# 1. Bid Confirmation Form

*[Complete this page and return it prior to bid opening]*

|  |  |  |
| --- | --- | --- |
|  |  | Date: |
| To: | UNFPA  *[Insert name of Office & contact person]* | Fax/email: *[Insert UNFPA contact person’s fax or email (Not the secure bid fax no./email address)]* |
| From: | *[Company name]* |  |
|  | *[Contact person]* |  |
|  | *[Telephone]* |  |
|  | *[Email address]* |  |
|  | *[Postal address]* |  |
| Subject: | ITB No.: UNFPA*/CC/YY/NNN* | |

YES, we intend to submit an bid.

NO, we are unable to submit a bid in response to the above mentioned Invitation to Bid due to the following reason(s):

( ) The requested products and services are not within our range of supply

( ) We are unable to submit a competitive bid for the requested products at the moment

( ) The requested products are not available at the moment

( ) We cannot meet the requested specifications

( ) We cannot offer the requested type of packing

( ) We can only offer FCA prices

( ) The information provided for quotation purposes is insufficient

( ) Your ITB is too complicated

( ) Insufficient time is allowed to prepare a quotation

( ) We cannot meet the delivery requirements

( ) We cannot adhere to your terms and conditions (please specify: payment terms, request for performance security, etc)

( ) We do not export

( ) Our production capacity is currently full

( ) We are closed during the holiday season

( ) We had to give priority to other clients’ requests

( ) We do not sell directly, but through distributors

( ) We have no after-sales service available in the recipient country

( ) The person handling bid is away from the office

( ) Other (please specify)

Please confirm one of the following two options:

( ) We would like to receive future ITBs for this type of goods

( ) We don’t want to receive ITBs for this type of goods

If UNFPA has questions to the Bidder concerning this NO BID, UNFPA should contact Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, phone/email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who will be able to assist.

# 2. Bid Submission Form

*[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 date (as day, month and year) of Bid Submission]*

**ITB No.:** UNFPA/CC/YY/NNN

To: Complete name of Purchaser, UNFPA

Dear Sir / Madam,

We the Undersigned have examined and have no reservations to the Bidding Documents No. UNFPA/CC/YY/NNN and amendments We hereby offer to supply, in conformity with the Bidding Documents and in accordance with the Delivery Schedules specified in the Schedule of Requirements, the following goods and related services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which are subject to UNFPA General Conditions of Contract and other terms and conditions specified in the document.

We agree to abide by this bid for a period of [*Select between 30-90 days depending on the type of good/commodity*] days from the date fixed for opening of bids in the Invitation to Bid, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

We, including any subcontractors or suppliers for any part of the contract, have nationality from countries\_\_\_\_\_\_\_\_ *[insert the nationality of the Bidder, including that of all parties that comprise the Bidder, if the Bidder is a JV, and the nationality each subcontractor and supplier; otherwise buyer should delete this text if non-applicable*]

We have no conflict of interest in accordance with Instructions to Bidders Sub-Clause 2.1;

Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—have not been declared ineligible by UNFPA, in accordance with Instructions to Bidders Sub-Clause 2.2;

We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

Dated on .............day of ......................................[*year*].

|  |  |
| --- | --- |
| Signature: | ………………………………………………………………  [*insert signature of person whose name and capacity are shown]* |
| In the capacity of: | ………………………………………………………………  *[insert legal capacity of person signing the Bid Submission Form]* |
| Name: | ………………………………………………………………  *[insert complete name of person signing the Bid Submission Form]* |
| Company: | ………………………………………………………………  *[insert name of company]* |

# 3. Bidders Identification Form

Bid No. UNFPA/CC/YY/NNN

1. **Organization**

|  |  |
| --- | --- |
| Company/Institution Name |  |
| Address, City, Country |  |
| Telephone/FAX |  |
| Website |  |
| Date of establishment |  |
| **Legal Representative**: Name/Surname/Position |  |
| **Legal structure**: natural person/Co.Ltd, NGO/institution/other (please specify) |  |
| **Organizational Type**: Manufacturer, Wholesaler, Trader, Service provider, etc. |  |
| Areas of expertise of the organization |  |
| Current Licenses, if any, and permits (with dates, numbers and expiration dates) |  |
| Years supplying to UN organizations |  |
| Years supplying to UNFPA |  |
| Production Capacity |  |
| Subsidiaries in the region (please indicate names of subsidiaries and addresses, if relevant to the bid) |  |
| Commercial Representatives in the country: Name/Address/Phone (for international companies only) |  |

1. **Quality Assurance Certification**

|  |  |
| --- | --- |
| International Quality Management System (QMS) |  |
| List of other ISO certificates or equivalent certificates |  |
| Presence and characteristics of in-house quality control laboratory (if relevant to bid) |  |

1. **Expertise of Staff**

|  |  |
| --- | --- |
| Total number of staff |  |
| Number of staff involved in similar supply contracts |  |

1. **Client Reference List**

Please provide references of main client details.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company | Contact person | Telephone | E-mail |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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

|  |  |
| --- | --- |
| Name/Surname |  |
| Telephone Number (direct) |  |
| Email address (direct) |  |

P.S.: This person must be available during the next two weeks following receipt of bid

