**Section III: Returnable Bidding Forms**

**Note to Supplier:** **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.**

E sourcing reference: **Supply of Medical equipments to the Philippines - ITB Ref No:** ITB/2024/52723

This Section comprises the following Returnable Bidding Forms:

* Form A: Joint Venture Partner Information Form *(if applicable)*
* Form B: Bid Submission Form
* Form C: Price Schedule Form
* Form D: Technical Quotation Form
* Form E: Delivery Requirement Form
* Form F: Performance Statement Form
* Form G: One UNOPS Vendor Profile Form

**Form A: Joint Venture Partner Information Form**

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

E-sourcing case reference no:ITB/2024/52723

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.

The following criteria for the evaluation in case the bids are submitted as a Joint Venture/Consortium/Association.

* All parties of such joint venture, consortium, or association shall be jointly and severally liable to UNOPS for any obligations arising from their offer and the contract that may be awarded to them as a result of the solicitation process;
* The offer shall clearly identify the leading partner to act as the contact point to deal with UNOPS, as detailed in the appropriate returnable form/schedule. Such entity shall have the authority to make decisions, binding upon the joint venture, association, or consortium during the bidding process and, in the event that a contract is awarded, during the duration of the contract; and
* The composition or the constitution of the joint venture, consortium, or association shall not be altered without the prior consent of UNOPS.
* The eligibility criteria will be applicable for each joint venture partner.
* The qualification requirements mentioned in the qualifications section of the e-sourcing and in technical requirements will be considered for all partners of the JV combined. It means the JV will qualify even if one of the partners qualifies or they combinedly qualify.

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

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

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

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Form B: Quotation 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: Supply of Medical equipments to the Philippines - ITB Ref No:** ITB/2024/52723

, 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 ***90 days*** 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 II: 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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

**Form C: Price Schedule Form**

E-sourcing Reference No: ITB/2024/52723

Name of Supplier: [***insert full name of supplier***]

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

* Bidders must offer 100% of the quantities specified for each of the items in the lot. Evaluation will be done per lot.
* As defined in Instructions to bidders, Article 3, bidders shall not submit more than one quotation and alternative quotations shall not be allowed.
* Bidders shall be allowed to quote prices for one or more lots identified in this tender. However, bidders must offer 100% of the items specified for each lot and 100% of the quantities specified for each item of a lot. Evaluation will be done per lot

| **Lot No** | **Item** | **Product Details** | **Unit** | **Required QTY**  **in Unit** | **Offered Qty in Unit**  **(a)** | **Manufacturer/**  **country of origin** | **Make/**  **Model** | **Currency: [USD]** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit price FCA**  **(b)** | **Total price FCA C=(a)x(b)** | **Unit price DDP**  **(Final Destinations, the Philippines)**  **(d)** | **Total price DDP**  **(Final Destinations, the Philippines)**  **E=(a)x(d)** |
| 1 | 1 | Blood Pressure (BP) Apparatus | pcs | 335 |  |  |  |  |  |  |  |
| 2 | 1 | Ophthalmoscope (Direct) | pcs | 848 |  |  |  |  |  |  |  |
| 3 | 1 | Otoscope | pcs | 808 |  |  |  |  |  |  |  |
| 4 | 1 | Emergency Light | pcs | 483 |  |  |  |  |  |  |  |
| 2 | Examining Light | pcs | 512 |  |  |  |  |  |  |  |
| 5 | 1 | Examining Table | pcs | 140 |  |  |  |  |  |  |  |
| 2 | Foot Stool | pcs | 477 |  |  |  |  |  |  |  |
| 3 | Instrument Table | pcs | 136 |  |  |  |  |  |  |  |
| 6 | 1 | Nebulizer | pcs | 511 |  |  |  |  |  |  |  |
| 7 | 1 | Non-mercurial thermometer | pcs | 7,314 |  |  |  |  |  |  |  |
| 8 | 1 | Stethoscope | pcs | 317 |  |  |  |  |  |  |  |
| 9 | 1 | Wheelchair | pcs | 527 |  |  |  |  |  |  |  |

* **The quoted DDP price(s) must include the cost of the goods and accessories (if any), all the applicable taxes and duties, the total costs associated with delivering the goods at the designated final destinations (as per Section E. Delivery Breakdown Table for each lot), cost of the applicable warranties.**
* Payment terms 30 days accepted: ☐ Yes ☐ No
* Accepts UNOPS General Conditions of Contract as specified in Section IV: Contract Forms: ☐ Yes ☐ No

The bidder is requested to filled the following shipment information

| Lot No. | Shipment (air/sea) | Estimated Gross weight in kg | Volume in cm  (length x width x height) | Number of cartons (or) pallets (or) boxes |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |

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

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

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

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

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

**FORM D: Technical Bid Form and Schedule of Requirements**

Bidders are required to complete the Comparative Data Tables below to demonstrate compliance with UNOPS minimum 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. **Technical Specifications and Quality Assurance Requirement**

**Note: “The Bidder may offer other standards of quality, brand names, and/or catalog numbers, provided that it demonstrates, to the Purchaser’s satisfaction, that the product offered ensures substantial equivalence or is superior in performance to those specified in the Schedule of Requirements. Deviations from the specs may be accepted and the product treated as compliant as long as the performance of the offered product remains the same as required or superior.”**

**The products offered shall be manufactured with the required quality standards. UNOPS may ask for additional quality-related documents during the evaluation for all the lots, if required, and consider those for technical evaluation.**

