|  |
| --- |
| **Invitation for Bids (ITB) for Goods/Services** |
| **Project: 23144-00 “Minimising the Impact of the COVID-19 Outbreak in Georgia through Telemedicine and Digital Health Solutions”**  **“Medical Devices (MD) for Telemedicine System of Rural Primary Health Care of Georgia**  **(Re-Announcement)”**  **Lot 1 - ECG Machine, Portable**  **Lot 2 - Otoscope, Digital**  **Lot 3 - Dermatoscope, Portable**  **Lot 4 - Digital Ophthalmoscope, Video display** |
| **Ref No: ITB/2023/48725**  **November 2023** |

**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:

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[Form A: Bidder Information Form 2](#_Toc151544105)

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# Form A: 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/organisation established?** | [complete] |
| **Address of registered office** | [complete] |
| **Name of bidder Representative** | complete] |
| **Has your firm/organisation 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/Registration/RegisterSupplier.aspx> 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 If yes, [insert UNOPS vendor ID] |

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 B: 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 fulfilment 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 C: 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: Bid for the supply of** [***Insert a brief description of goods/services*]****in**[***Name of country/city*],** ITB Case No**. [Insert ITB ref number],** 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 [insert number of days which shall not be less than the specified in Section I: ITB Particulars, Period of Validity of Bids] 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 D: 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.

|  |  |
| --- | --- |
| **Currency** | **USD** |
| **DPU (Delivered at Place Unloaded) Incoterms 2020** | **50 locations throughout Georgia** |

**Lot #1:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Qty** | **Unit price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | **Total price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | |
| **1.** | **ECG Machine, Portable** | 50 units | insert | insert | |
| 1.1. | DPU to 50 locations throughout Georgia | 50 units | insert | insert | |
| 1.2. | Installation | 50 units | insert | insert | |
| 1.3 | Warranty – 2 **(two)** years | 50 units |  |  | |
| **2.** | **Trainings** |  |  |  | |
| 2.1 | User training for 50 ambulatories’ personnel (to be delivered individually at 50 locations). | 50 sessions | insert | insert | |
| 2.2 | Service training for client organisation’s technical personnel  (to be delivered in Tbilisi) | 1 session | insert | insert | |
| **Tatal Price in USD:** | | | | |  | |

**Lot #2:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Qty** | **Unit price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | **Total price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | |
| **2.** | **Otoscope, Digital** | 50 units | insert | insert | |
| 1.1 | DPU to 50 locations throughout Georgia | 50 units | insert | insert | |
| 1.2 | Installation | 50 units | insert | insert | |
| 1.3 | Warranty – 2 **(two)** years | 50 units | insert | insert | |
| **2.** | **Trainings** |  |  |  | |
| 2.1 | User training for 50 ambulatories’ personnel (to be delivered individually at 50 locations). | 50 sessions | insert | insert | |
| 2.2 | Service training for client organisation’s technical personnel  (to be delivered in Tbilisi) | 1 session | insert | insert | |
| **Tatal Price in USD:** | | | | |  | |

**Lot #3:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Qty** | **Unit price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | **Total price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | |
| **1** | **Dermatoscope, portable** | 50 units | insert | insert | |
| 1.1 | DPU to 50 locations throughout Georgia | 50 units | insert | insert | |
| 1.2 | Installation | 50 units | insert | insert | |
| 1.3 | Warranty – 2 **(two)** years | 50 units | insert | insert | |
| **2.** | **Trainings** |  |  |  | |
| 2.1 | User training for 50 ambulatories’ personnel (to be delivered individually at 50 locations). | 50 sessions | insert | insert | |
| 2.2 | Service training for client organisation’s technical personnel  (to be delivered in Tbilisi) | 1 session | insert | insert | |
| **Tatal Price in USD:** | | | | |  | |