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# Product Item Overview Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **Description and minimum /mandatory specifications**  *[Detailed description to be completed by UNFPA]* | **Quantity** | **Description of items offered and Bidder’s statements on deviations**  (To be completed by the Bidder) | **Compliant? (Y/N)**  (To be completed by UNFPA during evaluation) |
| 1 | Toothbrush - medium and hard bristled for adults | 8000 pcs |  |  |
| 2 | Toothbrush - soft, medium bristled for children | 8000 pcs |  |  |
| 3 | Toothpaste - tube up to 100 gr | 8000 pcs |  |  |
| 4 | Dry paper tissue – 2 plies, pack of 200 | 8000 pcs |  |  |
| 5 | Wet wipes – pack of 60 | 8000 pcs |  |  |
| 6 | Toilet Paper – 2 plies, 2 rolls | 8000 set |  |  |
| 7 | Bath soap - antibacterial, 1 bar approx. 100 gr, for children | 8000 pcs |  |  |
| 8 | Sanitary pads - female, w/wings, disposable, pack of 10 | 8000 pcs |  |  |
| 9 | Comb - for hair | 8000 pcs |  |  |
| 10 | Shampoo - for normal hair, PH neutral, 400 ml | 8000 pcs |  |  |
| 11 | Scissors - nail scissors, stainless steel, sharp | 8000 pcs |  |  |
| 12 | Cotton - 100% cotton, pack of 100 gr | 8000 pcs |  |  |
| 13 | Washing powder - for clothes, color, pack of 400gr | 8000 pcs |  |  |
| 14 | Hand towel - 100% cotton, medium size | 8000 pcs |  |  |
| 15 | Underwear - L size, cotton, unicolor | 8000 pcs |  |  |
| 16 | Bottled water - 2 bottles of 05 l | 8000 set |  |  |
| 17 | Alco spray 05 l | 8000 pcs |  |  |
| 18 | Bags for packaging - textile | 8000 pcs |  |  |

*(Use the spreadsheet “Product Item Overview Form.xls” if a large number of items need to be compared.)*

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# 5. Price Schedule Form

[*You can include an Excel spreadsheet instead of this format. PLEASE DELETE*]

*[The Bidder shall fill in these Price Schedule Forms in accordance with the instructions indicated. The list of line items in column 1 of the* ***Price Schedules*** *shall coincide with the list of goods and related services specified by UNFPA in the Schedule of Requirements.]*

|  |  |
| --- | --- |
| **BIDDER’S TOTAL PRICES (Price & Currency to be entered by Bidder):** | |
| TOTAL FIRM FCA PRICE |  |
| TOTAL FIRM CPT/CFR [*delete unwanted option*,] PRICE |  |
| TOTAL PRICE FOR SERVICES *(if applicable)* |  |
| FREIGHT COST PER 20/40 FT CONTAINER *(if applicable)* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BIDDER’S PRICES FOR GOODS (Price & Currency to be entered by Bidder):** | | | | | | |
| ITEM/LOT | DESCRIPTION OF THE GOODS | QTY  (a) | CURRENCY: | | | |
| UNIT PRICE FCA  (b) | UNIT PRICE  CPT  (c) | TOTAL PRICE FCA  (a)x(b) | TOTAL PRICE  CPT  (a)x(c) |
| 1. |  |  |  |  |  |  |
| 2. | *Insert more rows if necessary* |  |  |  |  |  |
| 3. | *or delete if too many* |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BIDDER’S DELIVERY DATA** | | | | | |
| Country of origin of offered products: | Item 1 |  | | | |
|  | Item 2 | *Insert more rows in each section if necessary* | | | |
|  | Item 3 | *or delete if too many* | | | |
| FCA point(s) of delivery for offered products: | Item 1 |  | | | |
|  | Item 2 |  | | | |
|  | Item 3 |  | | | |
| Delivery time (FCA from date of order): | Item 1 |  | | | |
|  | Item 2 |  | | | |
|  | Item 3 |  | | | |
| Shipment dimensions of offered products (including package): |  | Gross weight | Total volume | *Containers (if applicable):* | |
|  | *Number* | *Size* |
|  | Item 1 |  |  |  |  |
|  | Item 2 |  |  |  |  |
|  | Item 3 |  |  |  |  |
|  | Total |  |  |  |  |

|  |  |
| --- | --- |
| **BIDDER'S SIGNATURE AND CONFIRMATION OF THE ITB** | |
| PROVIDED THAT A PURCHASE ORDER IS ISSUED BY UNFPA **WITHIN THE REQUIRED BID VALIDITY PERIOD**, THE UNDERSIGNED HEREBY COMMITS, SUBJECT TO THE TERMS OF SUCH PURCHASE ORDER, TO FURNISH ANY OR ALL ITEMS AT THE PRICES OFFERED AND TO DELIVER SAME TO THE DESIGNATED POINT(S) WITHIN THE DELIVERY TIME STATED ABOVE. | |
| *Exact name and address of company*  COMPANY NAME  ADDRESS    PHONE NO. FAX NO.  EMAIL ADDRESS OF CONTACT PERSON  OTHER EMAIL ADDRESSES | **AUTHORIZED SIGNATURE** **DATE**    NAME OF AUTHORIZED SIGNATORY (TYPE OR PRINT)    FUNCTIONAL TITLE OF SIGNATORY  **WEB SITE** |