# Section 6: Returnable Bidding Forms / Checklist

This form serves as a checklist for preparation of your Bid. Please complete the Returnable Bidding Forms in accordance with the instructions in the forms and return them as part of your Bid submission. No alteration to format of forms shall be permitted and no substitution shall be accepted.

Before submitting your Bid, please ensure compliance with the Bid Submission instructions of the BDS 22.

**Technical Bid:**

|  |  |
| --- | --- |
| **Have you duly completed all the Returnable Bidding Forms?** |  |
| * Form A: Bid Submission Form |  |
| * Form B: Bidder Information Form |  |
| * Form C: Joint Venture/Consortium/ Association Information Form |  |
| * Form D: Qualification Form |  |
| * Form E: Format of Technical Bid |  |
| * From G: Form of Bid Security |  |
| **Have you provided the required documents to establish compliance with the evaluation criteria in Section 4?** |  |

**Price Schedule:**

|  |  |
| --- | --- |
| * Form F: Price Schedule Form |  |

# Form A: Bid Submission Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bidder: | [Insert Name of Bidder] | Date: | Select date |
| ITB reference: | **UNDP-ITB-2021-004** – **Supply of Medicines & Medical Equipment and Protective items** | | |

We, the undersigned, offer to supply the goods and related services required for the **UNDP-ITB-2021-004** – **Supply of Medicines & Medical Equipment and Protective items** in accordance with your Invitation to Bid No. UNDP-ITB-2021-004 and our Bid. We hereby submit our Bid, which includes this Technical Bid and Price Schedule.

Our attached Price Schedule is for the sum of [Insert amount in words and figures and indicate currency].

We hereby declare that our firm, its affiliates or subsidiaries or employees, including any JV/Consortium /Association members or subcontractors or suppliers for any part of the contract:

1. is not under procurement prohibition by the United Nations, including but not limited to prohibitions derived from the Compendium of United Nations Security Council Sanctions Lists;
2. have not been suspended, debarred, sanctioned or otherwise identified as ineligible by any UN Organization or the World Bank Group or any other international Organization;
3. have no conflict of interest in accordance with Instruction to Bidders Clause 4;
4. do not employ, or anticipate employing, any person(s) who is, or has been a UN staff member within the last year, if said UN staff member has or had prior professional dealings with our firm in his/her capacity as UN staff member within the last three years of service with the UN (in accordance with UN post-employment restrictions published in ST/SGB/2006/15);
5. 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;
6. undertake not to engage in proscribed practices, including but not limited to corruption, fraud, coercion, collusion, obstruction, or any other unethical practice, with the UN or any other party, and to conduct business in a manner that averts any financial, operational, reputational or other undue risk to the UN and weembrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact.

We declare that all the information and statements made in this Bid are true and we accept that any misinterpretation or misrepresentation contained in this Bid may lead to our disqualification and/or sanctioning by the UNDP.

We offer to supply the goods and related services in conformity with the Bidding documents, including the UNDP General Conditions of Contract and in accordance with the Schedule of Requirements and Technical Specifications.

Our Bid shall be valid and remain binding upon us for the period specified in the Bid Data Sheet.

We understand and recognize that you are not bound to accept any Bid you receive.

I, the undersigned, certify that I am duly authorized by [Insert Name of Bidder] to sign this Bid and bind it should UNDP accept this Bid.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

[*Stamp with official stamp of the Bidder*]