**Lot #4:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No** | **Description** | **Qty** | **Unit price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | **Total price**  **(DPU Incoterm, including registration formalities)**  **VAT free** | |
| **1** | **Digital Ophthalmoscope,**  **Video display** | 50 units | insert | insert | |
| 1.1 | DPU to 50 locations throughout Georgia | 50 units | insert | insert | |
| 1.2 | Installation | 50 units | insert | insert | |
| 1.3 | Warranty – 2 **(two)** years | 50 units | insert | insert | |
| **2.** | **Trainings** |  |  |  | |
| 2.1 | User training for 50 ambulatories’ personnel (to be delivered individually at 50 locations). | 50 sessions | insert | insert | |
| 2.2 | Service training for client organisation’s technical personnel  (to be delivered in Tbilisi) | 1 session | insert | insert | |
| **Tatal Price in USD:** | | | | |  | |

Payment terms **30 days** accepted: ☐ Yes

**Bidder’s discount for accelerated payment:** \_\_\_\_% of total firm price for each calendar day less than thirty (30) days

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/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 authorised by [***insert full name of Bidder***] to sign this quotation and bind [***insert full name of Bidder***] should UNOPS accept this quotation:

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

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

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

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

# Form E: 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.

1. **Summary of Requirements**

Provision of Medical Devices (MDs) for Georgian telemedicine system for Rural Primary Health Care

