**Section III: Returnable Bidding Forms**

**eSourcing reference**: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

Note to Bidders: The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. 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 your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

**Form A: Quotation 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: Quotation for the Purchase of Various Lights and AC UnitsinHaiti.**

RFQ Case No.: **EPP-RFQ-2024-52230(GM)**, dated **[insert date]**

We, the undersigned, declare that:

* 1. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract;
  2. Our quotation shall be valid for the period of time of 45 calendar days,number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  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 [If you have any actual or potential conflict of interest as defined in Article 3 of Section I: Instructions to Bidders, please disclose it here];;
  4. Our firm confirms that the offeror 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;
  5. 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 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

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

Name: [complete]

Title: [complete]

Date: [complete]

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

Provide the name and contact information for the primary contact from your company for this quotation:

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form B: Price Schedule Form - LOT1

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

| **Currency** | **USD** |
| --- | --- |

**LOT 1 - PORT SALUT - HCR de Port-Salut**

| **Item No** | **Description** | **Qty** | **Unit of Measure** | **Unit price (USD)** | **Total price (USD)** |
| --- | --- | --- | --- | --- | --- |
| 1. | **LIGHT BULB (E26)** | 41 | each | insert | insert |
| 2. | **AIR CONDITIONER - 36,000 BTU** | 16 | each |  |  |
| 3. | **AIR CONDITIONER - 24,000 BTU** | 6 | each |  |  |
| 4. | **AIR CONDITIONER - 12,000 BTU** | 4 | each |  |  |
| 5. | **Technical Assistance:**  **A/C units - lines 2, 3 and 4 above** | 1 | lump sum |  |  |
| **Total Price DAP installed (USD)** | | | | |  |
| 6. | **DELIVERY TIME - 3 weeks:**  HCR de Port Salut (includes technical assistance) | | | | ☐ Yes ☐ No |

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 authorized 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 B: Price Schedule Form - LOT2

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

| **Currency** | **USD** |
| --- | --- |

**LOT 2 CAMP PERRIN - Hôpital Saint Anne de Camp-Perrin**

| **Item No** | **Description** | **Qty** | **Unit of Measure** | **Unit price (USD)** | **Total price (USD)** |
| --- | --- | --- | --- | --- | --- |
| 1. | **LIGHT BULB (E26)** | 28 | each | insert | insert |
| 2. | **AIR CONDITIONER - 36,000 BTU** | 6 | each |  |  |
| 3. | **AIR CONDITIONER - 24,000 BTU** | 2 | each |  |  |
| 4. | **Technical Assistance:**  **A/C units - lines 2 and 3 above** | 1 | lump sum |  |  |
| **Total Price DAP installed (USD)** | | | | |  |
| 5. | **DELIVERY TIME - 3 weeks:**  Hospital Saint Anne de Camp Perrin (includes technical assistance) | | | | ☐ Yes ☐ No |

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 authorized 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 B: Price Schedule Form - LOT3

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

| **Currency** | **USD** |
| --- | --- |

**LOT 3 - CAYES - Hôpital Immaculee conception des Cayes**

| **Item No** | **Description** | **Qty** | **Unit of Measure** | **Unit price (USD)** | **Total price (USD)** |
| --- | --- | --- | --- | --- | --- |
| 1. | **LIGHT BULB (E26)** | 391 | each | insert | insert |
| 2. | **AIR CONDITIONER - 36,000 BTU** | 4 | each |  |  |
| 3. | **AIR CONDITIONER - 24,000 BTU** | 23 | each |  |  |
| 4. | **AIR CONDITIONER - 12,000 BTU** | 16 | each |  |  |
| 5. | **Technical Assistance:**  **A/C units - lines 2, 3 and 4 above** | 1 | lump sum |  |  |
| **Total Price DAP installed (USD)** | | | | |  |
| 6. | **DELIVERY TIME - 3 weeks:**  Hopital Immaculee conception des Cayes (includes technical assistance) | | | |  |

