**ANNEX C**

**FINANCIAL PROPOSAL TEMPLATE**

**RFPS/NYH/2021/503306**

**Bidders are required to prepare the Financial Proposal in a document separately from the rest of the Technical Proposal and shall use the template provided here in submitting their Financial Proposal. Item I - VI have different financial evaluation weight based on the frequency of occurrence during the LTAS implementation which will be taken into account during the financial evaluation process.**

The Unit Prices proposed will be used later as a basis to create and calculate the costs to undertake specific assignments during the LTAS implementation. The proposed Unit Prices should be applicable over the duration of the LTAS. UNICEF do not warrant that any quantity of services shall be purchased during the term of the arrangement and is not bound to purchase any minimum amount of services.

1. **Annual Subscription Fee (30% weight)**

The annual subscription fee covers the services listed in the Scope of Services of the TOR except for those services covered under Item II - VI below which will be charged as per occurrence following UNICEF specific request.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Number of Staff Members** | **Annual Subscription Fee per Staff**  **(USD)** | | | | | | |
|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** |
| 1. | Below USD 499 |  |  |  |  |  |  |  |
| 2. | From 500 - 999 |  |  |  |  |  |  |  |
| 3. | From 1,000 – 1,499 |  |  |  |  |  |  |  |
| 4. | From 1,500 – 2,999 |  |  |  |  |  |  |  |
| 5. | From 3,000 – 6,999 |  |  |  |  |  |  |  |
| 6. | From 7,000 – 9,999 |  |  |  |  |  |  |  |
| 7. | From 10,000 – 12,999 |  |  |  |  |  |  |  |
| 8. | From 13,000 – 15,999 |  |  |  |  |  |  |  |

1. **Coordination Fee (14% weight)**

|  |  |  |
| --- | --- | --- |
|  | **Services** | **% of total cost paid to the service providers\* (Year 1 - 7)** |
| 1. | Medical evacuation and repatriation coordination fee – by air ambulance |  |
| 2. | Medical evacuation and repatriation coordination fee – by air charter |  |
| 3. | Medical evacuation and repatriation coordination fee – by other modes of surface transportation (grounds/ maritime) |  |
| 4. | Dispatch of medication and medical supplies coordination fee |  |
| 5. | Repatriation of mortal remains coordination fee |  |
| 6. | Local funeral services coordination fee |  |
| 7. | Other coordination fee (if any) |  |
|  |  |  |

**\*** The appointed LTA vendor needs to provide invoice and receipt from the service provider to UNICEF as part of the supporting document for processing payment.

1. **Monitoring of Medical Care, Medical Expense Guarantee and Payment (19% weight)**
2. **Outpatient Service Fee:**

Include the service to monitor the progress of outpatient medical care provided to a member by a medical practitioner and/or guarantee and pays service provider costs associated with a member’s outpatient medical care.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Treatment Duration** | **Outpatient Service Fee per Case**  **(USD)** | | | | | | |
|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** |
| 1. | Up to 14 days |  |  |  |  |  |  |  |
| 2. | Additional days above 14 and up to 60 days |  |  |  |  |  |  |  |
| 3. | 61 consecutive days and over |  |  |  |  |  |  |  |
| 4. | Other outpatient service fee (if any) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Inpatient Service Fee:**

Include the service to monitor the progress of inpatient medical care provided to a member by a medical facility and/or guarantees and pays service provider costs associated with a member’s inpatient medical care.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Treatment Duration** | **Inpatient Service Fee per Day/Patient**  **(USD)** | | | | | | |
|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** |
| 1. | First 14 days |  |  |  |  |  |  |  |
| 2. | Additional days above 14 and up to 60 days |  |  |  |  |  |  |  |
| 3. | 61 consecutive days and over |  |  |  |  |  |  |  |
| 4. | Other inpatient service fee (if any) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Medical Escort Fee (9% weight)**

The medical escort fee should include the followings:

