# **PART VII – ANSWERING SHEETS**

**PROPOSAL FORM**

PROPOSAL FORM must be completed, signed and returned to UNICEF. Proposals must be made in accordance with the instructions contained in this REQUEST FOR PROPOSAL. UNICEF shall not pay any costs incurred in the preparation or submission of proposals.

**TERMS AND CONDITIONS**

Any Purchase Order resulting from this REQUEST shall contain the UNICEF General Terms and Conditions and any other terms and conditions specified in this REQUEST.

**INFORMATION**

Any request for additional information regarding this REQUEST must be forwarded in writing to the attention of Contracts Officer Ms. Miho Abe (email: [mabe@unicef.org](mailto:mabe@unicef.org)), with specific reference to this REQUEST, so that the query may be answered in the normal course of business.

The Undersigned, having read Part II – Proposal Submission Process of this Request for Proposal RFP-DAN-2020-503265 and all related documents hereby offers to supply the Goods and contributions to meet the overall objectives sought in accordance with any specifications stated and subject to all Terms and Conditions set out or specified in this RFP and accepting that any Purchase Order(s) resulting from this RFP shall contain the UNICEF General Terms and Conditions and any other terms and conditions specified in this RFP.

Signature:

Date:

Name & Title:

Company:

Postal Address:

Tel No:

Fax No:

E-mail:

Validity of Offer:

**TECHNICAL AND FINANCIAL MANDATORY REQUIREMENTS SHEET**

**Please include a response to the following.**

1. Does the product offered have WHO pre-qualification?
2. Please provide your United Nations Global Marketplace (UNGM) registration number\_\_\_\_\_\_\_\_\_\_\_

If your company has not yet registered through the UNGM, please submit an application through the UNGM website at <http://www.ungm.org> under <http://www.ungm.org/Registration/RegisterSupplier.aspx>.

Instructions are provided on the site.

1. Have you provided audited financial statements to UNICEF in the past 12 months?

If not, please proceed as per Part II, Section 5.2.

**QUALITATIVE PROPOSAL SHEET**

**Please provide response to the following in your Proposal together with any other information deemed relevant.**

1. Please provide full description of product being offered:
   1. Name .
   2. Presentation .
2. Advise the number of years that your company has of production and delivery of the offered product(s).
3. Provide organizational charts and names of the responsible persons within each of the following departments: Production, Quality, Governmental Affairs, Shipping/Logistics, Sales and Marketing, specifying the name(s) of the person(s) who will be the primary contact for UNICEF.
4. Provide a list of the names of regulatory bodies where your products are planned for or pending registration, already registered as well as original date of registration, expiry date of registration as applicable and intent to maintain registration. (Complete the vaccine registration status Sheet below in word and share a PDF copy).
5. Please include in your Proposal your total annual production capacities for bulk and final filled product for each offered vaccine. If the vaccine bulk is not produced by the Bidder, please advise source of bulk, and evidence of contractual access to bulk.
6. Please include in your Proposal timelines for bulk production (from start of the production process until bulk is ready for formulation and filling) and timelines for formulation, filling and having the product released both internally and by the relevant NRA. Please indicate the timing of the fill/finish process for the production of SH influenza vaccines.
7. In the past, how has your company been able to maintain the quality level for the supplied products? If your company has faced quality problems, please provide frequency and explanations as well as measurements taken for improvement.
8. Please indicate the company willingness to include a Vaccine Arrival Report (VAR) as part of the shipping documents.
9. Any other information deemed relevant for the evaluation of the proposal.

**QUANTITATIVE PROPOSAL SHEET - 1**

**Seasonal Influenza Vaccine, Northern Hemisphere 2021/22, Trivalent, 10-dose vial.**

In compliance with terms and conditions of this Request for Proposal and all sections hereto, the undersigned offers the supply of the vaccine in quantities, at prices and within the number of days indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| U359439 Seasonal Influenza Vaccine, Northern Hemisphere 2021/22, **Trivalent in 10-dose vial**  **Forecasted Quantity: 118,000 doses (11,800 vials)**  The offered vaccines must meet all the WHO requirements and recommendations currently in force. Bidders are requested to refer to the full specifications when published by WHO at  <https://www.who.int/influenza/vaccines/virus/en/> | | | | | |
| Delivery Date/Month/Year | Quantity of vials | Quantity of doses | Price per vial USD | Price per dose USD | Total  Amount USD |
|  |  |  |  |  |  |

**INCOTERMS (2020) FCA Nearest International Airport (Name Airport):**

**Type of Vaccine Vial Monitor:**

**Total production capacity:**

**Normal shelf life at time of shipment:**

**Delivery preparation lead time** required for preparation of delivery (administration of order,

packing, markings, etc.) upon receipt of purchase orders: \_\_\_\_\_\_\_\_\_\_days.

