**Section III: Returnable Bidding Forms**

**Note to Bidders:** **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 their bid submission.**

This Section comprises the following Returnable Bidding Forms:

* Form C: Bidder Information Form
* Form D: Joint Venture Partner Information Form
* Form E: Bid Submission Form
* Form F: Price Schedule Form
* Form G: Technical Bid Form
* Form I: Manufacturer’s Authorization Form
* Form J: Performance Statement Form

**Form C: Bidder Information Form**

The Bidder shall fill in this Form in accordance with the instructions indicated below. No alterations to its format shall be permitted and no substitutions shall be accepted.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

1. **Background and Expertise of Organization:**

| **Full legal name of Bidder** | [complete] |
| --- | --- |
| **What year was your firm/organization established?** | [complete] |
| **Address of registered office** | [complete] |
| **Name of bidder Representative** | complete] |
| **Has your firm/organization ever filed or petitioned for bankruptcy?** (If YES, explain in detail the reasons why, filing date, and current status.) | [complete] |
| **Does your firm have an actual or potential conflict of interest in this procurement process?** (Refer to Section II: Instructions to Bidders, Article 4, for details on conflict of interest) | [Insert either “No”, or “Yes” in which case please provide details on your actual or potential conflict of interest here] |

1. **UNGM Registration and UNOPS Vendors**

As part of the bid, it is desired that the Bidder goes to the United Nations Global Marketplace (UNGM) registration website: <https://www.ungm.org/Account/Registration> and fills out the registration.

If the Bidder is already registered with UNGM, please provide your UNGM registration number in the table below and please ensure that your firm’s information on UNGM is current.

The Bidder may still bid even if not registered with the UNGM. However, if the Bidder is selected for Contract award, the Bidder must register on the UNGM prior to Contract signature.

| **Are you a UNGM registered vendor?** | ☐ Yes ☐ No If yes, [insert UGNM vendor number] |
| --- | --- |
| **Are you a UNOPS vendor?** | ☐ Yes ☐ No |

1. **Contact details of persons that UNOPS may contact for requests for clarification during bid evaluation:**

| **Name/Surname** | [complete] |
| --- | --- |
| **Title** | [complete] |
| **Tel Number (direct)** | [complete] |
| **Email address (direct):** | [complete] |

PS: This person must be available during the next two weeks following receipt of bid

**Form D: Joint Venture Partner Information Form**

[The Bidder shall fill in this Form in accordance with the instructions indicated below].

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

| **JV / Consortium/ Association Information** | |
| --- | --- |
| **Name** | [complete] |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, e-mail address) | [complete] |
| **Name of leading** partner (with authority to bind the JV, Consortium, Association during the Bidding process and, in the event a Contract is awarded, during contract execution) | [complete] |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the goods/services to be delivered by each** | [complete] |

**Signatures of all partners of the JV:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS 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 E: Bid 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: ITB- Supply of Locally Manufactured Antimalarial Drugs to NMEP of the Federal Ministry of Health of Nigeria,**ITB Case No**. ITB/2023/45734,** dated **[insert date]**

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is: [Insert the total bid price in words and figures, indicating the various amounts and the respective currencies];
  4. The discounts offered and the methodology for their application are:
* **Discounts**: If our bid is accepted, the following discounts shall apply. [Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.]
* **Methodology of application of the discounts**: The discounts shall be applied using the following method: [Specify in detail the method that shall be used to apply the discounts];
  1. Our bid shall be valid for the period of time of [ 90 calendar days ] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders, Article 34 and the General Conditions of Contract;
  3. 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;
  4. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgement or pending legal action against them that could impair their operations in the foreseeable future;
  5. Our firm confirms that the Bidder 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;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. 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 4, Eligibility;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded;
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

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

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

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

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

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

[*Stamp form of bid with official stamp of the bidder*]

**Form F: Price Schedule Form**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders shall fill in these Price Schedule Forms in accordance with the instructions indicated.

**A- Price Schedule Form: Lot 1-** **Supply of Artemether/ Lumefantrine**

**Bid Summary**

| **Bidder’s Total prices EXW (Price of goods EXW (A)** | [insert amount and currency] |
| --- | --- |
| **Transportation cost to the final destinations (B)** | [insert amount and currency] |
| **Unloading cost (C)** | [insert amount and currency] |
| **Bidder’s Total prices DPU (Price of goods EXW + Transportation cost + Unloading cost) = A + B+ C** | [insert amount and currency] |

**Prices for Goods -LOT 1**

| **Item No.** | **Description** | **Qty ( course of treatment/patient) (a)** | **Currency: USD** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit price EXW (b)** | **Unit price DPU (c)** | **Total price EXW (a)x(b)** | **Total price**  **DPU (a)x(c)** |
| 1.1 | Artemether/ Lumefantrine 20/120mg: Dispersible, Fixed Dose Combination tablet, for oral administration for 5-<15kg, 6tabs/blister | 606,789 |  |  |  |  |
| 1.2 | Artemether/Lumefantrine 20/120mg: Dispersible, Fixed Dose Combination tablet, for oral administration for 15-<25kg, 12tabs/blister | 758,487 |  |  |  |  |
| 1.3 | Artemether/Lumefantrine 20/120mg: Fixed Dose Combination tablet for oral administration for 25-<35kg, 18tabs/blister | 485,432 |  |  |  |  |
| 1.4 | Artemether/Lumefantrine 20/120mg: Fixed Dose Combination tablet for oral administration for ≥35kg ,24tabs/blister | 1,183,239 |  |  |  |  |
| **Grand-Total Price of Goods (Lot 1 - USD):** | | | | |  |  |

**B- Price Schedule Form: Lot 2 - Supply of Artesunate/ Amodiaquine**

**Bid Summary**

| **Bidder’s Total prices EXW (Price of goods EXW ( A)** | [insert amount and currency] |
| --- | --- |
| **Transportation cost to the final destinations (B)** | [insert amount and currency] |
| **Unloading cost (C)** | [insert amount and currency] |
| **Bidder’s Total prices DPU (Price of goods EXW + Transportation cost + Unloading cost) = A + B+ C** | [insert amount and currency] |

**Prices for Goods -LOT 2**

| **Item No.** | **Description** | **Qty ( course of treatment/patient)**  **(a)** | **Currency: USD** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit price EXW (b)** | **Unit price DPU (c)** | **Total price EXW (a)x(b)** | **Total price**  **DPU (a)x(c)** |
| 1.1 | Artesunate/Amodiaquine 25/67.5mg: Dispersible, Fixed Dose Combination tablet for oral administration for >4.5kg to <9kg 3tablets X 1pack, 3 tabs/blister | 121,358 |  |  |  |  |
| 1.2 | Artesunate/Amodiaquine 50/135mg: Dispersible, Fixed Dose Combination tablet for oral administration for >9kg to <18kg, 3tabs/blister | 151,697 |  |  |  |  |
| 1.3 | Artesunate/Amodiaquine 100/270mg: Fixed Dose Combination tablet for oral administration for >18kg to <36kg, 3 tabs/blister | 97,086 |  |  |  |  |
| 1.4 | Artesunate/Amodiaquine 100/270mg: Fixed Dose Combination tablet for oral administration for above and >36kg, 6tabs/blister | 236,647 |  |  |  |  |
| **Grand-Total Price of Goods (Lot 2 - USD)** | | | | |  |  |

**C- Price Schedule Form: Lot 3 - Supply of Sulphadoxine Pyrimethamine for IPDP**

**Bid Summary**

| **Bidder’s Total prices EXW (Price of goods EXW (A)** | [insert amount and currency] |
| --- | --- |
| **Transportation cost to the final destinations (B)** | [insert amount and currency] |
| **Unloading cost (C)** | [insert amount and currency] |
| **Bidder’s Total prices DPU (Price of goods EXW + Transportation cost + Unloading cost) = A + B+ C** | [insert amount and currency] |

**Prices for Goods - LOT 3**

| **Item No.** | **Description** | **Qty ( course of treatment/patient) (a)** | **Currency: USD** | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit price EXW (b)** | **Unit price DPU (c)** | **Total price EXW (a)x(b)** | **Total price**  **DPU (a)x(c)** |
| 1 | Sulphadoxine/Pyrimethamine, 500/25mg mg: Fixed Dose Combination tablet for oral administration, 3tabs/blister | 3,537,903 |  |  |  |  |
| **Grand-Total Price of Goods (Lot 3 - USD)** | | | | |  |  |

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

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

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

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

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

**Form G: Technical Bid Form**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section IV: Schedule of Requirements to demonstrate compliance with UNOPS requirements and insert them 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.

**Technical specifications for Goods – Comparative Data Table**

**Lot No 1: Supply of Artemether/ Lumefantrine**

**Please refer to the attached Excel sheet** - **Annex 1: Returnable technical bid form G for Lot 1. Bidders shall complete this form and submit both in signed and stamped PDF and Excel formats.**

**Delivery requirements for Lot 1 - This information is also provided in the Excel sheet Annex 1 - for bidder’s completion and submission**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods Eight (8)- twelve (12) weeks after contract signing  NB: Upon contract signature the awarded vendor shall provide a production and delivery plan and a Monthly progress report. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | NMEP designated warehouses located in the following states:   1. Edo State; 2. Federal Capital Territory; 3. Bayelsa State; 4. Enugu State; 5. Kogi State.   DPU (Delivered at Place Unloaded) Incoterms 2020.  Precise delivery address(es) to be confirmed prior to Contract signature. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | NMEP 1st floor, Abia House, Central Business District, FCT, Abuja, Nigeria  Attn.: Okefu Oyale Okoko email : oyalepp@yahoo.com Tel. 2348037930920, and Karimu Oluwatoyin email: karimuoluwatoyin@rocketmail.com , Tel. 2348146194307 | ☐ Yes ☐ No | Insert details |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No | Insert details |

**Lot No 2: Supply of Artesunate/ Amodiaquine**

**Please refer to the attached Excel sheet** - **Annex 1: Returnable technical bid form G for Lot 2. Bidders shall complete this form and submit both in signed and stamped PDF and Excel formats.**

**Delivery requirements for Lot 2 - This information is also provided in the Excel sheet Annex 1 - for bidder’s completion and submission**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods Eight (8)- twelve (12) weeks after contract signing  NB: Upon contract signature the awarded vendor shall provide a production and delivery plan and a Monthly progress report. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | NMEP designated warehouses located in the following states:   1. Edo State; 2. Federal Capital Territory; 3. Bayelsa State; 4. Enugu State; 5. Kogi State.   DPU (Delivered at Place Unloaded) Incoterms 2020.  Precise delivery address(es) to be confirmed prior to Contract signature | ☐ Yes ☐ No | Insert details |
| **Consignee details** | NMEP 1st floor, Abia House, Central Business District, FCT, Abuja, Nigeria  Attn.: Okefu Oyale Okoko email : oyalepp@yahoo.com Tel. 2348037930920, and Karimu Oluwatoyin email: karimuoluwatoyin@rocketmail.com , Tel. 2348146194307 | ☐ Yes ☐ No | Insert details |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No | Insert details |

**Lot No 3: Supply of Sulphadoxine Pyrimethamine for IPDP**

**Please refer to the attached Excel sheet** - **Annex 1: Returnable technical bid form G for Lot 3. Bidders shall complete this form and submit both in signed and stamped PDF and Excel formats**

**Delivery requirement for Lot 3 - This information is also provided in the Excel sheet Annex 1 - for bidder’s completion and submission**

| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods Eight (8)- twelve (12) weeks after contract signing  NB: Upon contract signature the awarded vendor shall provide a production and delivery plan and a Monthly progress report. | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | NMEP designated warehouses located in the following states:   1. Edo State; 2. Federal Capital Territory; 3. Bayelsa State; 4. Enugu State; 5. Kogi State.   DPU (Delivered at Place Unloaded) Incoterms 2020.  Precise delivery address(es) to be confirmed prior to Contract signature | ☐ Yes ☐ No | Insert details |
| **Consignee details** | NMEP 1st floor, Abia House, Central Business District, FCT, Abuja, Nigeria  Attn.: Okefu Oyale Okoko email : oyalepp@yahoo.com Tel. 2348037930920, and Karimu Oluwatoyin email: karimuoluwatoyin@rocketmail.com , Tel. 2348146194307 | ☐ Yes ☐ No | Insert details |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No | Insert details |

**NB: Consignee-wise quantity distribution - Bidders will distribute and deliver the items as per the below distribution list**

| **Lot N°** | **Line Item/Description** | **Consignee address** | **Distribution Br** | **Unit** |
| --- | --- | --- | --- | --- |
| 1 | 1.1.Artemether/ Lumefantrine 20/120mg: Dispersible, Fixed Dose Combination tablet, for oral administration for 5-<15kg, 6 tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 66,748  Edo = 115,290  Enugu = 139,561  FCT = 145,629  Kogi = 139,561 | Each |
| 1.2. Artemether/Lumefantrine 20/120mg: Dispersible, Fixed Dose Combination tablet, for oral administration for 15-<25kg, 12 tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 83,434  Edo = 144,113  Enugu = 174,452  FCT = 182,036  Kogi = 174,452 | Each |
| 1.3. Artemether/Lumefantrine 20/120mg: Fixed Dose Combination tablet for oral administration for 25-<35kg | NMEP Warehouses in all the five (5) States | Bayelsa = 53,398  Edo = 92,233  Enugu = 111,649  FCT = 116,503  Kogi = 111,649 | Each |
| 1.4. Artemether/Lumefantrine 20/120mg: Fixed Dose Combination tablet for oral administration for≥35kg,  24tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 130,157  Edo = 224,815  Enugu = 272,145  FCT = 283,977  Kogi = 272,145 | Each |
| 2 | 2.1 Artesunate/Amodiaquine 25/67.5mg: Dispersible, Fixed Dose Combination tablet for oral administration for >4.5kg to <9kg 3tablets X 1pack, | NMEP Warehouses in all the five (5) States | Bayelsa = 13,350  Edo = 23,058  Enugu = 27,912  FCT = 29,126  Kogi = 27,912 | Each |
| 2.2. Artesunate/Amodiaquine 50/135mg: Dispersible, Fixed Dose Combination tablet for oral administration for >9kg to <18kg, 3tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 16,688  Edo = 28,822  Enugu = 34,890  FCT = 36,407  Kogi = 34,890 | Each |
| 2.3. Artesunate/Amodiaquine 100/270mg: Fixed Dose Combination tablet for oral administration for >18kg to <36kg, 3tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 10,679  Edo = 18,446  Enugu = 22,330  FCT = 23,301  Kogi = 22,230 | Each |
| 2.4. Artesunate/Amodiaquine 100/270mg: Fixed Dose Combination tablet for oral administration for above and >36kg, 6tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 26,031  Edo = 44,963  Enugu = 54,429  FCT = 56,795  Kogi = 54,429 | Each |
| 3 | Sulphadoxine/Pyrimethamine, 500/25mg mg: Fixed Dose Combination tablet for oral administration, 3tabs/blister | NMEP Warehouses in all the five (5) States | Bayelsa = 247,653  Edo = 707,581  Enugu = 742,960  FCT = 778,339  Kogi = 1,061,370 | Each |

**Sustainability criteria - to be evaluated as part of technical evaluation based on Pass/Fail**

**Sustainability criteria 1**- Bidders should provide supporting documentation which outlines its procedure for waste management & disposal. The plan should explain the formal plan for waste management which outlines how waste will be minimised, sorted, stored, and disposed of;

**Sustainable criteria 2**- Bidders should provide Gender and social inclusion mainstreaming plans of the organisation which explains the practical plan (or demonstrate experience) for implementing gender mainstreaming (and/or social inclusion) activities during the execution of the contract, from planning to closure.

Bidder shall provide a practical plan (or demonstrate experience) for implementing gender mainstreaming (and/or social inclusion) activities during the execution of the contract, from planning to closure. The plan should relate to the gender equality goals or the dedicated gender action plan of the project, and at a minimum should include the following:

**●** specific gender equality (and/or social inclusion) objectives suggested by the bidder;

● key activities and timelines required to achieve the objectives;

● clear accountability metrics for each task assigned by role;

● mechanisms to monitor the successful implementation of activities;

● anticipated benefits or results for beneficiaries (differentiating by sex and other socio-economic characteristics);

● commitment to debrief or report on the progress of the Gender Mainstreaming and social inclusion activities as per the project plan.

**Related services requirements**

The following inspections and tests shall be performed:

UNOPS or its representative shall inspect and/or test any or all items of the goods to confirm their conformity to the contract, prior to dispatch from the manufacturer’s premises. Such inspection and clearance will not prejudice the right of the consignee to inspect and test the goods on receipt at destination.

If the goods fail to meet the laid down specifications, the supplier shall take immediate steps to remedy the deficiency or replace the defective goods to the satisfaction of the purchaser.

The offered goods and related services (if applicable) are in accordance with the required specifications and requirements specified in **Section IV: Schedule of Requirements**.

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

**Form I: Manufacturer’s Authorization Form**

A letter issued by the manufacturer authorizing the applicant to participate in this particular ITB must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

**WHEREAS**

We ***[insert complete name of manufacturer***], who are official manufacturers of [***insert type of goods manufactured],*** having factories at ***[insert full address of manufacturer’s factories***], do hereby authorize ***[insert complete name of bidder]*** to submit a bid the purpose of which is to provide the following goods, manufactured by us ***[insert name and or brief description of the goods]***, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the Provision of Goods, with respect to the goods offered by the above firm.

Signed: [***insert signature(s) of authorized representative(s) of the manufacturer]***

Name***: [insert complete name(s) of authorized representative(s) of the manufacturer]***

Title: ***[insert title]***

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ ***[insert date of signing]***

**Form J: Performance Statement Form**

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

| **Order placed by [Full address of purchaser]** | **Order no. & date** | **Description & quantity of ordered items** | **Value of order** | **Date of completion of delivery** | | **Remarks indicating reasons of late delivery, if any** | **Was the supply of goods satisfactory?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **As per Contract** | **Actual** |
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Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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