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 authorized 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 B: Price Schedule Form - LOT4

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

| **Currency** | **USD** |
| --- | --- |

**LOT 4 - CAP HAITIAN - Hôpital Justinien du Cap-Haitian**

| **Item No** | **Description** | **Qty** | **Unit of Measure** | **Unit price (USD)** | **Total price (USD)** |
| --- | --- | --- | --- | --- | --- |
| 1. | **LIGHT BULB (E26)** | 55 | each | insert | insert |
| 2. | **TUBE LIGHT (T8)** | 260 | each |  |  |
| 3. | **AIR CONDITIONER - 36,000 BTU** | 15 | each |  |  |
| 4. | **AIR CONDITIONER - 24,000 BTU** | 22 | each |  |  |
| 5. | **AIR CONDITIONER - 12,000 BTU** | 18 | each |  |  |
| 6. | **Technical Assistance:**  **A/C units - lines 3, 4 and 5 above** | 1 | lump sum |  |  |
| **Total Price DAP installed (USD)** | | | | |  |
| 7. | **DELIVERY TIME - 3 weeks:**  Hopital Justinien du Cap-Haitian (includes technical assistance) | | | |  |

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 authorized 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 B: Price Schedule Form - LOT5

Bidders shall fill in this Price Schedule Form in accordance with the instructions indicated.

RFQ reference no: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

| **Currency** | **USD** |
| --- | --- |

**LOT 5 - JACMEL - Hôpital Saint Michel de Jacmel**

| **Item No** | **Description** | **Qty** | **Unit of Measure** | **Unit price (USD)** | **Total price (USD)** |
| --- | --- | --- | --- | --- | --- |
| 1. | **LIGHT BULB (E26)** | 450 | each | insert | insert |
| 2. | **TUBE LIGHT (T8)** | 346 | each |  |  |
| 3. | **AIR CONDITIONER - 36,000 BTU** | 4 | each |  |  |
| 4. | **AIR CONDITIONER - 24,000 BTU** | 4 | each |  |  |
| 5. | **AIR CONDITIONER - 12,000 BTU** | 22 | each |  |  |
| 6. | **Technical Assistance:**  **A/C units - lines 3, 4 and 5 above** | 1 | lump sum |  |  |
| **Total Price DAP installed (USD)** | | | | |  |
| 7. | **DELIVERY TIME - 3 weeks:**  Hopital Saint Michel de Jacmel (includes technical assistance) | | | |  |

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 authorized 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 C: Technical Quotation Form**

RFQ reference no: **EPP-RFQ-2024-52230(GM) Purchase of Various Lights and AC Units**

Name of Bidder: [insert name of Bidder]

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

**IMPORTANT: In the context of this tender, “technical assistance” with regards to the Air Conditioning units (A/C) means that the winning bidder shall be responsible to remove the existing A/C units in each of the hospitals for each of the lots and proceed with the placement of the new A/C units accordingly. The Bidder shall be responsible to handover each A/C unit and related accessories removed to the UNOPS designated personnel.**

**EVALUATION WILL BE MADE PER LOT - A BIDDER MAY BE AWARDED ONE OR MANY LOTS.**

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

**LOT 1 - PORT SALUT - HCR de Port-Salut**

| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is quotation compliant?** Bidder to Complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **LIGHT BULB**  **Light type:** LED  **Wattage:** 15 watts  **Bulb shape size:** A21  **Bulb base:** E26  **Incandescent equivalent wattage:** 100 Watts  **Light colour:** Daylight White **Voltage:** 120 Volts **Minimum Guarantee:** 1 year minimum | 41 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | **AIR CONDITIONER - 36,000 BTU**  Wall Mounted 2-Zone System  - 36,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 16 | ☐ Yes ☐ No | Make:  Model:  Total BTU:  SEER Rating:    Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | **AIR CONDITIONER - 24,000 BTU**  Wall Mounted 2-Zone System  - 24,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 6 | ☐ Yes ☐ No | Make:  Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | **AIR CONDITIONER - 12,000 BTU**  Wall Mounted 2-Zone System  - 12,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 4 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 5 | **Technical Assistance:**  **A/C units - lines 2, 3 nd 4 above** | 1 | ☐ Yes ☐ No |  |
| 6 | **DELIVERY TIME - 3 weeks:**  HCR de Port Salut (includes technical assistance) | 1 | ☐ Yes ☐ No |  |