## Form B: Bidder Information Form

|  |  |
| --- | --- |
| **Legal name of Bidder** | [Complete] |
| **Legal address** | [Complete] |
| **Year of registration** | [Complete] |
| **Bidder’s Authorized Representative Information** | Name and Title: [Complete]  Telephone numbers: [Complete]  Email: [Complete] |
| **Are you a UNGM registered vendor?** | Yes  No If yes, [insert UGNM vendor number] |
| **Are you a UNDP vendor?** | Yes  No If yes, [insert UNDP vendor number] |
| **Countries of operation** | [Complete] |
| **No. of full-time employees** | [Complete] |
| **Quality Assurance Certification (e.g. ISO 9000 or Equivalent)** *(If yes, provide a Copy of the valid Certificate):* | [Complete] |
| **Does your Company hold any accreditation such as ISO 14001 or ISO 14064 or equivalent related to the environment?** *(If yes, provide a Copy of the valid Certificate):* | [Complete] |
| **Does your Company have a written Statement of its Environmental Policy?** *(If yes, provide a Copy)* | [Complete] |
| **Does your organization demonstrates significant commitment to sustainability through some other means, for example internal company policy documents on women empowerment, renewable energies or membership of trade institutions promoting such issues** | [Complete] |
| **Is your company a member of the UN Global Compact** | [Complete] |
| **Contact person that UNDP may contact for requests for clarifications during Bid evaluation** | Name and Title: [Complete]  Telephone numbers: [Complete]  Email: [Complete] |
| **Please attach the following documents:** | * Duly signed Bid Submission Form; * Power of Attorney to the authorized representative to submit/sign the ITB submission documents and for further correspondence with UNDP on behalf of organization. * Original Bid Security (As per BDS # 6) * A copy of valid Registration/Approval of Stringent National Medicines Regulatory Authority (SRA) as defined by WHO * Documents confirming compliance of potential Bidder with the requirements of Good Distribution Practice (GDP). * Certificate of Registration of the business, including Articles of Incorporation, or equivalent document; * Latest Audited Financial Statements (Income Statement and Balance Sheet) including Auditor’s Report for the past two years (2018-19 and 2019-20); * Official Letter of Appointment as local representative, if Bidder is submitting a Bid on behalf of an entity located outside the country * Company Profile, which should not exceed fifteen (15) pages, indicating minimum 5 years of experience as a Medical/Relief Items Supplier or General Order Supplier. * Statement of Satisfactory Performance from the Top 3 – Clients in the past 5 years. Copies of 3 contracts/Purchase Orders (accordingly to the value mentioned in Qualification Criteria for supply of similar nature goods. |

## Form C: Joint Venture/Consortium/Association Information Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bidder: | [Insert Name of Bidder] | Date: | Select date |
| ITB reference: | **UNDP-ITB-2021-004** – **Supply of Medicines & Medical Equipment and Protective items** | | |

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association. Please note that only two companies are allowed for Joint Venture/Consortium/Association for the purpose of this ITB.

|  |  |  |
| --- | --- | --- |
| **No** | **Name of Partner and contact information** *(address, telephone numbers, fax numbers, e-mail address)* | **Proposed proportion of responsibilities (in %) and type of goods and/or services to be performed** |
| 1 | [Complete] | [Complete] |
| 2 | [Complete] | [Complete] |

|  |  |
| --- | --- |
| **Name of leading partner**  (with authority to bind the JV, Consortium, Association during the ITB process and, in the event a Contract is awarded, during contract execution) | [Complete] |

We have attached a copy of the below referenced document signed by every partner, which details the likely legal structure of and the confirmation of joint and severable liability of the members of the said joint venture:

Letter of intent to form a joint venture ***OR***  JV/Consortium/Association agreement

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNDP for the fulfillment of the provisions of the Contract.

|  |  |
| --- | --- |
| Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Form D: Eligibility and Qualification Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bidder: | [Insert Name of Bidder] | Date: | Select date |
| ITB reference: | **UNDP-ITB-2021-004** – **Supply of Medicines & Medical Equipment and Protective items** | | |

If JV/Consortium/Association, to be completed by each partner.