1. **Technical specifications for Goods and Comparative Data Table**

**Bidder to complete all fields indicated in** BLUE

**Lot #1:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **UNOPS Minimum Technical Requirements** | **Is Bid compliant?**  Bidder to complete | **Details of goods offered.**  Bidder to complete.  (Please provide detailed information. Please provide detailed specifications of the proposed equipment. Do not leave empty) |
| **I** | **ECG Machine, Portable** | **Model and Make**  Insert details | **Country of Origin**  Insert details |
| 1 | **Description of Function:** ECG machine having 12-  channels with interpretation for recording and analysing the waveform with special software. | ☐ Yes ☐ No | Insert details |
| 2 | **Operational Requirements:** The ECG machine must be able to acquire 12 leads simultaneously for both adult and pediatric patients. | ☐ Yes ☐ No | Insert details |
| A | **Technical Requirements:** |  |  |
| 3 | Visualization of at least one group of 6 leads simultaneously. | ☐ Yes ☐ No | Insert details |
| 4 | At least one ECG patient cable with at least 10  terminals. | ☐ Yes ☐ No | Insert details |
| 5 | At least 8” LCD or TFT color display with visualization of: analogical curves, alphanumeric values and the related physiological limits | ☐ Yes ☐ No | Insert details |
| 6 | Integrated alphanumeric keyboard. | ☐ Yes ☐ No | Insert details |
| 7 | Bandwidth in monitor mode not smaller than 0.5 to 100Hz | ☐ Yes ☐ No | Insert details |
| 8 | Modes of operation: automatic and manual. | ☐ Yes ☐ No | Insert details |
| 9 | Equipment compatible with patients with pacemakers. | ☐ Yes ☐ No | Insert details |
| 10 | Protection against deﬁbrillation. | ☐ Yes ☐ No | Insert details |
| 11 | Automatic internal data storing up to at least 40 ECG records. | ☐ Yes ☐ No | Insert details |
| 12 | Input impedance not less than 50MΩ. | ☐ Yes ☐ No | Insert details |
| 13 | Common Mode Rejection (CMRR) not less than +100dB. | ☐ Yes ☐ No | Insert details |
| 14 | ECG signal measurement range not smaller than -2 mV to +2 mV | ☐ Yes ☐ No | Insert details |
| 15 | Adjustable ECG measurement sensitivity of at least 5,  10, 20 mm/mV | ☐ Yes ☐ No | Insert details |
| 16 | At least the following adjustable alarms (audible, on screen):   1. Heart failure. 2. Ventricular ﬁbrillation; 3. Tachycardia. 4. Bradycardia. 5. Electrode disconnection. 6. Low battery; | ☐ Yes ☐ No | Insert details |
| 17 | The equipment shall be provided with Arrhythmias detection and analysis. | ☐ Yes ☐ No | Insert details |
| 18 | The equipment shall be provided with Ventricular  ﬁbrillation detection and analysis. | ☐ Yes ☐ No | Insert details |
| 19 | The equipment shall be provided with Ventricular tachycardia detection and analysis. | ☐ Yes ☐ No | Insert details |
| 20 | The equipment shall be provided with ST segment  analysis. | ☐ Yes ☐ No | Insert details |
| 21 | Integrated printer using standard A4 format paper or a roll of paper and diﬀerent report print formats  available. | ☐ Yes ☐ No | Insert details |
| 22 | Selectable printing paper speed (scale) at least of 5, 25 and 50 mm/sec. | ☐ Yes ☐ No | Insert details |
| 23 | Automatic equipment calibration. | ☐ Yes ☐ No | Insert details |
| 24 | Assisted application of leads and signal quality detection. | ☐ Yes ☐ No | Insert details |
| 25 | Port for PC connection and data transmission. | ☐ Yes ☐ No | Insert details |
| 26 | One (1) USB port | ☐ Yes ☐ No | Insert details |
| 27 | Shall have physical connectivity: Wiﬁ, Bluetooth (preferably Bluetooth Low Energy) (required at least one of them), USB or LTE (optional). | ☐ Yes ☐ No | Insert details |
| 28 | Shall have Medical device logical connectivity: HL7/FHIR enabling the exchange of information with all the  medical devices supplied. | ☐ Yes ☐ No | Insert details |
| 29 | It must be compatible with the MiniTM platform architecture or other Telemedicine Platform that will be purchased as a part of UNOPS ITB to interoperate with the telemedicine platform in connected mode and optionally in disconnected mode. | ☐ Yes ☐ No | Insert details |
| 30 | With ﬁlters at least for baseline instability, AC  interference and other devices. | ☐ Yes ☐ No | Insert details |
| 31 | Integrated batteries charger with AC power cable and rechargeable batteries with continuous monitoring working time of no less than 1 hour or 100 ECG. | ☐ Yes ☐ No | Insert details |
| 32 | Integrated batteries can be recharged in 6 hours or  less. | ☐ Yes ☐ No | Insert details |
| 33 | Protections against overvoltage and overcurrent line conditions. | ☐ Yes ☐ No | Insert details |
| B | **Power supply:** |  |  |
| 34 | 220 V ± 10 %, 50/60 Hz: | ☐ Yes ☐ No | Insert details |
| 35 | Network cable, European standard connector: | ☐ Yes ☐ No | Insert details |
| C | **Components, spare parts, consumables:** |  |  |
| 36 | Software licenses and user and maintenance manuals in both Georgian and English. | ☐ Yes ☐ No | Insert details |
| 37 | Two (2) lead patient cables with at least 10 terminals. | ☐ Yes ☐ No | Insert details |
| 38 | Eight (8) reusable clip clamp electrodes. | ☐ Yes ☐ No | Insert details |
| 39 | Two sets of twelve (12) reusable suction ball-type chest electrodes. | ☐ Yes ☐ No | Insert details |
| 40 | Two (2) bottles of gel for body-connection electrodes. | ☐ Yes ☐ No | Insert details |
| 41 | Two (2) box or rolls of ECG paper or A4 paper | ☐ Yes ☐ No | Insert details |
| 42 | Trolley with four castors, drawer. For ease of transport of ECG and the accessories. | ☐ Yes ☐ No | Insert details |
| **D** | **Documentation:** |  |  |
| 43 | Language for interface and manuals preferably in Georgian and English is acceptable. | ☐ Yes ☐ No | Insert details |
| 44 | The bidder must submit one copy of the instruction  manual in the bid. | ☐ Yes ☐ No | Insert details |
| **E** | **Quality and Safety Standards** |  |  |
| 44 | ISO 13485 for the Manufacturer of the oﬀered goods | ☐ Yes ☐ No | Insert details |
| 45 | The device shall be CE marked in conformity with the medical devices’ regulation MDR 2017/745/EEC (Class IIa) and / or FDA approved for domestic market. Please note that CE certiﬁcates shall be issued by a third party (notiﬁed body). | ☐ Yes ☐ No | Insert details |
| 46 | Conformity with EN60601-1: Medical electric equipment and system. | ☐ Yes ☐ No | Insert details |

