000	519
2.5.4.	Transport reimbursement to Participants	per person	200	100%	5,000	2	2,000,000	1,298
2.5.5.	Facilitation Fee	per facilitator	4	100%	100,000	3	1,200,000	779
2.5.6.	Tea break	per person	200	100%	4,000	2	1,600,000	1,038
2.5.7.	Lunch	per person	200	100%	8,000	2	3,200,000	2,076
2.5.8.	Vehicle fueling for Psycho-social Support	per trip	1	100%	350,000	2	700,000	454
2.6.	Items:						59,872,000	38,850
2.6.1.	Mattresses (4X6X4)	Per HH	320	100%	50,000	1	16,000,000	10,382
2.6.2.	Blankets	Per HH	320	100%	30,000	1	9,600,000	6,229
2.6.3.	Torchlight	Per HH	320	100%	5,000	1	1,600,000	1,038
2.6.4.	Cooking pots (size 7)	Per HH	320	100%	15,000	1	4,800,000	3,115
2.6.5.	Rubber Bucket for Laundry and bathing	Per HH	320	100%	4,000	1	1,280,000	831
2.6.6.	Water Treatment (Water guard)	Per HH	320	100%	3,000	1	960,000	623
2.6.7.	Menstrual Kit - Sanitary pad	Per HH	320	100%	3,500	4	4,480,000	2,907
2.6.8.	Wrapper	Per HH	320	100%	8,400	2	5,376,000	3,488
2.6.9.	Mosquito Net	Per HH	320	100%	4,000	2	2,560,000	1,661
2.6.10.	Toothpaste	Per HH	320	100%	2,500	2	1,600,000	1,038
2.6.11.	Toothbrush	Per HH	320	100%	800	6	1,536,000	997
2.6.12.	Bathing soap (A pack of 6pcs)	Per HH	320	100%	3,000	1	960,000	623
2.6.13.	Laundry soap (Detergent & bar soap)	Per HH	320	100%	3,000	2	1,920,000	1,246
2.6.14.	Insecticide	Per HH	320	100%	2,500	1	800,000	519
2.6.15.	Rubber Bucket for storage of water	Per HH	320	100%	15,000	1	4,800,000	3,115
2.6.16.	Household Utensil (Cup, spoon, plate)	Per HH	320	100%	3,500	1	1,120,000	727
2.6.16.	Bags and Packaging	Per HH	320	100%	1,500	1	480,000	311
2.7.	Cash Transfer and Distribution of N160,000						56,150,000	36,435
	Direct Cash transfer of N160,000							
2.7.1.	each to 320 Households	Per HH	320	100%	160,000	1	51,200,000	33,223
2.7.2.	Staff Perdiem	Per person	5	100%	35,000	4	700,000	454
2.7.3.	Staff Accommodation	Per person	5	100%	65,000	4	1,300,000	844
2.7.4.	Warehouse rental	Per day	1	100%	250,000	3	750,000	487

2.7.5.	Vehicle fueling for the distribution of NFIs and WASH Items	Per person	1	100%	350,000	2	700,000	454
2.7.6.	Transportation of NFIs and WASH	Per trip	1	100%	700,000	1	700,000	454
2.7.7.	Field Assistance fee (Enumerators)	Per person	10	100%	50,000	1	500,000	324
2.7.8.	Crowd Control	Per person	10	100%	20,000	1	200,000	130
2.7.9.	Public Address System	Set	1	100%	100,000	1	100,000	65
TOTAL PROJECT ACTIVITIES							#####	89,195
3 PROJECT IMPLEMENTATION								
3.1	Forum Members Monitoring Visit						1,600,000	1,038
3.1.1	monitoring of Cash, NFIs and WASH items distribution	Per person	5	100%	35,000	2	350,000	227
3.1.2	for Cash, NFIs and WASH items monitoring	Per person	5	100%	65,000	2	650,000	422
3.1.3	Car hire for the monitoring visits	Per person	2	100%	150,000	2	600,000	389
TOTAL PROJECT IMPLEMENTATION							1,600,000	1,038
4 QUALITY AND ACCOUNTABILITY								
4.1	Post-distribution Monitoring:						-	-
4.1.1	Staff Per diem	Per person	5	100%	35,000	3	525,000	341
4.1.2	Staff Accommodation	Per person	5	100%	65,000	3	975,000	633
4.1.3	Vehicle fueling for post-distribution	Per trip	1	100%	350,000	2	700,000	454
TOTAL QUALITY AND ACCOUNTABILITY							2,200,000	1,428
TOTAL DIRECT COST							#####	95,399
INDIRECT COSTS: ADMINISTRATION & SUPPORT								
	Office Utilities	per month	1	100%	50,000	2	100,000	65
	Office stationery	per month	1	100%	125,000	2	250,000	162
	Phone and internet charges	per month	6	100%	30,000	2	360,000	234
	Audit Fee	Lumsum	1	100%	850,000	1	850,000	552
	Bank fees - Bank transfer charges	per month	1	100%	121,615	2	243,230	158
	Office Operations						1,803,230	1,170
	Overhead cost	Lumsum	1	100%	#####	1	5,287,770	3,431
	Other Administrative Cost:						5,287,770	3,431
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT							7,091,000	4,601
Percentage of Indirect Costs against Total Budget							5%	5%
Total Budget							#####	100,000

0 0.00