

## Section III: Returnable Bidding Forms

**eSourcing reference:** RFQ/2020/18246

**Note to Bidders:** The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

### Form A: Quotation submission form

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Quotation Provision of Consultancy Service for the evaluation of Disability Programme,**  
RFQ Case No. RFQ/2020/18246, dated [insert date]

We, the undersigned, declare that:

- a. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
- b. Our quotation shall be valid for the period of time of [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
- c. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS [If you have any actual or potential conflict of interest as defined in Article 3 of Section I: Instructions to Bidders, please disclose it here];;
- d. Our firm confirms that the offeror and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
- e. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility;
- f. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
- g. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
- h. We have not offered and will not offer fees, gifts and/or favours of any kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

I, the undersigned, certify that I am duly authorized by [insert full name of bidder] to sign this quotation and bind [insert full name of bidder] should UNOPS accept this quotation:

Name: [complete]

Title: [complete]

Date: [complete]

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

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

## Form B: Price Schedule Form

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: RFQ/2020/18246

### Cost breakdown per component

Currency	USD
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Cost component	Qty.	No. of Personnel	Remuneration per Unit	Total Rate for the Period
Lead Consultant	1			
Co-consultant (s) (add below if more than 1)				
<b>Sub-total personnel costs</b>				
Communications				
Printing				
Travel cost				
Other costs (provide details)				
<b>Sub-total other expenses</b>				
<b>Total financial proposal [USD]</b>				

Payment terms: 30 days accepted: ☐ Yes

**Bidder's discount for accelerated payment:**  % of total firm price for each calendar day less than thirty (30) days

### List of subcontractors or suppliers

Bidders must identify the names of all subcontractors/suppliers who will be providing services under this Contract and the type of work being subcontracted, if applicable.

#### Full legal name and address of subcontractors

- (A) \_\_\_\_\_  
 (B) \_\_\_\_\_  
 (C) \_\_\_\_\_

I, the undersigned, certify that I am duly authorized by **[insert full name of Bidder]** to sign this quotation and bind **[insert full name of Bidder]** should UNOPS accept this quotation:

Name : \_\_\_\_\_  
 Title : \_\_\_\_\_  
 Date : \_\_\_\_\_  
 Signature : \_\_\_\_\_

## Form C: Technical Quotation Form

RFQ reference no: RFQ/2020/18246

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section II: Schedule of Requirements to demonstrate compliance with UNOPS requirements and inserted below. Bidders are NOT allowed to make any change in the "UNOPS requirements" columns of the Comparative Data Tables. Such changes might disqualify your quotation.

### Comparative Data Table

Section 1: Proven experience and qualifications of the consultant(s)/contracting firm to undertake the assignment Offeror's qualification, capacity and expertise		Is Quotation compliant? Proposer to complete	Proposer to complete with specific comments on the TOR
1.1	At least 3- 4 years in delivering evaluation services for local or international development agencies with the focus on institutional and programme assessment.  Provide a short profile of the firm/company with a portfolio of similar work	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>
1.2	Experience in conducting similar evaluations in Southeast Asia in the past five years and preferably in Myanmar.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>

Section 2: Technical compliance of the offered service		Is Quotation compliant? Proposer to complete	Proposer to complete with specific comments on the TOR
2.1	Indicate at least two programme evaluation experiences that could best prove of conducting the activity proposed as per Term of Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>

2.2	Share samples (at least two) of previous experience in evaluating large international development programmes and/or projects, including the use of qualitative and quantitative analytical and research skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>
2.3	Bidder understands the deliverables and agree to the work plan with timelines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>
2.4	Minimum 30% representation of women of key employees in the organization	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>

<b>Section 3: Proven experience and qualifications of the consultant(s)/proposed team to undertake the assignment</b>		<b>Is Quotation compliant? Proposer to complete</b>	<b>Proposer to complete with specific comments on the TOR</b>
3.1	The team members shall have proficient experiences related to development, project implementation, evaluation and/or research particularly working on disability inclusion, social protection in international development. Please attach CV of the team members who shall have these experiences as further detailed in the Terms of Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>[Attach detailed response]</b>

## Form D: One UNOPS Vendor Profile Form

SECTION 2		SUPPLIER INFORMATION	
Supplier Name/Person Name <small>First Name / Middle Name/Last Name / Extension</small>		Country	
United Nations Global Marketplace Registration Number <sup>1</sup> (Mandatory for companies)			
Company Registration Number (Mandatory)		VAT Registration Number (if applicable)	
Parent Company Name (if applicable)		Web Site URL	
Supplier Group (Select one of the below options) <input type="checkbox"/> Beneficiary Family <input type="checkbox"/> Company (private or public) <input type="checkbox"/> External Individual (including interviewer/ meeting participant) <input type="checkbox"/> UN Agency <input type="checkbox"/> Government Agency <input type="checkbox"/> University/Educational Institution <input type="checkbox"/> Financial Institution (including Insurance and Banking Institution) <input type="checkbox"/> International NGO <input type="checkbox"/> Regional Company <input type="checkbox"/> IGO (Inter-Governmental Organization) <input type="checkbox"/> Personnel (staff/ICA/UNV/SC/volunteer/intern) <input type="checkbox"/> International Company <input type="checkbox"/> Regional NGO <input type="checkbox"/> NGO (Non-Governmental Organization)			

SECTION 3		SUPPLIER INFORMATION		(Contact information)	
General/Permanent Street Address		City	State/Province	Postal Code (Zip)	Country
SECOND Street Address (If 2nd address, provide purpose)		City	State/Province	Postal Code (Zip)	Country
Contact Person Name                      Title Phone                      Fax		Alternate Contact Person Name                      Title Phone                      Fax			
E-mail Address		E-mail Address			

SECTION 4		BANKING INFORMATION		(For additional Bank Accounts, please provide additional forms)	
Name of Banking Institution		Beneficiary Name of Account (Name as it appears on account) <i>Please make sure it is same name as the one you mention under Supplier Name/Person Name field in SECTION2)</i>			
Street Address		Branch Name		Phone	
City                                      State/Province		Postal Code (Zip)		Country	
<b>Bank transwire code information</b>					
IBAN Number		SWIFT/BIC Code			
Bank Account Number		Clearing Code/Bank Code (e.g. ABA, ACH or routing No., IFSC, Transit No., BSB No., Sort Code, BLZ No.)			
Branch code					
Bank Account Currency <input type="checkbox"/> USD <input type="checkbox"/> Other: (Please specify)		Currency of Payment <input type="checkbox"/> USD <input type="checkbox"/> Other: (Please specify)			
<b>Bank transwire code information for Intermediary Bank*, if applicable</b>					
Name of Intermediary Bank		Bank Country			
IBAN Number		SWIFT/BIC Code			
Bank Account Number (of the beneficiary bank with the intermediary bank)		Clearing Code/Bank Code (e.g. ABA, IFSC, Transit No., BSB No., Sort Code, BLZ No.)			
Signature		Date, place			

**Incomplete or erroneous information will prevent final credit of payments to your account**

1 UNOPS requires **Companies** to register with United Nations Global Marketplace on [www.ungm.org](http://www.ungm.org) (UN supplier database)