**Country of Origin:**

**WHO pre-qualified** **product**: Yes:\_\_\_\_ No:\_\_\_

**Additional comments, including any alternative offers on price and vaccine costs, such as firm contracting provisions, minimum procurement guarantees, payment terms etc.:**

**QUANTITATIVE PROPOSAL SHEET - 2**

**Seasonal Influenza Vaccine, Northern Hemisphere 2021/22, Quadrivalent, 10-dose vial.**

In compliance with terms and conditions of this Request for Proposal and all sections hereto, the undersigned offers the supply of the vaccine in quantities, at prices and within the number of days indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| U359439 Seasonal Influenza Vaccine, Northern Hemisphere 2021/22, **Quadrivalent, 10-dose vial**  **Forecasted Quantity: 1,352,800 doses (135,280 vials)**  The offered vaccines must meet all the WHO requirements and recommendations currently in force. Bidders are requested to refer to the full specifications when published by WHO at <https://www.who.int/influenza/vaccines/virus/en/> | | | | | |
| Delivery Date/Month/Year | Quantity of vials | Quantity of doses | Price per vial USD | Price per dose USD | Total  Amount USD |
|  |  |  |  |  |  |

**INCOTERMS (2020) FCA Nearest International Airport (Name Airport):**

**Type of Vaccine Vial Monitor:**

**Total production capacity:**

**Normal shelf life at time of shipment:**

**Delivery preparation lead time** required for preparation of delivery (administration of order,

packing, markings, etc.) upon receipt of purchase orders: \_\_\_\_\_\_\_\_\_\_days.

**Country of Origin:**

**WHO pre-qualified** **product**: Yes:\_\_\_\_ No:\_\_\_

**Additional comments, including any alternative offers on price and vaccine costs, such as firm contracting provisions, minimum procurement guarantees, payment terms etc.:**

**QUANTITATIVE PROPOSAL SHEET - 3**

**Seasonal Influenza Vaccine, Northern Hemisphere 2021/22, Quadrivalent, 1-dose vial.**

In compliance with terms and conditions of this Request for Proposal and all sections hereto, the undersigned offers the supply of the vaccine in quantities, at prices and within the number of days indicated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| U359439 Seasonal Influenza Vaccine, Northern Hemisphere 2021/22, **Quadrivalent, 1-dose vial**  **Forecasted Quantity: 1,364,803 doses (1,364,803 vials)**  The offered vaccines must meet all the WHO requirements and recommendations currently in force. Bidders are requested to refer to the full specifications when published at <https://www.who.int/influenza/vaccines/virus/en/> | | | | | |
| Delivery Date/Month/Year | Quantity of vials | Quantity of doses | Price per vial USD | Price per dose USD | Total  Amount USD |
|  |  |  |  |  |  |

**INCOTERMS (2020) FCA Nearest International Airport (Name Airport):**

**Type of Vaccine Vial Monitor:**

**Total production capacity:**

**Normal shelf life at time of shipment:**

**Delivery preparation lead time** required for preparation of delivery (administration of order,

packing, markings, etc.) upon receipt of purchase orders: \_\_\_\_\_\_\_\_\_\_days.