* Medical escort crew charges
* Drugs, disposables, portable medical equipment and surgical sundries costs required during the transportation
* Relevant insurance provisions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Medical Team Originating from** | **Asia**  **(Daily Rate/ Patient)\*** | **Americas, Europe and Middle East**  **(Daily Rate/ Patient)\*** | **Australia, Africa, CIS**  **(Daily Rate/ Patient)\*** |
|  | **YEAR 1** |  |  |  |
| 1. | Emergency Specialist/Anesthetist | **USD …** | **USD …** | **USD …** |
| 2. | General Practitioner | **USD …** | **USD …** | **USD …** |
| 3. | ICU Nurse | **USD …** | **USD …** | **USD …** |
| 4. | Nurse | **USD …** | **USD …** | **USD …** |
| 5. | Other medical escort team fee (if any) |  |  |  |
|  |  |  |  |  |
|  | **Year 2 % price increase** | **…..%** | **…..%** | **…..%** |
|  | **Year 3 % price increase** | **…..%** | **…..%** | **…..%** |
|  | **Year 4 % price increase** | **…..%** | **…..%** | **…..%** |
|  | **Year 5 % price increase** | **…..%** | **…..%** | **…..%** |
|  | **Year 6 % price increase** | **…..%** | **…..%** | **…..%** |
|  | **Year 7 % price increase** | **…..%** | **…..%** | **…..%** |

**\***Daily Rate exclude cost of accommodation, meals, and incidentals which may be quoted by the appointed LTA vendor when required during the LTA implemented for UNICEF approval but the amount shall not exceed the applicable United Nations Daily Subsistence Allowance (DSA) rates, as promulgated by the International Civil Service Commission (ICSC): <http://icsc.un.org/> (information on all countries and destinations can be found by navigating on the map

**V. Medical Coordination Fee for Medical Evacuation and Repatriations by Scheduled Airline (14% weight)**

The medical coordination fee should be based on the patient’s total flight time excluding layover time as detailed on the patient airline ticket and itinerary.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Flight Time (excluding layover time)** | **Seated Patient**  **(Fee per Patient)** | **Stretcher Patient**  **(Fee per Patient)** |
|  | **YEAR 1** |  |  |
| 1. | Totaling 2 hours and below | **USD …** | **USD …** |
| 2. | Totaling over 2 hours and 6 hours or less | **USD …** | **USD …** |
| 3. | Totaling over 6 hours and 10 hours or less | **USD …** | **USD …** |
| 4. | Totaling above 10 hours | **USD …** | **USD …** |
| 5. | Other fee (if any) |  |  |
|  |  |  |  |
|  | **Year 2 % price increase** | **…..%** | **…..%** |
|  | **Year 3 % price increase** | **…..%** | **…..%** |
|  | **Year 4 % price increase** | **…..%** | **…..%** |
|  | **Year 5 % price increase** | **…..%** | **…..%** |
|  | **Year 6 % price increase** | **…..%** | **…..%** |
|  | **Year 7 % price increase** | **…..%** | **…..%** |

**VI. Ground Handing Fees (14% weight)**

The ground handling support includes the facilitation of on the ground administration, logistics or operational support. This support should include:

* Immigration and customs clearance assistance
* Meeting service at points of arrival/departure
* Wheelchair assistance at points of arrival/departure
* Check-in/Departure assistance
* Tarmac access application

1. Where ground handling support is rendered by a service provider, the service provider expenses will be charged at cost.
2. In locations where ground handling support is delivered directly by the appointed LTA vendor’s personnel, a ground handling fee will be charged to UNICEF in accordance with the table below.

|  |  |  |
| --- | --- | --- |
|  | **Americas, Europe and Middle East**  **(Fee per Case)** | **Asia, Australia, Africa and CIS**  **(Fee per Case)** |
| **YEAR 1** | **USD …** | **USD …** |
| **Year 2 % price increase** | **…..%** | **…..%** |
| **Year 3 % price increase** | **…..%** | **…..%** |
| **Year 4 % price increase** | **…..%** | **…..%** |
| **Year 5 % price increase** | **…..%** | **…..%** |
| **Year 6 % price increase** | **…..%** | **…..%** |
| **Year 7 % price increase** | **…..%** | **…..%** |

1. **Re-pricing and Discounts**

|  |  |  |
| --- | --- | --- |
|  | **Treatment Duration** | **% amount passed to UNICEF** |
| 1. | When a discount is secured on behalf of UNICEF or resulting from a process of re-pricing negotiations with preferred networks, a portion of such negotiated discounts shall be passed on to UNICEF. |  |

Name of the Bidder’s Authorized Representative:

Signature of the Bidder’s Authorized Representative:

Date: