# SECTION VI: RETURNABLE SCHEDULES

## Instructions for completing the returnable Schedules

1. Bidders are required to complete all the returnable Schedules listed in Schedule 0.13 [*Quotation Checklist*], sign them and return them as part of their quotation submission. The bidder shall fill in all forms in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.
2. Content to be completed in each returnable Schedule is highlighted in grey, either with or without additional instructions in brackets, as shown in the examples below and should be completed by fully replacing all the grey highlights with the relevant text. Additional instructions are also highlighted in grey and should be deleted prior to completion. The final version of these Schedules should not include any grey highlights.  
     
   Without additional instructions (example before completion):

**Amount in words:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Amount in figures:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Without additional instructions (example after completion):

**Amount in words:** Seven million five hundred twenty thousand

**Amount in figures:** 7,520,000

With additional instructions in brackets (example before completion):

“... duly authorized by [insert name of bidder] to sign this quotation …”

With additional instructions in brackets (example after completion):

“... duly authorized by ABC, Inc. to sign this quotation …”

With check box selections to be made (example before completion):

[To select an option, put an **X** over the relevant blank box]   
Schedule 0.1 [*Quotation Submission Declaration*] ☐ YES ☐ NO ☐ N/A  
Schedule 0.2 [*Bidder’s Information*] ☐ YES ☐ NO ☐ N/A

With check box selections to be made (example after completion):

Schedule 0.1 [*Quotation Submission Declaration*] **X** YES ☐ NO ☐ N/A  
Schedule 0.2 [*Bidder’s Information*] **X** YES ☐ NO ☐ N/A

1. If after assessing this opportunity the bidder decides not to submit a quotation, UNOPS asks that the bidder still returns Schedule 0.12 [*Quotation/No Quotation Confirmation*] indicating the reasons for non-participation.
2. Bidders shall submit exclusivity and availability statements for all the proposed Key Personnel listed in Schedule 4.4 [*Key Personne*l] in accordance with the form set out in Schedule 0.6 [*Statement of Exclusivity and Availabilit*y]

## SCHEDULE 0: RFQ SCHEDULES

### 0.1 Quotation Submission Declaration

**Submission date:** \_\_\_/\_\_\_/\_\_\_

**Subject:** Quotation for the provision of [insert brief information on the Services] in [name of country/city], RFQ ref. No. Req-MOZ-2023-036, dated [insert date]

We, the undersigned, declare that:

* 1. We have examined and have no reservations regarding the quotation documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to execute the Services in conformity with the quotation documents, including the Conditions of Contract and in accordance withSection IV: Schedule of Details;
  3. Our quotation shall be valid for the period of [insert number of days – not less than the quotation validity period specified in the Particulars] days from the date fixed for the deadline for quotation submission as set out in the Particulars, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  4. If our quotation is accepted, and if so requested in the Particulars, we commit to obtaining a Performance Security, in accordance with Section IV: Schedule of Details, Schedule 1.1 [*Details Provided by the Employer*] and the General Conditions of Contract;
  5. 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;
  6. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against us that could impair our operations in the foreseeable future;
  7. Our entity confirms that we the bidder and the sub-consultants identified have not been associated or have not been involved in any way, directly or indirectly, with the preparation of the design (if applicable, the scope of Services) and/or other documents used as a part of this solicitation;
  8. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  9. Our firm, its affiliates or subsidiaries – including any sub-consultants or suppliers for any part of the contract – have not been declared ineligible by UNOPS, nor are they included in the suspended/ineligibility list in accordance with Section I: Instructions to Bidders, Article 4 [*Bidder Eligibility*];
  10. 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;
  11. We understand that UNOPS is not bound to accept the lowest priced evaluated quotation or any other quotation that UNOPS may receive.

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

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

[Stamp this form with official stamp of the bidder]

### 0.2 Bidder’s Information

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

[To select an option, put an **X** over the relevant blank box]

1. **Background of bidder:**

| **Full legal name of bidder** |  |
| --- | --- |
| **Year the entity was established** |  |
| **Address of registered office** |  |
| **Name of bidder representative** |  |
| **Has the entity ever filed or petitioned for bankruptcy?** | ☐ Yes ☐ No |
| * If “Yes”, please explain in detail the reasons why, filing date and current status. |  |
| **Does the entity have an actual or potential conflict of interest in this procurement process?** (Refer to **Section I: Instructions to Bidders**, Article 4 [*Bidder Eligibility*] for details on conflict of interest.) | ☐ Yes ☐ No |
| * If “Yes”, please provide details on the entity’s actual or potential conflict of interest. |  |

1. **UNGM Registration and UNOPS vendors**

As part of the quotation, it is desired that the bidder fills out the registration on the [United Nations Global Marketplace (UNGM) registration website](https://www.ungm.org/Account/Registration).

If the bidder is already registered with UNGM, please provide the UNGM registration number in the table below. Please also ensure that the entity’s information on UNGM is current.

The bidder may still submit a quotation even if not registered with the UNGM. However, if the bidder is selected for the Contract award, the bidder must register on UNGM before signing the Contract.

| **Are you a UNGM registered vendor?** | ☐ Yes ☐ No |
| --- | --- |
| * If “Yes”, insert the UNGM vendor number |  |
| **Are you a UNOPS vendor?** | ☐ Yes ☐ No |

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

| **Name and surname** |  |
| --- | --- |
| **Title** |  |
| **Telephone number (direct)** |  |
| **Email address (direct):** |  |

**ATTENTION: This person must be available during the two weeks following receipt of the quotation.**

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.3 Joint Venture Partner Information

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

**ATTENTION:** This Schedule should only be completed and returned with the quotation if the quotation is submitted as a Joint Venture.

| **Joint Venture Information** | |
| --- | --- |
| **Name** |  |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, email address) |  |
| **Name of leading partner**  (with authority to bind the Joint Venture, during the bid process and, in the event a Contract is awarded, during Contract execution) |  |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the Services to be performed by each** |  |

**Signatures of all partners of the Joint Venture:**

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

| **Name of partner:** |  | **Name of partner:** |
| --- | --- | --- |
| **Date:** |  | **Date:** |
| Signature: |  | Signature: |

| **Name of partner:** |  | **Name of partner:** |
| --- | --- | --- |
| **Date:** |  | **Date:** |
| Signature: |  | Signature: |

## 

### 0.4 Capacity and Experience

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

1. **Similar Contracts during the last** \_\_\_ **years**

| **No.** | **Contract title** | **Client** | **Location** | **Contract amount** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **All current contracts underway**

| **No.** | **Contract title** | **Client** | **Location** | **Contract amount** | **Value of remaining work** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **All contracts committed to start**

| **No.** | **Contract title** | **Client** | **Location** | **Expected value of work** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Assets** [delete if not required]

| **No.** | **Name of asset** | **Asset owned or leased by the entity** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.5 Format for Resume of Proposed Key Personnel

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

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

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 

### 0.6 Statement of Exclusivity and Availability

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

I, the undersigned, hereby declare that I agree to participate exclusively with the bidder [insert bidder name] in the above-mentioned RFQ. I further declare that I am able and willing to work for the period(s) foreseen for the position for which my CV has been included in the event that this quotation is successful, namely:

| **From** | **To** |
| --- | --- |
| [start of period 1] | [end of period 1] |
| [start of period 2] | [end of period 2] |
| [etc.] | [etc.] |

I confirm that I am not engaged with other projects in a position that will require my Services during the time periods in which my Services are required under this RFQ.

By making this declaration, I understand that I am not allowed to present myself as a candidate to any other bidder submitting a quotation for this RFQ. I am fully aware that if I do so, I will be excluded from this RFQ, the quotations may be rejected, and I may also be subject to exclusion from other UNOPS tender procedures and contracts.

Furthermore, should this quotation be successful, I am fully aware that if I am not available at the expected start date of my Services for reasons other than ill health or *force majeure*, I may be subject to exclusion from UNOPS other tenders and contracts, and the notification of award of contract to the bidder may be rendered null and void.

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.7 Performance Statement

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

| **Contract No.: [#######]** | |
| --- | --- |
| **Contract awarded by**  (full address of the Client) |  |
| **Contract date** (DD/MM/YY) |  |
| **Description of Scope of Services** |  |
| **Value of Contract** |  |
| **Date of completion** | * **As per Contract:** * **Actual:** |
|
| **Remarks indicating satisfaction on performance, reasons for late completion or any other, if any** |  |

| **Contract No.: [#######]** | |
| --- | --- |
| **Contract awarded by**  (full address of the Client) |  |
| **Contract date** (DD/MM/YY) |  |
| **Description of Scope of Services** |  |
| **Value of Contract** |  |
| **Date of completion** | * **As per Contract:** * **Actual:** |
|
| **Remarks indicating satisfaction on performance, reasons for late completion or any other, if any** |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.8 Form for Bid Security ( NOT USED)

### 

### 0.9 DRiVE Supplier Sustainability Questionnaire

### ( NOT USED)

### 0.10 Dispute Details

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

**ATTENTION:**Bidders shall submit a statement below providing details of any current contract dispute and/or arbitral or legal proceeding involving the bidder. The statement shall include details of any dispute which has been, or is reasonably likely to be, referred to formal dispute proceedings (e.g., mediation or arbitration) or is the subject of litigation in any court locally or internationally. This information shall be provided regardless of whether such action has been instigated by the bidder against a client or a client of the bidder against the bidder.

|  |
| --- |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.11 Acknowledgement of the Addenda

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

We acknowledge receipt of the following addenda, which have been taken into account in preparing the quotation:

| **Addendum Number** | **Dated** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.12 Quotation/No Quotation Confirmation

| **To:** | UNOPS  [insert name and office of contact person] | **Email:** [insert UNOPS contact person’s email and do not enter secure quotation email address] |
| --- | --- | --- |
| **From:** | [insert name of bidder] | **Date:** \_\_\_/\_\_\_/\_\_\_ |
| **Subject:** | RFQ reference No.: [RFQ/202#/#####] | |

| **Insert an “X” where applicable** | **Description** |
| --- | --- |
|  | **YES**, we intend to submit a quotation. |
|  | **NO**, we are unable to submit a competitive offer for the requested scope of Services at the moment. |

If you selected NO above, please state the reason(s) below:

| **Insert an “X” where applicable** | **Description** |
| --- | --- |
|  | The requested Services are not within our range of services performed. |
|  | We are unable to submit a competitive offer for the requested scope of Services at the moment. |
|  | Some materials, tools, systems, required equipment and/or products are not available at the moment. |
|  | We cannot meet the requested requirements to provide the Services. |
|  | The information provided for quotation purposes is insufficient. |
|  | The RFQ is too complicated. |
|  | Insufficient time is allowed to prepare a quotation. |
|  | We cannot meet the delivery requirements. |
|  | We cannot adhere to the terms and conditions (please specify: payment terms, request for performance security, etc.). |
|  | Sustainability criteria/requirements are too stringent (if applicable). |
|  | We do not provide such Services for the UN. |
|  | The scope of Services is too small. |
|  | Our Service provision capacity is currently full. |
|  | The person that handles quotations is away from the office. |
|  | Other (please provide reasons): |
|  | We would like to receive future RFQs for this type of Services. |
|  | We don’t want to receive RFQs for this type of Services. |

If UNOPS has questions to the bidder concerning this not submission of quotation, UNOPS should contact Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who will be able to assist.

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| **Signature:** |

### 0.13 Quotation Checklist

**RFQ reference No.:**  Req-MOZ-2023-036

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

[To select an option, put an **X** over the relevant blank box]