**Lot #2:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **UNOPS Minimum Technical Requirements** | **Is Bid compliant?**  Bidder to complete | **Details of goods offered.**  Bidder to complete.  (Please provide detailed information. Please provide detailed specifications of the proposed equipment. Do not leave empty) |
| **II** | **Otoscope, digital** | **Model and Make**  Insert details | **Country of Origin**  Insert details |
| 1 | **Description of Function**: A digital Otoscope health scope to check the tympanic membrane of ears. Using its built-in camera, pictures and videos can be captured for real-time viewing, or video that can be stored and forwarded to a medical professional for review and diagnosis. | ☐ Yes ☐ No | Insert details |
| 2 | **Operational Requirements:** Digital Otoscope with charging station, rechargeable battery. | ☐ Yes ☐ No | Insert details |
| A | **Technical Requirements:** |  |  |
| 3 | A full charge shall support at least 5 hours of operating time. | ☐ Yes ☐ No | Insert details |
| 4 | Antenna: Build in IPEX Antenna. | ☐ Yes ☐ No | Insert details |
| 5 | Operating Frequency: 2.4 GH. | ☐ Yes ☐ No | Insert details |
| 6 | Camera Diameter: 3.5 mm or more. | ☐ Yes ☐ No | Insert details |
| 7 | Viewing Angle: 70 degree =/- 5 degrees. | ☐ Yes ☐ No | Insert details |
| 8 | Depth of Field: approx. 10 mm- 30 mm. | ☐ Yes ☐ No | Insert details |
| 9 | Camera Light Source: at least 6 LED’s or more. | ☐ Yes ☐ No | Insert details |
| 10 | Power Input: 5V /1A. | ☐ Yes ☐ No | Insert details |
| 11 | Battery Type: 800mA Lithium Battery | ☐ Yes ☐ No | Insert details |
| 12 | Battery Life: 3 Hours or more | ☐ Yes ☐ No | Insert details |
| 13 | Shall have physical connectivity: Wiﬁ, Bluetooth (preferably Bluetooth Low Energy) (required at least one of them), USB or LTE (optional) | ☐ Yes ☐ No | Insert details |
| 14 | Shall have Medical device logical connectivity: HL7/FHIR enabling the exchange of information with all the medical devices supplied. | ☐ Yes ☐ No | Insert details |
| 15 | It must be compatible with the MiniTM platform architecture or other Telemedicine Platform that will be purchased as a part of UNOPS ITB to interoperate with the telemedicine platform in connected mode and optionally in disconnected mode. | ☐ Yes ☐ No | Insert details |
| B | **Documentation:** |  |  |
| 16 | Language for interface and manuals preferably Georgian and English is acceptable. | ☐ Yes ☐ No | Insert details |
| 17 | The bidder must submit one copy of the instruction manual in the bid. | ☐ Yes ☐ No | Insert details |
| **C** | **Quality and Safety Standards** |  |  |
| 18 | ISO 13485 for the Manufacturer of the oﬀered goods | ☐ Yes ☐ No | Insert details |
| 19 | The device shall be CE marked in conformity with the medical devices’ regulation MDR 2017/745/EEC (Class IIa) and / or FDA approved for domestic market. Please note that CE certiﬁcates shall be issued by a third party (notiﬁed body). | ☐ Yes ☐ No | Insert details |