**History of Non- Performing Contracts**

|  |  |  |  |
| --- | --- | --- | --- |
| Non-performing contracts did not occur during the last 3 years | | | |
| Contract(s) not performed in the last 3 years | | | |
| **Year** | **Non- performed portion of contract** | **Contract Identification** | **Total Contract Amount** (current value in US$) |
|  |  | Name of Client:  Address of Client:  Reason(s) for non-performance: |  |

**Litigation History** (including pending litigation)

|  |  |  |  |
| --- | --- | --- | --- |
| No litigation history for the last 3 years | | | |
| Litigation History as indicated below | | | |
| **Year of dispute** | **Amount in dispute** (in US$) | **Contract Identification** | **Total Contract Amount** (current value in US$) |
|  |  | Name of Client:  Address of Client:  Matter in dispute:  Party who initiated the dispute:  Status of dispute:  Party awarded if resolved: |  |

**Previous Relevant Experience**

Please list only previous similar assignments successfully completed in the last 5 years (experience as a Medical/Relief Items Supplier or General Order Supplier).

List only those assignments for which the Bidder was legally contracted or sub-contracted by the Client as a company or was one of the Consortium/JV partners. Assignments completed by the Bidder’s individual experts working privately or through other firms cannot be claimed as the relevant experience of the Bidder, or that of the Bidder’s partners or sub-consultants, but can be claimed by the Experts themselves in their CVs. The Bidder should be prepared to substantiate the claimed experience by presenting copies of relevant documents and references if so requested by UNDP.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project name & Country of Assignment** | **Client & Reference Contact Details** | **Contract Value** | **Period of activity and status** | **Types of activities undertaken** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Bidders may also attach their own Project Data Sheets with more details for assignments above.*

Attached are the Statements of Satisfactory Performance from the Top 3 (three) Clients or more.

**Financial Standing**

|  |  |
| --- | --- |
| **Annual Turnover for the last 3 years** | Year       USD  Year       USD  Year       USD |
| **Latest Credit Rating (if any), indicate the source** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial information**  (in US$ equivalent) | **Historic information for the last 3 years** | | |
|  | Year 1 | Year 2 | Year 3 |
|  | *Information from Balance Sheet* | | |
| Total Assets (TA) |  |  |  |
| Total Liabilities (TL) |  |  |  |
| Current Assets (CA) |  |  |  |
| Current Liabilities (CL) |  |  |  |
|  | *Information from Income Statement* | | |
| Total / Gross Revenue (TR) |  |  |  |
| Profits Before Taxes (PBT) |  |  |  |
| Net Profit |  |  |  |
| Current Ratio |  |  |  |

 Attached are copies of the audited financial statements (balance sheets, including all related notes, and income statements) for the years required above complying with the following condition:

* 1. Must reflect the financial situation of the Bidder or party to a JV, and not sister or parent companies;
  2. Historic financial statements must be audited by a certified public accountant;

Historic financial statements must correspond to accounting periods already completed and audited. No statements for partial periods shall be accepted.

## Form E: Format of Technical Bid

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bidder: | [Insert Name of Bidder] | Date: | Select date |
| ITB reference: | **UNDP-ITB-2021-004** – **Supply of Medicines & Medical Equipment and Protective items** | | |

The Bidder’s Bid should be organized to follow this format of the Technical Bid. Where the bidder is presented with a requirement or asked to use a specific approach, the bidder must not only state its acceptance, but also describe how it intends to comply with the requirements. Where a descriptive response is requested, failure to provide the same will be viewed as non-responsive.

**SECTION 1: Bidder’s qualification, capacity and expertise**

* 1. General organizational capability which is likely to affect implementation: management structure, financial stability and project financing capacity, project management controls, extent to which any work would be subcontracted (if so, provide details).
  2. Relevance of specialized knowledge and experience on similar engagements done in the region/country.
  3. Quality assurance procedures and risk mitigation measures.
  4. Organization’s commitment to sustainability.

**SECTION 2: Scope of Supply, Technical Specifications, and Related Services**

This section should demonstrate the Bidder’s responsiveness to the specification by identifying the specific components proposed, addressing the requirements, as specified, point by point; providing a detailed description of the essential performance characteristics proposed; and demonstrating how the proposed bid meets or exceeds the requirements/specifications. All important aspects should be addressed in sufficient detail.

* 1. A detailed description of how the Bidder will deliver the required goods and services, keeping in mind the appropriateness to local conditions and project environment. Details how the different service elements shall be organized, controlled and delivered.
  2. Explain whether any work would be subcontracted, to whom, how much percentage of the requirements, the rationale for such, and the roles of the proposed sub-contractors and how everyone will function as a team.
  3. The bid shall also include details of the Bidder’s internal technical and quality assurance review mechanisms.
  4. Implementation plan including a Gantt Chart or Project Schedule indicating the detailed sequence of activities that will be undertaken and their corresponding timing.
  5. Demonstrate how you plan to integrate sustainability measures in the execution of the contract.

**Table 1 (for both Options)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Related services and requirements**  *(based on the information provided in Section 5b)* | **Compliance with requirements** | | **Details or comments**  **on the related requirements** |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| DAP Incoterm 2020 Warehouse in Almaty, Kazakhstan  (address will be communicated separately) |  |  |  |
| BID validity – 90 days |  |  |  |
| Type of Contract: Contract for Goods and/or Services to UNDP or Purchase Order |  |  |  |
| Conditions for Determining Contract Effectivity:  ☒ Upon contract signing from both parties.  ☒ Upon submission of valid Performance Bank Guarantee by the Bidder. |  |  |  |
| Liquidated damages: Percentage of contract price per day of delay: 0.33% Max. number of days of delay one calendar month, thereafter UNDP may exercise its right to terminate the contract/Purchase Order. |  |  |  |
| The price should be inclusive of Freight & Insurance Cost at a designated address, Kazakhstan. |  |  |  |
| Conditions for Release of Payment:  Inspection upon arrival at destination and  Written Acceptance of Goods based on full compliance with ITB requirements. |  |  |  |
| Payment Terms 100% within 15 days upon Submission of Invoice by the Supplier; Delivery of supplied medical products to a destination point and UNDP’s acceptance as mentioned in the Contract/ Purchase Order. The price under this Contract is not subject to any changes or fluctuations in the currency value by the Contractor in the performance of the Contract. |  |  |  |
| Acceptance of General Terms and Conditions of UNDP, confirmation on readiness to supply goods in accordance with the Specification in compliance with all requirements, as well as to provide all related services set forth in this TOR and in the Invitation to tender |  |  |  |