| **Activity** | **Yes, No, or N/A** | **Page #**  **in the quotation** | **If NO provide comment** |
| --- | --- | --- | --- |
| **Have you duly completed all the returnable Schedules?** | **☐ YES ☐ NO ☐ N/A** |  |  |
| * Schedule 0.1 [*Quotation Submission Declaration*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.2 [*Bidder’s Information*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.3 [*Joint Venture Partner Information*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.4 [*Capacity and Experience*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.5 [*Format for Resume of Proposed Key*   *Personnel*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.6 [*Statement of Exclusivity and Availability*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.7 [*Performance Statement*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.8 [*Form for Quotation Security*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.9 [*DRiVE Supplier Sustainability*   *Questionnaire*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.10 [*Dispute Details*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.11 [*Acknowledgement of the Addenda*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.12 [*Quotation/No Quotation Confirmation*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.13 [*Quotation Checklist*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 1.2 [*Details Provided by the Consultant*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.1.A [*Breakdown of the Fees and Reimbursable cost*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.1.B [*Daily Rate Schedule*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.2 [*Programme*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.3 [*Method Statement*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.4 [*Key Personnel*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.5 [*Organizational Structure*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.6 [*Sub-consultants*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.7 [*Consultant’s Equipment and Machinery*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.8 [*Insurance Details and Insurances*] | ☐ YES ☐ NO ☐ N/A |  |  |
| **Have you provided the required documents to establish compliance with the evaluation criteria established in Section II: Evaluation and Method Criteria?** | **☐ YES ☐ NO ☐ N/A** |  |  |
| * Copy of audited financial statements of the [five (5)] years | ☐ YES ☐ NO ☐ N/A |  |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

## 

## SCHEDULE 1: CONTRACT DETAILS

### 1.2 Details Provided by the Consultant[[1]](#footnote-0)

| **Sub-Clause No.** | **Description** | **Details** |
| --- | --- | --- |
| **1.1** | Accepted Contract Amount | Lot 01 - Engineering Services for Technical Assessment Water Supply Infrastructures & Systems in the Cabo Delgado Province, Republic of Mozambique: Palma Sede Old system, Palma Sede area 4, Palma Sede area 5, Mute, Palma sede Manguna, Quionga and Quirinde PALMA  **Amount in words:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Amount in figures:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1.3** | Consultant’s address for communication | **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone/Mobile number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4.3** | Consultant’s Representative | **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone/Mobile number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## 

## SCHEDULE 4: CONTRACT SCHEDULES FROM THE OFFEROR

### 4.1 Fees and Reimbursable Cost

#### 4.1.A Breakdown of the Fees and Reimbursable cost

| **No.** | **Fees Description** | **Rate** | **Unit** | **Amount** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

| **No.** | **Reimbursable Cost Description** | **Rate** | **Unit** | **Amount** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

**Sum of the above constitute the Accepted Contract Amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USD

OR

| **No.** | **Fees Description** | **Amount** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

| **No.** | **Reimbursable Cost Description** | **Rate** | **Unit** | **Amount** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

**Sum of the above constitute the Accepted Contract Amount:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USD

#### 4.1.B Daily Rate Schedule

*(Daily rates for Consultant’s personnel who might provide services excluded from the Scope of Services)*

| **No.** | **Description of Position** | **Rates** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |

#### 

### 

### 4.2 Programme

*(In accordance with Sub-Clause 4.3 of the General Conditions)*

|  |
| --- |

### 4.3 Method Statement

*(Description of the arrangements and methods which the Consultant proposes to adopt for carrying out the Services including the Health, Safety, Social and Environmental Management and Quality Management System)*

|  |
| --- |

### 

### 4.4 Key Personnel

*(Details of Key Personnel in accordance with Sub-Clause 3.6 of the General Conditions)*

| **No.** | **Position description** | **Name** | **Qualification** | **Years of relevant experience** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

### 

### 4.5 Organizational Structure

|  |
| --- |

### 

### 4.6 Sub-consultants

*(Details of Sub-consultants in accordance with Sub-Clause 3.8 of the General Conditions)*

| **No.** | **Description of the Sub-consultant Services** | **Name of the Sub-consultants** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

### 

### 4.7 Consultant’s Equipment and Machinery

*(Details of Consultant’s equipment and machinery)*

| **No.** | **Description of item (equipment or machinery)** | **Units** | **Remarks** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

### 

### 4.8 Insurance Details and Insurances

*(Details of Insurances that are available in accordance with Sub-Clause 9.1 of the General Conditions)*

1. **Professional indemnity insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Public liability insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Workers compensation insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Any other insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **All risk insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. For the purposes of this RFQ, when the term “Consultant” is used, it refers to the bidder. The Schedules, submitted by the bidder whose quotation is selected after evaluation and who is awarded the Contract, will be included in the Contract. [↑](#footnote-ref-0)