**Lot #3:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **UNOPS Minimum Technical Requirements** | **Is Bid compliant?**  Bidder to complete | **Details of goods offered.**  Bidder to complete.  (Please provide detailed information. Please provide detailed specifications of the proposed equipment. Do not leave empty) |
| **III** | **Dermatoscope, portable** | **Model and Make**  Insert details | **Country of Origin**  Insert details |
| 1 | **Description of Function**: Dermatoscope is a scope  that is used to examine the skin and look the pigment and vascular structure. | ☐ Yes ☐ No | Insert details |
| 2 | **Operational Requirements:** Dermatoscope with  polarized and non-polarized light and interface with smart phones or computer screen. . | ☐ Yes ☐ No | Insert details |
| **A** | **Technical Requirements:** |  |  |
| 3 | Shall have at least 21 lights - 15 polarized as well as 6 non-polarized lights to be able to visualize pigments and vascular structure. | ☐ Yes ☐ No | Insert details |
| 4 | Shall have detachable contact disc with 10mm scale  (snap lock) | ☐ Yes ☐ No | Insert details |
| 5 | Shall be battery operable with rechargeable Li-ion batteries. | ☐ Yes ☐ No | Insert details |
| 6 | It must be compatible with the MiniTM platform architecture or other telemedicine platform that will be purchased as part of the other UNOPS ITB in order to interoperate with the telemedicine platform in connected mode and optionally in disconnected mode. | ☐ Yes ☐ No | Insert details |
| **B** | **Components, spare parts, consumables:** |  |  |
| 6 | Universal clamp adaptor for smartphones and tablets- 1pc | ☐ Yes ☐ No | Insert details |
| 7 | charging cable - 1pc | ☐ Yes ☐ No | Insert details |
| 8 | Non-contact clear cover/caps- 10 pcs | ☐ Yes ☐ No | Insert details |
| **C** | **Documentation:** |  |  |
| 9 | Language for interface and manuals preferably Georgian and English is acceptable. | ☐ Yes ☐ No | Insert details |
| 10 | The bidder must submit one copy of the instruction  manual in the bid. | ☐ Yes ☐ No | Insert details |
| **D** | **Quality and Safety Standards** |  |  |
| 11 | ISO 13485 for the Manufacturer of the oﬀered goods | ☐ Yes ☐ No | Insert details |
| 13 | The device shall be CE marked in conformity with the medical devices’ regulation MDR 2017/745/EEC (Class IIa) and / or FDA approved for domestic market. Please note that CE certiﬁcates shall be issued by a third party (notiﬁed body). | ☐ Yes ☐ No | Insert details |

**Lot # 4:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **UNOPS Minimum Technical Requirements** | **Is Bid compliant?**  Bidder to Complete | **Details of goods offered.**  Bidder to Complete.  (Please provide detailed information. Please provide detailed specifications of the proposed equipment. Do not leave empty) |
| **IV** | **Digital Ophthalmoscope, Video display** | **Model and Make**  Insert details | **Country of Origin**  Insert details |
| 1 | **Description of Function:** Binocular Indirect Non-mydriatic Ophthalmoscope is used to examine the eye, (mostly back of the eye, Fundus) by providing an inverted image of the fundus. | ☐ Yes ☐ No | Insert details |
| **2** | **Operational Requirements:** Binocular indirect  Ophthalmoscope (wireless), with a light source in the headband. | ☐ Yes ☐ No | Insert details |
| **A** | **Technical Requirements:** |  |  |
| 3 | Binocular Indirect Ophthalmoscope with precision  viewing up to 3.1 mm pupil size | ☐ Yes ☐ No | Insert details |
| 4 | Spot size: integrated small, medium, large spot. | ☐ Yes ☐ No | Insert details |
| 5 | Filters: 4 integrated ﬁlters to choose from red ﬁlter, cobalt blue ﬁlter, yellow ﬁlter and diﬀuser | ☐ Yes ☐ No | Insert details |
| 6 | Vertical adjustment +/- 4 degrees | ☐ Yes ☐ No | Insert details |
| 7 | Headband with Rheostat and Articulating Hinge to provide vertical adjustment of rear band. | ☐ Yes ☐ No | Insert details |
| 8 | Integrated ﬂip up adjustment optics, which can be  locked at 0, 12.5,47,0.5,60 degrees. | ☐ Yes ☐ No | Insert details |
| 9 | Aperture and ﬁlter adjustment shall be adjustable  and locked to the desired position. | ☐ Yes ☐ No | Insert details |
| 10 | IPD range of 45-75mm shall be available (+/- 2mm) | ☐ Yes ☐ No | Insert details |
| 11 | Shall have LED bulb light source | ☐ Yes ☐ No | Insert details |
| 12 | Shall be battery operated with rechargeable Li-ion battery transformer with LED indicator. | ☐ Yes ☐ No | Insert details |
| 13 | Shall have a charging station compatible. | ☐ Yes ☐ No | Insert details |
| 14 | It must be compatible with the MiniTM platform architecture or other Telemedicine Platform that will be purchased as a part of UNOPS ITB to interoperate with the telemedicine platform in connected mode and optionally in disconnected mode. | ☐ Yes ☐ No | Insert details |
| B | **Components, spare parts, consumables:** |  |  |
| 15 | Large and small depressors | ☐ Yes ☐ No | Insert details |
| 16 | Carrying case | ☐ Yes ☐ No | Insert details |
| 17 | Spare rechargeable battery with charger | ☐ Yes ☐ No | Insert details |
| 18 | "+20D lens and +20D | ☐ Yes ☐ No | Insert details |
| C | **Power supply:** |  |  |
| 19 | 220 V ± 10 %, 50/60 Hz: | ☐ Yes ☐ No | Insert details |
| 20 | Network cable, European standard connector: | ☐ Yes ☐ No | Insert details |
| **D** | **Documentation:** |  |  |
| 21 | Language for interface and manuals preferably Georgian and English is acceptable. | ☐ Yes ☐ No | Insert details |
| 22 | The bidder must submit one copy of the  instruction manual in the bid. | ☐ Yes ☐ No | Insert details |
| **E** | **Quality and Safety Standards** |  |  |
| 23 | ISO 10940:2009 for the Manufacturer of the oﬀered goods. | ☐ Yes ☐ No | Insert details |
| 24 | The device shall be CE marked in conformity with the medical devices regulation MDR 2017/745/EEC (Class IIa) and / or FDA approved for domestic market or equivalent to GHTF countries certiﬁcate. Please note that CE certiﬁcates shall be issued by a third party (notiﬁed body). | ☐ Yes ☐ No | Insert details |