**OPTION 1:**

**Table 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Goods and services to be Supplied and**  **Technical Specifications** | **Your response** | | |
| **Compliance with technical specifications/requirements** | | **Delivery Period**  *(confirm that you comply or indicate your delivery date)*  Within 2months from the issuance of PO/Contract |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| **1.Electronic digital Thermometer**  Liquid crystal display digital  Glass and mercury free  Compliant with European standard EN 12470-3:2000+A1:2009  Accuracy:  Not higher than ±0.1°C – Measuring temperature range: 34-42.0 °C. Ambient temperature range:18-28°C  Not higher than ±0.2°C – Outside the above measuring range or ambient temperature range  Beep audio alert  Automatic switch-off  Low battery indicator  Minimum measuring range: 34-42.0°C  Ambient temperature operating range: 10-42°C  **Documents required:**  Declaration of Conformity  ISO 13485 for Medical Devices (MDs)Pictures of the product packaging clearly showing the information on the 6 sides |  |  |  |
| **2.Medical Mask (three-layer, single use disposable)**  Single use, disposable  CE mark or equivalent international standard  Compliant with EN 14683 Type I or equivalent international standard  Bacterial filtering efficiency: equal to or greater than 95%  Fabric, non-woven, with nose wire piece  Size: 15-19 cm x 9-11 cm (l x w)  Good air permeability,  The inner and outer surfaces must be clearly marked,  Masks must be packed in 100 pcs.  **Required documents:**  Pictures of the product packaging clearly showing the information on the 6 sides  Declaration of Conformity  ISO 9001 |  |  |
| **3.Hand Sanitizer (100 ml)**  Hand rub formulations containing at least 75% v/v isopropanol or 80% v/v ethanol.  **Documents required:**  Finished Product Specifications;  Lab Test Report Required indicating isopropanol or ethanol assay result;  Pictures of the product packaging clearly showing the information on the front and back labels;  MSDS (Material Safety Data Sheet);  Tests supporting claimed efficacy according to the relevant international standard used (e.g. EN 14476, EN 1500, ASTM E2755). |  |  |
| **4.Ibuprofen tablet 400mg**  Pack of 20 (or 2strips of 10 tablets)  Five standards:  Substance – ISO 11238  Pharmaceutical strength, unit of presentation, control method and package – ISO 11239  Measurement units – ISO 11240  Regulated information about medical product – ISO 11615  Regulated pharmaceutical information on medical product – ISO 11616  Registered and marketed in SRA country  **Required documents:**  CPP (Certificate of Pharmaceutical Product) OR Evidence of Marketing Authorization document in SRA  Letter of Authorization from the manufacturer to the supplier  Pictures of the product packaging clearly showing the information on the 6 sides  Certificate of Analysis |  |  |  |
| **5.Paracetamol tablet 500 mg**  Pack of 20 (or 2strips of 10 tablets)  Five standards:  Substance – ISO 11238  Pharmaceutical strength, unit of presentation, control method and package – ISO 11239  Measurement units – ISO 11240  Regulated information about medical product – ISO 11615  Regulated pharmaceutical information on medical product – ISO 11616  Registered and marketed in SRA country  **Required documents:**  CPP (Certificate of Pharmaceutical Product) OR Evidence of Marketing Authorization document in SRA  Letter of Authorization from the manufacturer to the supplier  Pictures of the product packaging clearly showing the information on the 6 sides  Certificate of Analysis |  |  |
| **Packaging and labeling as per requirements in Section 5a** |  |  |

**OPTION 2 (Lot wise basis).**

**Lot 1, Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goods to be Supplied and**  **Technical Specifications** | **Your response** | | | |
| **Compliance with technical specifications** | | **Delivery Period**  *(confirm that you comply or indicate your delivery date)*  *i.e*  Within 1.5 months from the issuance of PO/Contract | **Comments** |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| **Electronic digital Thermometer**  Liquid crystal display digital  Glass and mercury free  Compliant with European standard EN 12470-3:2000+A1:2009  Accuracy:  Not higher than ±0.1°C – Measuring temperature range: 34-42.0 °C. Ambient temperature range:18-28°C  Not higher than ±0.2°C – Outside the above measuring range or ambient temperature range  Beep audio alert  Automatic switch-off  Low battery indicator  Minimum measuring range: 34-42.0°C  Ambient temperature operating range: 10-42°C  Documents required:  Declaration of Conformity  ISO 13485 for Medical Devices (MDs)Pictures of the product packaging clearly showing the information on the 6 sides |  |  |  |  |

**Lot 2, Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goods to be Supplied and**  **Technical Specifications** | **Your response** | | | |
| **Compliance with technical specifications** | | **Delivery Period**  *(confirm that you comply or indicate your delivery date)*  *i.e*  Within 1.5 months from the issuance of PO/Contract | **Comments** |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| **Medical** **Mask**  **three-layer, single use disposable**  Single use, disposable  CE mark or equivalent international standard  Compliant with EN 14683 Type I or equivalent international standard  Bacterial filtering efficiency: equal to or greater than 95%  Fabric, non-woven, with nose wire piece  Size: 15-19 cm x 9-11 cm (l x w)  Good air permeability,  The inner and outer surfaces must be clearly marked,  Masks must be packed in 100 pcs.  Required documents:  Pictures of the product packaging clearly showing the information on the 6 sides  Declaration of Conformity  ISO 9001 |  |  |  |  |

**Lot 3, Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goods to be Supplied and**  **Technical Specifications** | **Your response** | | | |
| **Compliance with technical specifications** | | **Delivery Period**  *(confirm that you comply or indicate your delivery date)*  *i.e*  Within 1.5 months from the issuance of PO/Contract | **Comments** |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| **Hand Sanitizer (100 ml)**  Hand rub formulations containing at least 75% v/v isopropanol or 80% v/v ethanol.  Documents required:  Finished Product Specifications;  Lab Test Report Required indicating isopropanol or ethanol assay result;  Pictures of the product packaging clearly showing the information on the front and back labels;  MSDS (Material Safety Data Sheet);  Tests supporting claimed efficacy according to the relevant international standard used (e.g. EN 14476, EN 1500, ASTM E2755). |  |  |  |  |

**Lot 4, Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goods to be Supplied and**  **Technical Specifications** | **Your response** | | | |
| **Compliance with technical specifications** | | **Delivery Period**  *(confirm that you comply or indicate your delivery date)*  *i.e*  Within 1.5 months from the issuance of PO/Contract | **Comments** |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| **Ibuprofen tablet 400mg**  Pack of 20 (or 2strips of 10 tablets)  Five standards:  Substance – ISO 11238  Pharmaceutical strength, unit of presentation, control method and package – ISO 11239  Measurement units – ISO 11240  Regulated information about medical product – ISO 11615  Regulated pharmaceutical information on medical product – ISO 11616  Registered and marketed in SRA country  Required documents:  CPP (Certificate of Pharmaceutical Product) OR Evidence of Marketing Authorization document in SRA  Letter of Authorization from the manufacturer to the supplier  Pictures of the product packaging clearly showing the information on the 6 sides  Certificate of Analysis |  |  |  |  |

**Lot 5, Table 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goods to be Supplied and**  **Technical Specifications** | **Your response** | | | |
| **Compliance with technical specifications** | | **Delivery Period**  *(confirm that you comply or indicate your delivery date)*  *i.e*  Within 1.5 months from the issuance of PO/Contract | **Comments** |
| **Yes, we comply** | **No, we cannot comply**  *(indicate discrepancies)* |
| **Paracetamol tablet 500 mg**  Pack of 20 (or 2strips of 10 tablets)  Five standards:  Substance – ISO 11238  Pharmaceutical strength, unit of presentation, control method and package – ISO 11239  Measurement units – ISO 11240  Regulated information about medical product – ISO 11615  Regulated pharmaceutical information on medical product – ISO 11616  Registered and marketed in SRA country  Required documents:  CPP (Certificate of Pharmaceutical Product) OR Evidence of Marketing Authorization document in SRA  Letter of Authorization from the manufacturer to the supplier  Pictures of the product packaging clearly showing the information on the 6 sides  Certificate of Analysis |  |  |  |  |

**SECTION 3: Management Structure and Key Personnel (Not applicable)**

* 1. Describe the overall management approach toward planning and implementing the project. Include an organization chart for the management of the project describing the relationship of key positions and designations. Provide a spreadsheet to show the activities of each personnel and the time allocated for his/her involvement.
  2. Provide CVs for key personnel that will be provided to support the implementation of this project using the format below. CVs should demonstrate qualifications in areas relevant to the scope of goods and/or services.