**Country of Origin:**

**WHO pre-qualified** **product**: Yes:\_\_\_\_ No:\_\_\_

**Additional comments, including any alternative offers on price and vaccine costs, such as firm contracting provisions, minimum procurement guarantees, payment terms etc.:**

**QUANTITATIVE PROPOSAL SHEET - 4**

**Alternative vaccine presentations can be provided using this offer sheet**

In compliance with terms and conditions of this Request for Proposal and all sections hereto, the undersigned offers the supply of the vaccine in quantities, at prices and within the number of days indicated below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| U359439 Seasonal Influenza Vaccine, Northern Hemisphere 2021/22  The offered vaccines must meet all the WHO requirements and recommendations currently in force. Bidders are requested to refer to the full specifications when published by WHO at <https://www.who.int/influenza/vaccines/virus/en/> | | | | | | |
| **Offered Quantity (please state quantity in dose and in vial):** | | | | | | |
| **Valency (please specify):** | | | | **Vial presentation (please specify):** | | |
| Delivery Date/Month/Year | Quantity of vials | Quantity of doses | Price per vial USD | | Price per dose USD | Total  Amount USD |
|  |  |  |  | |  |  |

**INCOTERMS (2020) FCA Nearest International Airport (Name Airport):**

**Type of Vaccine Vial Monitor:**

**Total production capacity:**

**Normal shelf life at time of shipment:**

**Delivery preparation lead time** required for preparation of delivery (administration of order,

packing, markings, etc.) upon receipt of purchase orders: \_\_\_\_\_\_\_\_\_\_days.

**Country of Origin:**

**WHO pre-qualified** **product**: Yes:\_\_\_\_ No:\_\_\_

**Additional comments, including any alternative offers on price and vaccine costs, such as firm contracting provisions, minimum procurement guarantees, payment terms etc.:**

**PACKING DETAILS SHEET**

The Bidder is requested to provide UNICEF with packing details for each vaccine product/presentation offered using this SHEET.

**a. Name of Vaccine:**

**b. Please advise if this vaccine is packed using ice packs or dry ice. If the vaccine is packed using dry ice, please advise of any plans to change to packing with ice packs. Also, please advise of any effect this would have on quantity, weight and dimension.**

**c. Please specify type of temperature monitoring device: \_\_\_\_\_\_\_\_\_\_\_\_**

**d. Please specify price adder of temperature monitoring device as added cost per shipping box: \_\_\_\_\_\_\_\_\_\_\_**

**e. Standard EXPORT Packing Dimensions and Weight\*:**

|  |  |  |
| --- | --- | --- |
|  | **Vaccine** |  |
| Total No. of Doses per EXPORT Packing: |  |  |
| Total no. of vials per EXPORT Packing: |  |  |
| Dimensions: Length: |  |  |
| Width: |  |  |
| Height: |  |  |
| Gross Weight: |  |  |
| Net Weight: |  |  |
| Number of inner cartons per EXPORT Packing: |  |  |

\*In case the Supplier has agreed with WHO to supply additional information material together with the vaccine in the Shipping boxes, please ensure that such additional weight is included.

**f. Standard INNER CARTON Packing Dimensions and Weight:**

|  |  |  |
| --- | --- | --- |
|  | **Vaccine** |  |
| Total No. of Doses per inner carton: |  |  |
| Total no. of vials per inner carton: |  |  |
| Dimensions: Length: |  |  |
| Width: |  |  |
| Height: |  |  |
| Gross Weight: |  |  |
| Net Weight: |  |  |

**COMMERCIAL TERMS SHEET**

In compliance with Part II – Proposal Submission Process of this Request for Proposal and all sections hereto, the undersigned offers the supply of the vaccine under the conditions and in quantities, at prices and within the number of days as indicated in the QUALITATIVE PROPOSAL SHEET AND QUANTITIVE PROPOSAL SHEET; and the undersigned accepts in full the TERMS and CONDITIONS.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate which of the following terms of payment are offered under this Proposal:

10 days 3.0% \_\_\_\_\_ 15 days 2.5% \_\_\_\_\_ 20 days 2.0% \_\_\_\_\_

30 days net \_\_\_\_\_ Other\_\_\_\_\_

Please indicate any additional special commercial terms:

Any requested EXCEPTIONS or CLARIFICATIONS are to be defined below (additional pages may be attached):

**VACCINE REGISTRATION STATUS SHEET**

(add more rows if needed)

| **Vaccine**  **Presentation** | **Country** | **Name of NRA** | **Date of Registration** | **Date of expiry** | **Registration reference** | **Intention to renew** | **Is it for use in private market or national program** |
| --- | --- | --- | --- | --- | --- | --- | --- |
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