**LOT 2 CAMP PERRIN - Hôpital Saint Anne de Camp-Perrin**

| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **LIGHT BULB**  **Light type:** LED  **Wattage:** 15 watts  **Bulb shape size:** A21  **Bulb base:** E26  **Incandescent equivalent wattage:** 100 Watts  **Light colour:** Daylight White **Voltage:** 120 Volts  **Minimum Guarantee:** 1 year minimum | 28 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | **AIR CONDITIONER - 36,000 BTU**  Wall Mounted 2-Zone System  - 36,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 6 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | **AIR CONDITIONER - 24,000 BTU**  Wall Mounted 2-Zone System  - 24,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 2 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | **Technical Assistance:**  **A/C units - lines 2 and 3 above** | 1 | ☐ Yes ☐ No |  |
| 5 | **DELIVERY TIME - 3 weeks:**  Hospital Saint Anne de Camp Perrin (includes technical assistance) | 1 | ☐ Yes ☐ No |  |

**LOT 3 - CAYES - Hôpital Immaculee conception des Cayes**

| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **LIGHT BULB**  **Light type:** LED  **Wattage:** 15 watts  **Bulb shape size:** A21  **Bulb base:** E26  **Incandescent equivalent wattage:** 100 Watts  **Light colour:** Daylight White **Voltage:** 120 Volts  **Minimum Guarantee:** 1 year minimum | 391 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | **AIR CONDITIONER - 36,000 BTU**  Wall Mounted 2-Zone System  - 36,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 4 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | **AIR CONDITIONER - 24,000 BTU**  Wall Mounted 2-Zone System  - 24,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 23 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | **AIR CONDITIONER - 12,000 BTU**  Wall Mounted 2-Zone System  - 12,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 16 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 5 | **Technical Assistance:**  **A/C units - lines 2, 3 and 4 above** | 1 | ☐ Yes ☐ No |  |
| 6 | **DELIVERY TIME - 3 weeks:**  Hopital Immaculee conception des Cayes (includes technical assistance) | 1 | ☐ Yes ☐ No |  |

**LOT 4 - CAP HAITIAN - Hopital Justinien du Cap-Haitian**

| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **LIGHT BULB**  **Light type:** LED  **Wattage:** 15 watts  **Bulb shape size:** A21  **Bulb base:** E26  **Incandescent equivalent wattage:** 100 Watts  **Light colour:** Daylight White **Voltage:** 120 Volts  **Minimum Guarantee:** 1 year minimum | 55 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | **TUBE LIGHT**  **Light type:** LED  **Special feature:** Frosted  **Wattage:** 15 watts  **Bulb shape size:** T8 **Incandescent equivalent wattage:** 26 Watts  **Light colour:** Cool White  **Voltage:** 120 Volts (AC)  **Unit count:** 1 count  **Colour temperature:** 5000 Kelvin  **Minimum Guarantee:** 1 year minimum | 260 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | **AIR CONDITIONER - 36,000 BTU**  Wall Mounted 2-Zone System  - 36,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 15 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | **AIR CONDITIONER - 24,000 BTU**  Wall Mounted 2-Zone System  - 24,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 22 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 5 | **AIR CONDITIONER - 12,000 BTU**  Wall Mounted 2-Zone System  - 12,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 18 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 6 | **Technical Assistance:**  **A/C units - lines 3, 4 and 5 above** | 1 | ☐ Yes ☐ No |  |
| 7 | **DELIVERY TIME - 3 weeks:**  Hopital Justinien du Cap-Haitian (includes technical assistance) | 1 | ☐ Yes ☐ No |  |

