**Form B: Financial Proposal Form**

RFP reference no: RFP/2021/25569

Name of Offeror: [insert name of offeror]

The Proposer is required to prepare the Financial Proposal following the below format and be **submitted separately** from the rest of the technical RFP as indicated in the Instruction to Offerors.

**Please ensure that this form is uploaded in the financial envelope checklist under the Financial Offer Details tab of the eSourcing system.**

The financial proposal must be submitted in **USD Dollars.**

**Table 1: Output Cost**

| **Item No** | **Description** | **QTY** | **Price in USD**  **(Lump Sum, All Inclusive) –exc VAT** |
| --- | --- | --- | --- |
| 1 | Implementation of Integrated Drug Efficacy Surveillance (IDES) during 2021-2023 for Plasmodium falciparum and mixed malaria infections in Cambodia | 1 Package | [Offeror to insert price] |
| **Total financial proposal before VAT in USD** | | | **[Insert total lump sum price]** |

**Remark -** all bidders are required to provide a detailed cost breakdown in the format indicated in the table below:

**Table 2 - Breakdown of Cost**

| **No** | **Activity Description** | **UOM** | **QTY** | | | **Unit Price in USD**  **(Exc. VAT)** | | | **Total Price in USD (Exc. VAT)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year 1 - 2021** | **Year 2 - 2022** | **Year 3 - 2023** | **Year 1 - 2021** | **Year 2 - 2022** | **Year 3 - 2023** |
| 1 | [Insert here] | [insert price] | [insert price] | [insert price] | [insert price] | [insert price] | [insert price] | [insert price] | [insert price] |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| **Total financial proposal before VAT in USD** | | | | | | [insert price | [insert price | [insert price | [insert price |

**Payment Schedule (no advanced payment shall be made):**

| No | Milestones | Schedule of Payment of the total contract sum |
| --- | --- | --- |
| 1 | **1st Milestone -** will be completed by June 2022 and the first report completed and submitted for review and approval by CNM. | 30% |
| 2 | **2nd Milestone -** will be completed by December 2022 and the annual report completed and submitted for review and approval by CNM. | 30% |
| 3 | **3rd Milestone -** will be completed by June 2023 and the semester report is prepared accordingly and submitted for review and approval by CNM. | 20% |
| 4 | **4th Milestone -** will be completed by December 2023 and the annual and final report are prepared accordingly and submitted for review and approval by CNM. | 20% |

**Note:**

* Payment will be made within 30days after receiving the semester progress report in line with the set milestone for the specific period and upon submission of an original invoice to UNOPS.
* Please note that the report should be approved or accepted by the National Malaria Program (CNM) before payment can be made.

**Remark: VAT 10% will be charged to the final invoice** ☐ Yes ☐ No

**List of subcontractors or suppliers**

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

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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