1. **Summary of Requirement:**

**Lot 1: Blood Pressure (BP) Apparatus**

| **Section I : UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Manufacturer Warranty Period - **Minimum of 12 months** | Insert details | |
| SPHYGMOMANOMETER NON MERCURIAL (ADULT) WITH STAND | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** | | |
| 1. Offered product must be Brand new | ☐ Yes ☐ No | Insert details |
| 1. Type : Aneroid, mercury-free | ☐ Yes ☐ No | Insert details |
| 1. Accuracy ± 3 mmHg. | ☐ Yes ☐ No | Insert details |
| 1. Labelled artery tubes. | ☐ Yes ☐ No | Insert details |
| 1. Designed for hospitals or clinics. | ☐ Yes ☐ No | Insert details |
| 1. BP measurement scale up to 300 mmHg | ☐ Yes ☐ No | Insert details |
| 1. Aneroid instrument mounted at approx. 20-degree angle. | ☐ Yes ☐ No | Insert details |
| 1. A large easy - to - read dial for quick and accurate BP measurements, with 300mmHg no pin stop calibrated scale, adjustable and enlarged colour dial plate of 15-18 cm diameter with numerical for easy reading. | ☐ Yes ☐ No | Insert details |
| 1. Durable plastic housing enclosure for the gauge. | ☐ Yes ☐ No | Insert details |
| 1. Assembly made of powder-Coated steel and high-grade plastic material. | ☐ Yes ☐ No | Insert details |
| 1. Standard cuff size(Adult) with Velcro closure ensures proper fit and secure fastening. | ☐ Yes ☐ No | Insert details |
| 1. Designed with 5 pieces caster wheel-based with a diameter of approx. 50 cm. | ☐ Yes ☐ No | Insert details |
| 1. Adjustable height centre pole | ☐ Yes ☐ No | Insert details |
| 1. Standard BP cuff with manometer loop, adult-size bladder, bulb with spring inflation and standard end valve. | ☐ Yes ☐ No | Insert details |
| 1. Comes with a hardware kit and calibrated inflation system. | ☐ Yes ☐ No | Insert details |
| 1. Thermally treated diaphragm to maintain calibration. | ☐ Yes ☐ No | Insert details |
| 1. Holder for inflation cuff/stethoscope. | ☐ Yes ☐ No | Insert details |
| 1. Inflation bag airflow control and rubber valve ( latex-Free). | ☐ Yes ☐ No | Insert details |
| 1. Spiral tube with appropriate connection for Velcro adult cuff | ☐ Yes ☐ No | Insert details |
| 1. Measurement conditions :10 °C to 40 °C at 85% relative humidity | ☐ Yes ☐ No | Insert details |
| 1. Shock-resistant | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO **13485 and ISO 9001**  in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **Supplier**  **At the time of offer,**   1. Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV 2. Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered (if applicable) | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Delivery period:**  Delivery to final destinations - **Within** 30 **days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot no.2 Direct Ophthalmoscope**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum of 12 months | Insert details | |
| Direct Ophthalmoscope  Visualises the interior of the eye, with the instrument relatively close to the subject's eye and the observer viewing an upright magnified image. | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| Tunable Brightness | ☐ Yes ☐ No | Insert details |
| - 5 apertures with red-free filter | ☐ Yes ☐ No | Insert details |
| - 19 diopter steps: -20D - +20D  Range of lenses not smaller than -20D to +20D with steps not greater than 1D. | ☐ Yes ☐ No | Insert details |
| - Light: LED White or LED Sunlight | ☐ Yes ☐ No | Insert details |
| Magnification up to x15, in several selectable stages from direct vision to maximum magnification. | ☐ Yes ☐ No | Insert details |
| Anti-reflection lens. | ☐ Yes ☐ No | Insert details |
| Dust free sealed optics and aspherical optical system. | ☐ Yes ☐ No | Insert details |
| Supplied in protective, reclosable containers.  On/off switch to be robust and easy to use.  External material to be non-ferrous. | ☐ Yes ☐ No | Insert details |
| Mobility, portability  Handheld unit, single piece when in use. | ☐ Yes ☐ No | Insert details |
| Rechargeable batteries (lithium-ion) /alkaline batteries | ☐ Yes ☐ No | Insert details |
| Supply with  Instructions for assembly, use and maintenance in English,  1 x plastic protective hard case or strong protective pouch containing a full set. | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO 13485 and ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **Supplier**  **At the time of offer,**  1. Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV  2 Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered, if applicable | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** 30  **days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 3 Otoscope**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum 12 months | ☐ Yes ☐ No | Insert details |
| Otoscope  An electrically powered, hand-held device designed for examination of the outer ear canal and tympanic membrane (eardrum) by direct viewing through the ear opening.  It consists of a main unit with a built-in light source intended to illuminate the interior of the ear canal with a detachable cone-shaped tube (speculum) inserted in the ear canal; it may facilitate the application of air pressure for pneumatic otoscopy. A dedicated power supply handpiece and/or an insufflation bulb may be included with the head. | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| 3X Magnification  Including rotatable viewing lens with a magnification between 3 times. | ☐ Yes ☐ No | Insert details |
| -Tunable brightness | ☐ Yes ☐ No | Insert details |
| - Larger view window | ☐ Yes ☐ No | Insert details |
| - Fiber optic illumination | ☐ Yes ☐ No | Insert details |
| - Light: LED White or LED Sunlight - Pneumatic test function | ☐ Yes ☐ No | Insert details |
| Handle with a built-in LED light source in a mounted head. | ☐ Yes ☐ No | Insert details |
| Colour temperature: Cool white in the range 3,000-4,000K. | ☐ Yes ☐ No | Insert details |
| Including reusable, autoclavable specula. | ☐ Yes ☐ No | Insert details |
| Specula are cleanable with alcohol wipes | ☐ Yes ☐ No | Insert details |
| Handle contains on/off switch. | ☐ Yes ☐ No | Insert details |
| Includes a port to connect an insufflation bulb. | ☐ Yes ☐ No | Insert details |
| Rechargeable batteries (lithium-ion) /alkaline batteries | ☐ Yes ☐ No | Insert details |
| It is able to withstand frequent cleaning and disinfecting with hospital grade products. | ☐ Yes ☐ No | Insert details |
| Supply with  Instructions for assembly, use and maintenance in English  1 x Plastic protective hard case containing a full set.  2 x Sets of four reusable plastic specula different diameters ranging from 2 to 5mm.  1 x Set Rechargeable batteries (lithium-ion) /alkaline batteries  1 x Bulb and tube for pneumatic tests. | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO 13485 and ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **At the time of offer,**   1. Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV 2. Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered, if applicable | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** 30  **days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 4, item 1 Emergency Light**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty : minimum 12 months | Insert details | |
| Emergency Light | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| Wattage: 2 x 3 Watts | ☐ Yes ☐ No | Insert details |
| Luminous Flux: 2 × 300 lm | ☐ Yes ☐ No | Insert details |
| Battery Type: Sealed Lead Acid/Ni Cad | ☐ Yes ☐ No | Insert details |
| Color Temperature:5,500 - 6,500K/Daylight | ☐ Yes ☐ No | Insert details |
| Light Source: High Brightness LED Chips | ☐ Yes ☐ No | Insert details |
| Dimension: 297 mm x 271 mm x 92mm (appro) | ☐ Yes ☐ No | Insert details |
| Net Weight: around 1 kgs | ☐ Yes ☐ No | Insert details |
| Body Material: Durable, fire-resistant thermoplastic or metal | ☐ Yes ☐ No | Insert details |
| Body Color: White | ☐ Yes ☐ No | Insert details |
| Battery Specification: 3.6 V / 4Ah | ☐ Yes ☐ No | Insert details |
| Battery Protection: Over-Charge and Over-Discharge Protection | ☐ Yes ☐ No | Insert details |
| Battery Life: Up to 120 minutes | ☐ Yes ☐ No | Insert details |
| Test Button: Built-In Test Button | ☐ Yes ☐ No | Insert details |
| Charging Time: 24 Hours | ☐ Yes ☐ No | Insert details |
| Input Voltage: AC 220 V - 265 V | ☐ Yes ☐ No | Insert details |
| Frequency Range: 50/60 Hz | ☐ Yes ☐ No | Insert details |
| Mounting: Wall Mounted | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| 1. Certificate of Quality Management System according to ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| 4. Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** 30 **days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 4, item 2 Examination Light**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum Two (2) years warranty on parts and service after commissioning and acceptance | Insert details | |
| Examining Light | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| > Color of Lamp: White | ☐ Yes ☐ No | Insert details |
| > Light Source: LED, central reflector 18V / 12W | ☐ Yes ☐ No | Insert details |
| > Light Color: Appr, 4,300 K +/- 200 K | ☐ Yes ☐ No | Insert details |
| > Light Output: >50,000 Lux / 500mm | ☐ Yes ☐ No | Insert details |
| > Light field diameter D10: 100 / 160mm at 500 / 1,000mm | ☐ Yes ☐ No | Insert details |
| > Luminous flux: 160 Im | ☐ Yes ☐ No | Insert details |
| > Coloring index Ra: Typical 93 | ☐ Yes ☐ No | Insert details |
| > Coloring index R9: Typical 90 | ☐ Yes ☐ No | Insert details |
| > Light expectancy: >30,000 h (light source) | ☐ Yes ☐ No | Insert details |
| > Switch: At the Lamp Head | ☐ Yes ☐ No | Insert details |
| > Electrical mains: 220-240 VAC, 60 Hz | ☐ Yes ☐ No | Insert details |
| > Working radius: Approximately 800mm | ☐ Yes ☐ No | Insert details |
| > Roller base: Steel | ☐ Yes ☐ No | Insert details |
| > Base Diameter: Approximately 635 mm | ☐ Yes ☐ No | Insert details |
| > Castors: Twin castors  Conductive and lockable | ☐ Yes ☐ No | Insert details |
| **STANDARD ACCESSORIES:**  > 2 step-switch  > 5 spare bulbs | ☐ Yes ☐ No | Insert details |
| **STANDARD REQUIREMENTS**  - Manual in the English Language  Operation manual with soft copy  2 pcs soft copy must be included in the submission of bidding documents  . Service manual with soft copy 2 pcs | ☐ Yes ☐ No | Insert details |
| > Two (2) years warranty on parts and service after commissioning and acceptance | ☐ Yes ☐ No | Insert details |
| > Declaration of conformity with ISO/IEC/PNS as issued by the manufacturer. | ☐ Yes ☐ No | Insert details |
| > Certification on the availability of spare parts for the next 5 years | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| 1. Certificate of Quality Management System according to ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| 2 Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** 30 **days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 5, item 1 Examination Table**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum 1 year | Insert details | |
| **EXAMINING TABLE WITH STIRRUPS FOR OB GYNE (Obstetrics and Gynecology Examinations)** | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| Offered product must be new | ☐ Yes ☐ No | Insert details |
| Steel top 3 section adjustable (adjustable back section) | ☐ Yes ☐ No | Insert details |
| Table with epoxy-coated double drawer and 12-compartment door | ☐ Yes ☐ No | Insert details |
| Upholstered 3-section top,  provided with detachable stirrup and mattress with cover | ☐ Yes ☐ No | Insert details |
| Stainless steel drain pan | ☐ Yes ☐ No | Insert details |
| Sliding rubber footstep | ☐ Yes ☐ No | Insert details |
| Stainless steel heel detachable stirrup | ☐ Yes ☐ No | Insert details |
| Size: 1,470mm (L) x 590mm(W) x 864mm (H) (+/- 10%)- folded footrest | ☐ Yes ☐ No | Insert details |
| Highly resistant to corrosion | ☐ Yes ☐ No | Insert details |
| **5 cm thick (at least)**  **,** Highly density polyurethane foam mattress Plastic, flexible highly tear resistant, anti-static, flame retardant, disinfectant, and liquid Proof (washable) Epoxy coated tubular steel frame | ☐ Yes ☐ No | Insert details |
| Lacquered frame | ☐ Yes ☐ No | Insert details |
| Carrying capacity: 150kg (+/- 10%) | ☐ Yes ☐ No | Insert details |
| Complete set of tools for assembly | ☐ Yes ☐ No | Insert details |
| Mounting clamps. | ☐ Yes ☐ No | Insert details |
| **With delivery and installation, provision of training to staff** | ☐ Yes ☐ No | Insert details |
| With certificates and manual | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO **13485 and ISO 9001** in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **Supplier**  **At the time of offer,**  a. Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV  b. Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered, if applicable | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  100% quantity within 30 days (under DDP term)\_The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff at designated locations should be completed within **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |
| **2. Pre-Installation requirements:**   1. The awarded supplier must clearly specify the pre-installation requirements that the recipient hospital must meet for the installation of the equipment and its accessories.   i. Requirements of space dimensions for installation of the equipment and all accessory equipment.  ii. Specify the minimum and maximum requirements for room temperature, humidity, heating, and air conditioning that must be respected for the proper function of the equipment.   1. UNOPS reserves the right to request clarifications to the supplier's proposed pre-installation requirements, to comply with its own standards and the supplier should modify them accordingly. | ☐ Yes ☐ No | Insert details |
| 3. Packaging, transport and environmental requirements:   1. The equipment should have all safety markings in English. 2. The equipment shall be packaged in accordance with international standards that are applicable for the shipment of this kind of equipment. 3. Capable of being stored continuously in ambient temperature of 0-50 °C and relative humidity (RH) of 15-90%. 4. Labeling on the primary packaging to include:   i. Name and/or trademark of the manufacturer  ii. Production year  iii. Model or product reference  iv. Information for particular storage conditions (temperature, pressure, light, humidity). | ☐ Yes ☐ No | Insert details |
| **4. Delivery and installation:**  a. On-site delivery and installation to the recipient hospital is included  b. The equipment transportation from the production site to the final recipient Hospital shall be covered by proper insurance paid by the supplier and issued in the name of the recipient Hospital.  c. The Supplier shall be responsible to provide appropriate storage for the medical equipment until the facility /site is ready for immediate installation.  d. The Supplier shall be responsible to ensure that no equipment will be delivered to the site before such time that the facility is ready and confirmed by the UNOPS for immediate installation.  e. The Supplier shall transport the equipment inside the hospital to the installation site/room, open the packages, assemble and install it according to the installation requirements.  f. The supplier shall clean up the site of any packaging/shipping material after installation and after requesting the recipient hospital whether or not the original boxes must be left at the recipient hospital. | ☐ Yes ☐ No | Insert details |
| **5. Training:**  The supplier must provide training/orientation on the use/operation and maintenance of the equipment and all its accessories for at least one (1) day to the end-users and for the maintenance staff. | ☐ Yes ☐ No | Insert details |
| **6. Warranty:**   * 1. The supplier must provide, as part of the offered price, a Warranty Certificate for one (1) year. Service maintenance shall be free of charge for the recipient Hospital throughout the warranty period.   2. The warranty period shall start from the date of acceptance by the end-user after installation. | ☐ Yes ☐ No | Insert details |
| 9. Manuals:  The supplier shall provide to the end-users the Equipment Operator’s/User’s Manual and Service Manual | ☐ Yes ☐ No | Insert details |

**Lot 5, item 2 Foot Stool**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum 1 year | Insert details | |
| **Foot Stool** Medical Foot Step (double) Stool With ABS Platform For Hospital | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| SIZE: DOUBLE STEP 590 X 410 x 200/400MM (+/- 10%) | ☐ Yes ☐ No | Insert details |
| ABS Platform | ☐ Yes ☐ No | Insert details |
| Frame Made of SS Frame Tube | ☐ Yes ☐ No | Insert details |
| Fitted On PVC Stumps Fitted | ☐ Yes ☐ No | Insert details |
| Load capacity: 145 kg ( minimum) | ☐ Yes ☐ No | Insert details |
| Four stable legs with anti-slip feet provide maximum support | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| 1. Certificate of Quality Management System according to ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| 3. Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 5, item 3 Instrument Table**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum 1 year | Insert details | |
| Instrument Table | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** |  |  |
| Material: Rectangular table made of stainless steel or equivalent durable, easy-to-clean material | ☐ Yes ☐ No | Insert details |
| 80cm(L)x50cm(W)x90cm(H) (Minimum) | ☐ Yes ☐ No | Insert details |
| Equipped with swivel casters, including at least two with brakes for stability | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| 1. Certificate of Quality Management System according to ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| 4. Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  100% quantity within 30 days (under DDP term)\_The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff at designated locations should be completed within **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |
| **2. Pre-Installation requirements:**   1. The awarded supplier must clearly specify the pre-installation requirements that the recipient hospital must meet for the installation of the equipment and its accessories.   i. Requirements of space dimensions for installation of the equipment and all accessory equipment.  ii. Specify the minimum and maximum requirements for room temperature, humidity, heating, and air conditioning that must be respected for the proper function of the equipment.   1. UNOPS reserves the right to request clarifications to the supplier's proposed pre-installation requirements, to comply with its own standards and the supplier should modify them accordingly. | ☐ Yes ☐ No | Insert details |
| 3. Packaging, transport and environmental requirements:   1. The equipment should have all safety markings in English. 2. The equipment shall be packaged in accordance with international standards that are applicable for the shipment of this kind of equipment. 3. Capable of being stored continuously in ambient temperature of 0-50 °C and relative humidity (RH) of 15-90%. 4. Labeling on the primary packaging to include:   i. Name and/or trademark of the manufacturer  ii. Production year  iii. Model or product reference  iv. Information for particular storage conditions (temperature, pressure, light, humidity). | ☐ Yes ☐ No | Insert details |
| **4. Delivery and installation:**  a. On-site delivery and installation to the recipient hospital is included  b. The equipment transportation from the production site to the final recipient Hospital shall be covered by proper insurance paid by the supplier and issued in the name of the recipient Hospital.  c. The Supplier shall be responsible to provide appropriate storage for the medical equipment until the facility /site is ready for immediate installation.  d. The Supplier shall be responsible to ensure that no equipment will be delivered to the site before such time that the facility is ready and confirmed by the UNOPS for immediate installation.  e. The Supplier shall transport the equipment inside the hospital to the installation site/room, open the packages, assemble and install it according to the installation requirements.  f. The supplier shall clean up the site of any packaging/shipping material after installation and after requesting the recipient hospital whether or not the original boxes must be left at the recipient hospital. | ☐ Yes ☐ No | Insert details |
| **5. Training:**  The supplier must provide training/orientation on the use/operation and maintenance of the equipment and all its accessories for at least one (1) day to the end-users and for the maintenance staff. | ☐ Yes ☐ No | Insert details |
| **6. Warranty:**   * 1. The supplier must provide, as part of the offered price, a Warranty Certificate for one (1) year. Service maintenance shall be free of charge for the recipient Hospital throughout the warranty period.   2. The warranty period shall start from the date of acceptance by the end-user after installation. | ☐ Yes ☐ No | Insert details |