**LOT 5 - JACMEL - Hopital Saint Michel de Jacmel**

| **Item No** | **UNOPS minimum technical requirements** | **Qty** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | **LIGHT BULB**  **Light type:** LED  **Wattage:** 15 watts  **Bulb shape size:** A21  **Bulb base:** E26  **Incandescent equivalent wattage:** 100 Watts  **Light colour:** Daylight White **Voltage:** 120 Volts  **Minimum Guarantee:** 1 year minimum | 450 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 2 | **TUBE LIGHT**  **Light type:** LED  **Special feature:** Frosted  **Wattage:** 15 watts  **Bulb shape size:** T8 **Incandescent equivalent wattage:** 26 Watts  **Light colour:** Cool White  **Voltage:** 120 Volts (AC)  **Unit count:** 1 count  **Colour temperature:** 5000 Kelvin  **Minimum Guarantee:** 1 year minimum | 346 | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |
| 3 | **AIR CONDITIONER - 36,000 BTU**  Wall Mounted 2-Zone System  - 36,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 4 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 4 | **AIR CONDITIONER - 24,000 BTU**  Wall Mounted 2-Zone System  - 24,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 4 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 5 | **AIR CONDITIONER - 12,000 BTU**  Wall Mounted 2-Zone System  - 12,000 BTU Outdoor  - 15k + 18k Indoor  - 220 volts AC  - Seasonal energy efficiency ratio (SEER) between 25-30 Outdoor Condenser  **Minimum Guarantee:** 1 year minimum | 22 | ☐ Yes ☐ No | Model:  Total BTU:  SEER Rating:  Insert details of goods offered, including specifications and brand/model offered if applicable |
| 6 | **Technical Assistance:**  **A/C units - lines 3, 4 and 5 above** | 1 | ☐ Yes ☐ No |  |
| 7 | **DELIVERY TIME - 3 weeks:**  Hopital Saint Michel de Jacmel (includes technical assistance) | 1 | ☐ Yes ☐ No |  |

**Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is quotation compliant?** Bidder to complete | **Details**  Bidder to complete |
| --- | --- | --- | --- |
| **Delivery time** | Bidder shall deliver the goods **as soon as possible however no later than 3 weeks after Contract signature FOR EACH OF THE FIVE (5) LOTS.** | ☐ Yes ☐ No | Insert details |
| **Delivery place and Incoterms rules** | **DAP DELIVERY to named hospitals** for:  **EACH** of the FIVE (5) LOTS -  **LOT1 - Port Salut**  **LOT2 - Camp Perrin**  **LOT3 - Cayes**  **LOT4 - Cap Haitien**  **LOT5 - Jacmel**  Incoterms rules as per Incoterms 2010. | ☐ Yes ☐ No | Insert details |
| **Consignee details** | Dabagai DABAGAI  Director and Representative  United Nations Office for Project Services (UNOPS) Haiti  3, rue Marion, Peguy Ville, Petionville, HAITI  [HTOC@UNOPS.ORG](mailto:HTOC@UNOPS.ORG) | ☐ 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 RFQ. | ☐ Yes ☐ No | Insert details |

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

☐ Yes ☐ No

ANY DEVIATION MUST BE LISTED BELOW:

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

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

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

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

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

# Form D: Previous Experience Form

RFQ reference no: [insert RFQ reference No.]

Name of Bidder: [insert name of Bidder]

| **Description of services/goods** | **Country** | **Total amount of Contract** | **Contract Identification and Title and**  **Contact details of Client**  **(Name, Address, telephone, email, fax)** | **Year project was undertaken** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

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

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

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