**Format for CV of Proposed Key Personnel (Not applicable)**

|  |  |
| --- | --- |
| **Name of Personnel** | [Insert] |
| **Position for this assignment** | [Insert] |
| **Nationality** | [Insert] |
| **Language proficiency** | [Insert] |
| **Education/ Qualifications** | *[Summarize college/university and other specialized education of personnel member, giving names of schools, dates attended, and degrees/qualifications obtained.]* |
| [Insert] |
| **Professional certifications** | *[Provide details of professional certifications relevant to the scope of goods and/or services]* |
| * Name of institution: [Insert] * Date of certification: [Insert] |
| **Employment Record/ Experience** | *[List all positions held by personnel (starting with present position, list in reverse order), giving dates, names of employing organization, title of position held and location of employment. For experience in last five years, detail the type of activities performed, degree of responsibilities, location of assignments and any other information or professional experience considered pertinent for this assignment.]* |
| [Insert] |
| **References** | *[Provide names, addresses, phone and email contact information for two (2) references]* |
| Reference 1:  [Insert]  Reference 2:  [Insert] |

I, the undersigned, certify that to the best of my knowledge and belief, the data provided above correctly describes my qualifications, my experiences, and other relevant information about myself.

Signature of Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date (Day/Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## FORM F: Price Schedule Form

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Bidder: | [Insert Name of Bidder] | Date: | Select date |
| ITB reference: | **UNDP-ITB-2021-004** – **Supply of Medicines & Medical Equipment and Protective items** | | |

The Bidder is required to prepare the Price Schedule following the below format. The Price Schedule must include a detailed cost breakdown of all goods and related services to be provided.

The price of each Kit should be inclusive of Freight & Insurance Cost at a destination point.

Considering that some companies in Kazakhstan are VAT payers and the VAT is reimbursed to UNDP by the Government, the financial proposals will be evaluated on netto approach (without VAT).

UNDP will award a contract to the lowest-priced technically responsive bid under Option 1 which shall be the default option as it is a preference of UNDP to have the goods packed in kits by the bidder. However, UNDP reserves the right to award a contract based on Option 2 if:

* + - * + No responsive bids have been received for Option 1 or
        + Price difference between the lowest-priced technically responsive bid under Option 1 exceeds 10% of total price of the lowest priced technically responsive bids for individual lots in the OPTION 2.

**Please insert the Currency of the Bid**

**OPTION 1 – Ready Kits (Each fully packed and labeled kit containing the following items as per the Technical Specifications in Section 5a)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. #** | **Item** | **Specs** | **QTY** | **Unit Price** | **Total Price** |
| 1 | Medical kit | Electronic digital Thermometer (01 per kit) | 145,000 ea |  |  |
| Medical Mask (three-layer, single use disposable (box/pack of 100 per kit)) | 145,000 packs |  |  |
| Hand Sanitizer (100 ml) (2 per kit) | 290,000 bottles |  |  |
| Ibuprofen tablet 400mg (pack of 20 (or 2strips of 10 tablets) | 145,000 packs |  |  |
| Paracetamol tablet 500 mg (pack of 20 (or 2strips of 10 tablets) | 145,000 packs |  |  |
| 2 | Packing | Packaging and labelling (145,000) | lump sum |  |  |
| 3 | Delivery | DAP Warehouse in Almaty, Kazakhstan | lump sum |  |  |
| **Total Price (Exclusive of VAT)** | | | | |  |
| **VAT, if applicable** | | | | |  |
| **Grand Total Price (Inclusive of VAT)** | | | | |  |

**OPTION 2 (LOT wise basis).**

**Lot 1 (as per Technical Specifications in Section 5a)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Product/Service** | **UOM** | **QTY** | **Unit Price** | **Total Price** |
| **1** | Electronic digital Thermometer | ea | 145,000 |  |  |
| **2** | Delivery: DAP Warehouse in Almaty, Kazakhstan | lump sum |  |  |  |
| **Total Price (Exclusive of VAT)** | | | | |  | |
| **VAT, if applicable** | | | | |  | |
| **Grand Total Price (Inclusive of VAT)** | | | | |  | |

**Lot 2 (as per Technical Specifications in Section 5a)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Product/Service** | **UOM** | **QTY** | **Unit Price** | **Total Price** |
| **1** | Medical Mask | Pack/box of 100 masks | 145,000 |  |  |
| **2** | Delivery: DAP Warehouse in Almaty, Kazakhstan | lump sum |  |  |  |
| **Total Price (Exclusive of VAT)** | | | | |  | |
| **VAT** | | | | |  | |
| **Grand Total Price (Inclusive of VAT)** | | | | |  | |

**Lot 3 (as per Technical Specifications in Section 5a)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Product/Service** | **UOM** | **QTY** | **Unit Price** | **Total Price** |
| **1** | Hand Sanitizer | Bottle of 100 ml | 290,000 |  |  |
| **2** | Delivery: DAP Warehouse in Almaty, Kazakhstan | lump sum |  |  |  |
| **Total Price (Exclusive of VAT)** | | | | |  | |
| **VAT, if applicable** | | | | |  | |
| **Grand Total Price (Inclusive of VAT)** | | | | |  | |

**Lot 4 (as per Technical Specifications in Section 5a)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Product/Service** | **UOM** | **QTY** | **Unit Price** | **Total Price** |
| **1** | Ibuprofen tablet 400mg | Pack of 20 (or 2strips of 10 tablets) | 145,000 |  |  |
| **2** | Delivery: DAP Warehouse in Almaty, Kazakhstan | lump sum |  |  |  |
| **Total Price (Exclusive of VAT)** | | | | |  | |
| **VAT, if applicable** | | | | |  | |
| **Grand Total Price (Inclusive of VAT)** | | | | |  | |

**Lot 5 (as per Technical Specifications in Section 5a)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Product/Service** | **UOM** | **QTY** | **Unit Price** | **Total Price** |
| **1** | Paracetamol tablet 500 mg | Pack of 20 (or 2strips of 10 tablets) | 145,000 |  |  |
| **2** | Delivery: DAP Warehouse in Almaty, Kazakhstan | lump sum |  |  |  |
| **Total Price (Exclusive of VAT)** | | | | |  | |
| **VAT, if applicable** | | | | |  | |
| **Grand Total Price (Inclusive of VAT)** | | | | |  | |

Name of Bidder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of authorised signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FORM G: Form of Bid Security

Bid Security must be issued using the official letterhead of the Issuing Bank.

Except for indicated fields, no changes may be made on this template.

To: UNDP Representative (USD) Account: KZ2483201D0500006013

UNDP Representative (KZT) Account: KZ2483201T0500006005

*(choose the necessary)*

WHEREAS [Name and address of Bidder] (hereinafter called “the Bidder”) has submitted a Bid to UNDP dated Click here to enter a date. to execute goods and/or services (hereinafter called “the Bid”):

AND WHEREAS it has been stipulated by you that the Bidder shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security if the Bidder:

1. Fails to sign the Contract after UNDP has awarded it;
2. Withdraws its Bid after the date of the opening of the Bids;
3. Fails to comply with UNDP’s variation of requirement, as per ITB instructions; or
4. Fails to furnish Performance Security, insurances, or other documents that UNDP may require as a condition to rendering the contract effective.

AND WHEREAS we have agreed to give the Bidder such Bank Guarantee:

NOW THEREFORE we hereby affirm that we are the Guarantor and responsible to you, on behalf of the Bidder, up to a total of [*amount of guarantee*] [*in words and numbers*], such sum being payable in the types and proportions of currencies in which the Price Bid is payable, and we undertake to pay you, upon your first written demand and without cavil or argument, any sum or sums within the limits of *[amount of guarantee as aforesaid*] without your needing to prove or to show grounds or reasons for your demand for the sum specified therein.

This guarantee shall be valid up to 30 days after the final date of validity of bids.

**SIGNATURE AND SEAL OF THE GUARANTOR BANK**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Stamp with official stamp of the Bank]*