1. **Services Requirements (applicable to all 4 (four) lots):**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is Bid compliant?** Bidder to complete | **Details**  Bidder to complete |
| **Installation**  **and Support** | The equipment must be installed, tested, and commissioned by the supplier- **at 50 ambulatories** of Georgia (see Section II, Par F, for detailed list). | ☐ Yes ☐ No | Insert details |
| The bidder must offer a complete solution with all the necessary cables, accessories, parts, components, materials, (the cost of which should be included in the tender offer) for assembly, installation, and commissioning at the workplace - | ☐ Yes ☐ No | Insert details |
| **Users’ Training** | The Bidder shall deliver appropriate user training in Georgian language for effective and problem-free use of the equipment included in this tender at the **50 locations,** within **10 (ten) days** after the delivery, for ambulatories medical personnel. A training proposal for the operation of the equipment must be submitted by the Bidder in the tender.  This proposal shall include at least: Schedule and duration; description of training materials. The training shall be performed by qualified and authorised personnel. | ☐ Yes ☐ No | Insert details |
| **Service Training** | Since the ambulatories (see details in the Distribution Schedule) are in remote locations, Suppliers are requested to quote on the service training. The service training shall take place in Tbilisi, within **10 (ten**) days after the delivery, and teach the technical staff of the client organization: how the device should be serviced (software, gaskets, hoses, batteries, cleaning etc); how often the device should be serviced. how fault analysis of defects is performed. | ☐ Yes ☐ No | Insert details |
| **Warranty** | Warranty for the equipment and its component at least **2 (two**) years.  Within the warranty period, the Supplier, or its authorised service center shall provide maintenance and/or repair services to the equipment operation site not later than 10 (ten) workdays from the date of receipt of written or E-mail notification from an authorised party. The name of the company, address, telephone- and e-mail address must be mentioned in the bid. The service centre shall have at least one certified engineer in its staff.  All costs connected with warranty maintenance are covered by the Supplier. | ☐ Yes ☐ No | Insert details |
| **Service** | Local representation and service centre(s), to provide after sales services in Georgia. | ☐ Yes ☐ No | Insert details |

