**Bid Submission Form**

|  |  |
| --- | --- |
| **Name of Bidder:** |  |
| **Contact Person:** |  |
| **Title:** |  |
| **Email Address:** |  |
| **Telephone Number:** |  |
| **Date of Bid:** |  |
| **Bid No:** | (IAL) No. 001-2020 |
| **Currency of Bid price:** | Soles (S/.) or Dólares (USD) |
| **Delivery time:**  *(The delivery time must be expressed in calendar days from receipt of order till dispatch. Note: maximum number of days: 21 calendar days or 3 weeks)* |  |
| **Expiration of Validity of Bid/Proposal**  *(The bid shall be valid for a period of at least 30 calendar days after the Closing date)* |  |

*Vendor’s Comments:*

**I hereby certify that this company, which I am duly authorized to sign for, accepts the General Terms and Conditions of UNFPA** <http://www.unfpa.org/resources/unfpa-general-conditions-contract> **and we will abide by this bid/proposal until it expires.**

**We undertake, if our bid/proposal is accepted, to commence and complete delivery of all items in the contract within the time frame stipulated.**

**We understand that you are not bound to accept any bid you may receive and that a bidding contract would result only after final negotiations are concluded on the basis of the technical and price bids proposed.**

**Name and title Date and Place**

# Bidder Identification Form

# Bid No. UNFPA/PER/001/2020

1. **Organization**

|  |  |
| --- | --- |
| **Company/Institution Name** |  |
| **Address, City, Country** |  |
| **Telephone/FAX** |  |
| **Website** |  |
| **Date of establishment** |  |
| **Legal Representative**: Name/Surname/Position |  |
| **Legal structure**: natural person/Co.Ltd, NGO/institution/other (please specify) |  |
| **Organizational Type**: Manufacturer, Wholesaler, Trader, Service provider, etc. |  |
| Areas of expertise of the organization |  |
| Current Licenses, if any, and permits (with dates, numbers and expiration dates) |  |
| Years supplying to UN organizations |  |
| Years supplying to UNFPA |  |
| Production Capacity |  |
| Subsidiaries in the region (please indicate names of subsidiaries and addresses, if relevant to the bid) |  |
| Commercial Representatives in the country: Name/Address/Phone (for international companies only) |  |

1. **Quality Assurance Certification**

|  |  |
| --- | --- |
| International Quality Management System (QMS) |  |
| List of other ISO certificates or equivalent certificates |  |
| Presence and characteristics of in-house quality control laboratory (if relevant to bid) |  |

1. **Expertise of Staff**

|  |  |
| --- | --- |
| Total number of staff |  |
| Number of staff involved in similar supply contracts |  |

1. **Client Reference List**

Please provide references of main client details.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company | Contact person | Telephone | E-mail |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Contact details of persons that UNFPA may contact for requests for clarification during bid evaluation**

|  |  |
| --- | --- |
| Name/Surname |  |
| Telephone Number (direct) |  |
| Email address (direct) |  |

P.S.: This person must be available during the next two weeks following receipt of bid

# Product Item Overview Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Description and minimum /mandatory specifications**  *[Detailed description to be completed by UNFPA]* | **Description of items offered and Bidder’s statements on deviations**  (To be completed by the bidder) | **Compliant? (Y/N)**  (To be completed by UNFPA during evaluation) |
| **1** | **SURGICAL RESPIRATOR FFP2/N95, MASK, DISPOSABLE** |  |  |
| **2** | GLOVES, EXAMINATION, LONG CUFF, NITRILE, POWDER FREE, NON-STERILE |  |  |
| **3** | **SURGICAL MASK, TYPE IIR, FOR HEALTHCARE WORKERS, DISPOSABLE** |  |  |
| 4 | **GLOVES, SURGICAL, LONG CUFF, NITRILE, POWDER FREE, STERILE** |  |  |
| 5 | **COVERALL, DISPOSABLE** |  |  |
| 6 | **SURGICAL MASK, TYPE I, FOR PATIENTS, DISPOSABLE** |  |  |

***To*** ***fill out this form, take into consideration that:***

***1. The technical specifications of each product are detailed in the Technical Specifications file (ETUNFA / PER / IAL / 001/2020). Please read the document carefully since the file contains all the necessary information that you must present to consider your offer valid.***

***2. You must detail in this form the description of the product to be offered in compliance with what is required. In addition, as part of your offer you must attach all the documentation indicated in the Technical Specifications document.***

# Price Schedule Form

|  |  |
| --- | --- |
| **Name of Bidder:** |  |
| **Date of Bid:** |  |
| **Bid No:** | UNFPA-PER-IAL-001/2020 |
| **Currency of Bid price:** | Soles (S/.) or Dólares (USD) |
| **Delivery time**  (*The delivery time must be expressed in calendar days from receipt of order till dispatch. Note: maximum number of days: 21 calendar days or 3 weeks)* |  |
| **Expiration of Validity of Bid/Proposal**  *(The bid shall be valid for a period of at least 30 calendar days after the Closing date)* |  |

***To fill out this form, take into consideration that:***

1. ***You can include an Excel spreadsheet instead of this format. The table columns should be modified as appropriate for the specific case***
2. ***An example of a price list is provided below. You can submit your offer for: 1) One or more than one item or; 2) For the entire requirement.. The columns in the table can be modified as appropriate for the specific case.***
3. ***Peruvian suppliers must take in consideration on the proposal that the delivery of the items will take place at the Warehouse of the Ministry of Health in the city of Lima and whose address will be shared in due course.***
4. ***International suppliers must take in consideration that this purchase is framed in any of the following INCOTERMS 2010: FOB, therefore international suppliers are requested to include the CPT freight cost (Peru)***
5. ***Include all taxes on your offer***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item No. | price/unit | Quantity | Transportation cost to destination (specify mode of transportation) | Total DAP (Destination) | Delivery schedule (days upon order) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Vendor’s Comments:*

PROVIDED THAT A PURCHASE ORDER IS ISSUED BY UNFPA **WITHIN THE REQUIRED BID VALIDITY PERIOD**, THE UNDERSIGNED HEREBY COMMITS, SUBJECT TO THE TERMS OF SUCH PURCHASE ORDER, TO FURNISH ANY OR ALL ITEMS AT THE PRICES OFFERED AND TO DELIVER SAME TO THE DESIGNATED POINT(S) WITHIN THE DELIVERY TIME STATED ABOVE.

**Name and title Date and Place**