**Lot 6, Nebulizer**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum 1 year | Insert details | |
| Nebulizer : Nebuliser for the treatment of upper/lower respiratory system and for the delivery of nebulised drugs**.** | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** | ☐ Yes ☐ No | Insert details |
| Features: Reusable inlet filter for simple, cost-effective maintenance. | ☐ Yes ☐ No | Insert details |
| Anti-vibration feet for stability on any stable work surface. | ☐ Yes ☐ No | Insert details |
| Dispenses approx**. 3 cc** of medication in 10 minutes or less. | ☐ Yes ☐ No | Insert details |
| Convenient handle for easy portability and mobility. | ☐ Yes ☐ No | Insert details |
| Storage compartment for accessories and tubings. | ☐ Yes ☐ No | Insert details |
| Hidden compartment for cord storage. | ☐ Yes ☐ No | Insert details |
| Specification: Mouthpiece - "T" mouthpiece with 6" reservoir tube and 7" supply tube. | ☐ Yes ☐ No | Insert details |
| Electrical rating -220 -240V ,60Hz | ☐ Yes ☐ No | Insert details |
| Max pressure - 35psi. | ☐ Yes ☐ No | Insert details |
| Max flow -14 lpm. | ☐ Yes ☐ No | Insert details |
| Operation flow rate approximatelv 5.5 Ipm | ☐ Yes ☐ No | Insert details |
| Nebulization rate - 0.2- .3ml/min. | ☐ Yes ☐ No | Insert details |
| Particle size -0.5-5 microns. | ☐ Yes ☐ No | Insert details |
| Weight -2.0-2.1 kgs. | ☐ Yes ☐ No | Insert details |
| Noise level ≤ 55 dB. | ☐ Yes ☐ No | Insert details |
| Sturdy construction, suitable to be disinfected with hospital-grade products | ☐ Yes ☐ No | Insert details |
| Supply with  Instructions for assembly, use and maintenance in English.  1 x carry bag (depending on model supplied).  2 x reusable mouthpiece.  2 x air tubing set.  4 x reusable adult face masks.  4 x reusable paediatric face masks.  5 x air filters (depending on the model supplied).  2 x nebuliser tank. | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO **13485 and ISO 9001** in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **Supplier**  **At the time of offer,**  1 Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV  2 Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered (if applicable) | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| . Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 7, Non-mercurial thermometer**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum 1 year | Insert details | |
| **Non-mercurial thermometer** | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** | ☐ Yes ☐ No | Insert details |
| Battery Operated Digital (LCD) | ☐ Yes ☐ No | Insert details |
| Thermometer with probe. | ☐ Yes ☐ No | Insert details |
| With Minimum Reading of at least ( - 20 °C )and Maximum Reading of at least 100 °C | ☐ Yes ☐ No | Insert details |
| Waterproof casing | ☐ Yes ☐ No | Insert details |
| With Calibration Certificate | ☐ Yes ☐ No | Insert details |
| Glass and mercury free. | ☐ Yes ☐ No | Insert details |
| Digital, electronic version | ☐ Yes ☐ No | Insert details |
| Accuracy ± 0.1°C in the range 35 – 41 °C. | ☐ Yes ☐ No | Insert details |
| Graduation 0.3°C or better. | ☐ Yes ☐ No | Insert details |
| Ready-to-use after switch-on within 10 s. | ☐ Yes ☐ No | Insert details |
| Measurement time: within 120 seconds. | ☐ Yes ☐ No | Insert details |
| Low and high temperature indication. | ☐ Yes ☐ No | Insert details |
| Display easy to read in all levels of ambient light. | ☐ Yes ☐ No | Insert details |
| Automatic switch-off when not in use. | ☐ Yes ☐ No | Insert details |
| Beep audio alert when device is turned on/ready to use or when temperature measurement is complete. | ☐ Yes ☐ No | Insert details |
| Low battery indicator. | ☐ Yes ☐ No | Insert details |
| Full batteries allow for a minimum of 4,000 measurements.  Waterproof. | ☐ Yes ☐ No | Insert details |
| Designed to withstand frequent cleaning and disinfection with hospital-grade products. | ☐ Yes ☐ No | Insert details |
| Battery powered, batteries included in the supply, preferably packed separately. | ☐ Yes ☐ No | Insert details |
| SUPPLIED WITH  Instructions for assembly, use and maintenance in English, Supplied in rigid plastic protective case. | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO **13485** and ISO 9001 in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **Supplier**  **At the time of offer,**   1. Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV 2. Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered (if applicable) | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 8, Stethoscope**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum Two (2) years warranty | Insert details | |
| Stethoscope, binaural, including accessories  designed for listening to sounds from the heart, lungs, and/or gastrointestinal tract from adult and paediatric patients. It comprises a membrane at the listening head connected by a dual tube to the headgear with ear olives that are placed into the users’ ears. | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** | ☐ Yes ☐ No | Insert details |
| Comprises a chest piece connected by a double tube to the headgear with earpieces that are placed Into the users' ears. | ☐ Yes ☐ No | Insert details |
| Double cup, with two diaphragms for dual-use (adult and pediatric auscultation) chest piece in zinc alloy. | ☐ Yes ☐ No | Insert details |
| Adult diaphragm Ø : 45.5mm +/- 10 %; | ☐ Yes ☐ No | Insert details |
| paediatric diaphragm Ø : 31.5mm +/- 10 %. | ☐ Yes ☐ No | Insert details |
| The tube is made of PVC and is crack-resistant. | ☐ Yes ☐ No | Insert details |
| The tube Is Impervious to outside noises, guaranteeing full transmission of sound, and good auditive quality. | ☐ Yes ☐ No | Insert details |
| Tube diameter:  outer diameter 10mm,  inner diameter 4.8mm. | ☐ Yes ☐ No | Insert details |
| Tube length 560mm. | ☐ Yes ☐ No | Insert details |
| Sensitivity from 3.2dB to 26dB in a range from 50 to 1000 Hz for cardiology. | ☐ Yes ☐ No | Insert details |
| Sensitivity 8.1dB in a range from 600 Hz to 1,500 Hz for pneumology. | ☐ Yes ☐ No | Insert details |
| Arms: brass steel with a flexible spring | ☐ Yes ☐ No | Insert details |
| Removable plastic earpieces. | ☐ Yes ☐ No | Insert details |
| Latex-free. | ☐ Yes ☐ No | Insert details |
| Designed for frequent and easy disassembly and disinfection with hospital-grade products. | ☐ Yes ☐ No | Insert details |
| SUPPLIED with  Instructions for assembly, use, and maintenance in English,  1 x spare adult diaphragm.  1 x spare pediatric diaphragm.  1 x set of spare earpieces. | ☐ Yes ☐ No | Insert details |
| **ESTIMATED LIFE SPAN** :5 years | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  Certificate of Quality Management System according to ISO **13485 and ISO 9001** in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| **Supplier**  **At the time of offer,**  1 Valid and current Licence to Operate (LTO) as a medical device distributor in the Philippines on behalf of the supplier/bidder or on behalf of any of the parties in case of a JV  2 Valid and current Certificate of Product Registration (CPR) or Certificate of Product Notification (CPN) in the Philippines for the brand and model of the equipment offered (if applicable) | ☐ Yes ☐ No | Insert details |
| **Equipment**  The equipment shall be CE marked or equivalent | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| The product shall comply with UNOPS QA policy as applicable as can be seen at <https://content.unops.org/service-Line-Documents/Procurement/Annex-2B-Quality-Assurance.pdf> | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**Lot 9, Wheelchair**