1. **Delivery requirements and Comparative Data Table (applicable to all 4 (four) lots):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **UNOPS Requirements** | | | **Is Bid compliant?** Bidder to complete | | **Details**  Bidder to complete | |
| **Delivery time** | Bidder shall deliver, install goods, and provide corresponding training within **100 (one hundred) days** after the contract execution.  **UNOPS shall deduct** 0.1% of the total Contract price shall be deducted for each day of delay until actual delivery or performance, up to a maximum deduction of 1**0%.** Once the maximum is reached, UNOPS may terminate the Contract pursuant to the General Conditions of Contract Ref.: to the:   1. Par 36. CONTRACT MANAGEMENT of the Section I – Instructions for Bidders; 2. General Conditions of Contract: <https://www.unops.org/business-opportunities/how-we-procure> | ☐ Yes ☐ No | | Insert details | |
| **Customs clearance and VAT** | Bidders must include in the price all costs related to exportation/ importation procedures, if required, including the costs of custom clearance, offloading of the goods, and transportation of the goods to UNOPS specified locations.  **Bidders to specify DPU delivery time for the quantity as per the price form.**  The international Bidders must include in the price all costs related to exportation/ importation procedures, if required, including the costs of freight forwarder and the custom clearance company. | ☐ Yes ☐ No | | Insert details | |
| **Delivery place and Incoterms rules** | **DPU (delivery at place uploaded) Incoterm**.  50 ambulatories of Georgia, see Section II, Par F for detailed list. | ☐ Yes ☐ No | | Insert details | |
| **Consignee details** | UNOPS Georgia  #87 Z. Paliashvili str., Tbilisi, Georgia. | ☐ Yes ☐ No | | Insert details | |
| **Right to Vary ordered Quantity** | 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 | |

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:

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

# Form F: 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 G: 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** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

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

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

# Form H: Performance Security Form (Bank Guarantee)

Note to bidders: This form, when required, shall only be completed by the successful Bidder after contract award. The bank, as requested by the successful bidder, shall fill in this form in accordance with the instructions indicated.

**Date**: [Insert date (as day, month, and year) of submission]

**ITB No. and title***:* [xx-xxx and title of the ITB]

**Bank’s Branch or Office**: [Insert complete name of guarantor]

**Beneficiary:** [Insert legal name and address of UNOPS]

**Performance Guarantee No.:** [Insert Performance Guarantee number]

We have been informed that [insert complete name of supplier] (hereinafter called "the supplier") has entered into Contract No. [Insert number] dated [Insert day and month], [Insert year] with you, for the supply of [description of goods and related services] (hereinafter called "the contract"). Furthermore, we understand that, according to the conditions of the contract, a Performance Guarantee is required.

At the request of the supplier, we hereby irrevocably undertake to pay you any sum(s) not exceeding [insert amount(s[[1]](#footnote-1)) in figures and words], upon receipt by us of your first demand in writing declaring the supplier to be in default under the contract, without cavil or argument, or your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee shall expire no later than the [insert number] day of [insert month] [insert year],[[2]](#footnote-2) and any demand for payment under it must be received by us at this office on or before that date.

This guarantee is subject to the Uniform Rules for Demand Guarantees (2010 Revision), International Chamber of Commerce Publication No. 758, except that the supporting statement under article 15(a) is excluded.

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

[Signatures of authorized representatives of the bank and the supplier]

# DRIVE Supplier Sustainability Questionnaire

1. *The bank shall insert the amount(s) specified in the SCG and denominated, as specified in the SCG, either in the currency(ies) of the Contract or a freely convertible currency acceptable to UNOPS.* [↑](#footnote-ref-1)
2. *Dates established in accordance with Clause 12 of the General Conditions of Contract (“GCG”). UNOPS should note that in the event of an extension of the time to perform the Contract, UNOPS would need to request an extension of this Guarantee from the Bank. Such request must be in writing, and must be made prior to the expiration date established in the Guarantee. In preparing this Guarantee, UNOPS might consider adding the following text to the Form, at the end of the penultimate paragraph: “We agree to a one-time extension of this Guarantee for a period not to exceed [six months] [one year], in response to UNOPS’s written request for such extension. Such a request is to be presented to us before the expiry of the Guarantee.”* [↑](#footnote-ref-2)