| **Section I: UNOPS Minimum Technical Requirements** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| --- | --- | --- |
| Offered brand/model number/Catalogue Number | brand/model offered | |
| Warranty Period - minimum one year warranty | Insert details | |
| **Wheelchair** | ☐ Yes ☐ No | Insert details |
| **Technical Specifications** | ☐ Yes ☐ No | Insert details |
| Transport Wheelchair, Adult, and Child  Frame Material: Aluminium, steel, or lightweight alloy, with a powder-coated or anodized finish | ☐ Yes ☐ No | Insert details |
| Environment: Primarily used indoors or even surfaces outdoors  Seat and Backrest Material: Durable nylon or reinforced vinyl, with optional high-density foam padding for added comfort | ☐ Yes ☐ No | Insert details |
| Function: Typically used intermittently for short duration or for short distance transportation. | ☐ Yes ☐ No | Insert details |
| Primarily for assistant-controlled mobility. Limited manual mobility of large rear wheels. | ☐ Yes ☐ No | Insert details |
| Posture support: User with basic posture support needs. | ☐ Yes ☐ No | Insert details |
| Armrest and Footrest Material: High-impact plastic or padded vinyl-covered surfaces for comfort and durability | ☐ Yes ☐ No | Insert details |
| Wheels and Castors Material: Solid rubber or polyurethane tires, with aluminium or composite rims for strength and durability. | ☐ Yes ☐ No | Insert details |
| Upholstery Material: Breathable, antimicrobial-treated fabric to ensure comfort and hygiene. | ☐ Yes ☐ No | Insert details |
| Leg and Arm Supports: Adjustable aluminium or steel supports with padding, designed for easy cleaning and comfort. | ☐ Yes ☐ No | Insert details |
| Footplates Material: Aluminium or reinforced plastic for strength and lightweight. | ☐ Yes ☐ No | Insert details |
| Hardware: Stainless steel or coated steel nuts, bolts, and screws for corrosion resistance. | ☐ Yes ☐ No | Insert details |
| **Frame:**  4-wheels  Folding frame  Push handles  Fixed backrest height, at least midthoracic: height of target population  Tipping lever  Fixed seat/frame depth  Rear wheels: diameter: From 8"(attendant mobility) up to 26" (independent mobility) | ☐ Yes ☐ No | Insert details |
| **Front castors:**  Diameter: 8"  Width: 1-2"  COG frame adjustments: None | ☐ Yes ☐ No | Insert details |
| Size range: Size width range: Minimum 4 sizes | ☐ Yes ☐ No | Insert details |
| **Section II - Documents, Certifications & Standard Required. to be presented by the bidder in the offer *at the time of offer*:** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **Manufacturer**  1. Certificate of Quality Management System according to ISO **9001** in the name of the manufacturer for the product offered. The Certificate must be issued by an independent Certifying Body/Agency. | ☐ Yes ☐ No | Insert details |
| Product brochure, technical data sheet(s), and user instruction of the equipment in English that allows verifying compliance with the technical specifications. | ☐ Yes ☐ No | Insert details |
| **Section III - Requirement if awarded the Contract** | **Is offer compliant? Bidder to complete** | **Details of goods offered.**  **Bidder to complete** |
| **1. Completion period:**  a. Delivery to final destinations - **Within** **30 days** from the date of issuance of PO. | ☐ Yes ☐ No | Insert details |

**2. Other Requirements**

| **No.** | **UNOPS Minimum Requirements** | **Is quotation compliant? Bidder to complete** | **If No, please complete the reasons and details** |
| --- | --- | --- | --- |
| i | **Packaging and Labelling Specifications**  a) Should be standard as per the regulations applicable.  b) Special packaging and notification is required for easily breakable material.  c) All labelling and packaging inserts shall be in English.  d) Should be strong enough for transport and to resist any mishandling. | ☐ Yes ☐ No |  |
| ii | **Defect**  On reception, in case of the detection of a defective product either in the quality of a product or in any other aspects such as packaging, the Supplier will be requested to replace the complete batch at its own cost. | ☐ Yes ☐ No |  |
| iii | **Recall**  If, after delivery, a batch has to be recalled, for whatever reason, the Supplier will inform UNOPS immediately. The Supplier will replace, at its own cost, all items covered by the recall with goods that fully meet the requirements of the original Purchase Order, and arrange for the collection or destruction of any defective goods. | ☐ Yes ☐ No |  |
| iv | **Sustainability Requirement**  Bidder must provide one or all of the following:   * Documentation confirming the presence of a valid Environmental Management System such as ISO 14001 or equivalent; ; (or) * A copy of the organization’s sustainability policy; ; (or) * A copy of the organization’s latest corporate social responsibility report; ; (or) * A copy of the organization’s most recent UN Global Compact Communication on Progress report; ; (or) * A signed statement from the President (or other executive officer) confirming the organization's commitment to sustainability | ☐ Yes ☐ No  Please provide the valid and relevant document |  |
| v | **Suppliers commitment to gender equality**  The bidder shall provide a response that demonstrates its commitment to support gender equality and women’s empowerment through its operations. | ☐ Yes ☐ No  Please provide the valid and relevant document |  |
| vi | DRiVE Supplier Sustainability Questionnaire | ☐ Yes ☐ No  Please provide the valid and relevant document |  |
| vii | **In the case of a joint venture, consortium or association:**  (i) All parties of such joint venture, consortium, or association shall be jointly and severally liable to UNOPS for any obligations arising from their offer and the contract that may be awarded to them as a result of the solicitation process;  (ii) The offer shall clearly identify the leading partner to act as the contact point to deal with UNOPS, as detailed in the appropriate returnable form/schedule. Such entity shall have the authority to make decisions, binding upon the joint venture, association, or consortium during the Case Ref: ITB/2024/52723  bidding process and, in the event that a contract is awarded, during the duration of the contract; and  (iii) The composition or the constitution of the joint venture, consortium, or association shall not be altered without the prior consent of UNOPS.  (iv) The eligibility criteria will be applicable for each joint venture partner.  (v) The qualification requirements mentioned in the qualifications section of the solicitation documents and in technical requirements ( like Licence to Operate (LTO) , after-sales service etc) will be considered for all partners of the JV combined. It means the JV will qualify even if one of the partners qualifies or they combinedly qualify. | ☐ Yes ☐ No  Please provide the valid and relevant document |  |

**Form E: Delivery Requirement Form**

* **Delivery requirements –– Comparative Data Table**

| **UNOPS Requirements** | | **Is a quotation compliant?**  **Bidder to complete** | **If No, Provide comments** |
| --- | --- | --- | --- |
| **Delivery Schedule** | 100% Quantity delivered to the final destinations - **Within 30 days** from the date of issuance of PO | ☐ Yes ☐ No |  |
| For Lot 5, item 1 & 3 , 100% quantity within 30 days (under DDP term)  The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff at designated locations should be completed within **30 days** from the date of issuance of PO. | ☐ Yes ☐ No |  |
| **Delivery place and Incoterms rules** | DDP Final destination, Philippines (duties & taxes and customs clearance included)  (Please refer to the delivery breakdown for details.) | ☐ Yes ☐ No |  |
| **Mode of Transport** | Any (Air/Sea) if Imported, provided consignment reaches as per requested delivery schedule | ☐ Yes ☐ No |  |
| **Consignee Details** | Local Bidder/ Local partner of the bidder on behalf of DoH the Phillippines | ☐ Yes ☐ No |  |
| **UNOPS Right to vary requirements** | At the time the Contract is awarded, UNOPS reserves the right to vary the quantity of the goods and associated services specified above, provided this does not exceed +/- 20%, without any change in the unit prices or other terms and conditions of the ITB. | ☐ Yes ☐ No |  |

ANY DEVIATION MUST BE LISTED BELOW:

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

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

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

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

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

1. **Delivery Breakdown Table for each lot**

Detail was enclosed in the Annex I\_ Delivery Breakdown Table for each lot

**Form F: Performance Statement Form**

(Bidder should be in continuous business of supplying the same or similar products for the last [2] Calendar years from the bid closing.)

ITB reference no:ITB/2024/52723

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 supplies of goods satisfactory** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **As per Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

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

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

**Form G: One UNOPS Supplier Profile Form**

**(**To be submitted if the bidder has not been supplied to UNOPS before.)

| **SUPPLIER REGISTRATION FORM** | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: SUPPLIER INFORMATION** | | | | | | | | | | | | | | | |
| **Supplier/Vendor name, Company name, External individual name or Implementing Partner name** (For individuals, please enter your first name, middle name and last name as per your national identification card or passport) | | | | | | | **Company registration no.**  (For companies only) | | | | **Valid from**  (dd/mmm/yyyy) | | | **Valid to**  (dd/mmm/yyyy) | |
|  | | | | | | |  | | | |  | | |  | |
| **UNGM Number\*** | |  | | | | **VAT registration no.** | | | |  | | | | | |
| **Country** | |  | | | | **Date of birth**  (dd/mmm/yyyy) | | | | (For individuals only) | | | | | |
| **Identity Document Type** | | **National ID** | | | **Passport** | | | | **Other, please specify:** | | | |  | |  |
| **Identity document no.** | |  | | | | **Issue date**  (dd/mmm/yyyy) | |  | | | **Expiry date**  (dd/mmm/yyyy) | | |  | |
| **Supplier Group (Select one of the below options)** | | | | | | | | | | | | | | | |
| Company (Private or Public)\*  External Individual  Financial institution (including insurance and banking) | | | | | University/educational institution  IGO(Intergovernmental Organization)  NGO(Nongovernmental Organization) | | | | UN Agency /Institution  Government Agency | | | |  | |  |
| \* UNOPS requires Companies to register with the United Nations Global Marketplace on [www.ungm.org](http://www.ungm.org/) (UN supplier database) | | | | | | | | | | | | | | | |
| **SECTION 2: SUPPLIER CONTACT INFORMATION** | | | | | | | | | | | | | | | |
| **General/permanent street address** | |  | | | | | | | | | | | | | |
| **City** | |  | | | | **Postal code (ZIP)** | | | |  | | | | | |
| **State/province** | |  | | | | **Country** | | | |  | | | | | |
| **Primary Supplier/Vendor focal point contact information** | | | | | | **Secondary/alternate contact person** | | | | | | | | | |
| **Name** |  | | | **Title** |  | **Name** | |  | | | | **Title** | |  | |
| **Telephone no.** |  | | **Email** |  | | **Telephone no.** | |  | | | **Email** |  | | | |
| **SECTION 3: SUPPLIER BANKING INFORMATION** (For additional bank accounts, please provide additional forms) | | | | | | | | | | | | | | | |
| **Name of banking institution** | | | | | | **Account Name**  (please indicate as shown on bankbook/bank account) | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **IBAN no.** | |  | | | | **Bank account no.** | | | |  | | | | | |
| **Clearing code/bank code**  (ACH/routing no/ IFSC/sort code) | |  | | | | **SWIFT/BIC code** | | | |  | | | | | |
| **Branch code** | |  | | | | **Bank account currency** | | | |  | | | | | |
| **Branch name** | |  | | | | **Bank account type** | | | | Checking  Saving  Current  Cheque  Other please specify | | |  | |  |
| **Bank’s street address** | |  | | | | | | | | | | | | | |
| **City** | |  | | | | **Postal code (ZIP)** | | | |  | | | | | |
| **State/province** | |  | | | | **Country** | | | |  | | | | | |
| **Intermediary/correspondent bank, if applicable** | | | | | | | | | | | | | | | |
| **Name of intermediary bank** | |  | | | | **Intermediary IBAN no.** | | | |  | | | | | |
| **Country of intermediary bank** | |  | | | **SWIFT/BIC code** |  | | | | **Clearing code/bank code** | |  | | | |
| **Information provided on this registration form will be treated in accordance with UNOPS's EOD on Privacy and Information Security and its related data protection and data retention policies. Digital signatures are accepted only if they can be validated by UNOPS. Incomplete or erroneous information may prevent payment to your account. Any loss due to any error or irregularity in the information submitted by the Supplier/Vendor will be borne by the Supplier/Vendor.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | |
| **Supplier/Supplier's Representative’s Signature and Stamp** | | | | | | | | | | **Date and Place** | | | | | |

| **oneUNOPS supplier no.** | **Is this new or an update to an existing supplier profile?** | | **Bank detail change** | | **UNGM Ineligibility Lists/Claims Log check** | | **Supplier/Vendor have direct agreement/contract with**  **UNOPS** | | **Supplier/Vendor paid via cash supplier?** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | New | Update existing supplier | Yes | Yes  No |  | Yes  No | Yes  No |  | Yes  No |  |
| **Name of Requester (UN)**  (First name/last name/extension) | | | | **I hereby confirm that I have followed the Procurement Manual or the grant support policy (if**  **applicable) and the information submitted is accurate.** | | | | | | |
|  | | | |  | | | |  | | |
| **Signature of Requester** | | | | **Date** | | |