# SECTION VI: RETURNABLE SCHEDULES

## Instructions for completing the returnable Schedules

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

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Without additional instructions (example after completion):

**RFP reference No.:**  RFP/2023/12345

**Name of offeror:**  ABC Contractors, Inc.

**Submission date:**  27/05/2023

With additional instructions in brackets (example before completion):

“... duly authorized by [insert name of offeror] to sign this proposal …”

With additional instructions in brackets (example after completion):

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

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

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

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

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

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

## SCHEDULE 0: RFP SCHEDULES

### 0.1 Proposal Submission Declaration

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

**Subject:** Proposal for the provision of [insert brief information on the Services] in [name of country/city], RFP ref. No. [RFP/2024/53040], dated [insert date]

We, the undersigned, declare that:

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

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

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

[Stamp this form with official stamp of the offeror]

### 0.2 Offeror’s Information

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. **Background of offeror:**

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

1. **UNGM Registration and UNOPS vendors**

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

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

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

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

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

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

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

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

### 0.3 Joint Venture Partner Information

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

## 

### 0.4 Capacity and Experience

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Similar Contracts during the last** **five (5) years**

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

1. **All current contracts underway**

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

1. **All contracts committed to start**

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

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

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

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

### 0.5 Format for Resume of Proposed Key Personnel

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

### 

### 0.6 Statement of Exclusivity and Availability

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

### 0.7 Performance Statement

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

### 0.8 ~~Form for Proposal Security~~ *~~(Not applicable)~~*

**~~ATTENTION:~~** ~~The bank shall fill in this form in accordance with the instructions.~~

**~~Date:~~** ~~\_\_\_/\_\_\_/\_\_\_~~

**~~Proposal guarantee number:~~** ~~[#######]~~

**~~Bank name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_~~**

**~~Address:~~** ~~[Insert address of issuing branch or office]~~

**~~To:~~** ~~UNOPS~~

~~[insert address]~~

~~We have been informed that [name of the offeror] (hereinafter called the “offeror”) has submitted to you its proposal dated [insert date] (hereinafter called the “proposal”) for the execution of [name of contract], under the RFP ref. No. [RFP/202#/#####] (hereinafter called the “RFP”).~~

~~Furthermore, we understand that, according to your conditions, proposals must be supported by a proposal guarantee.~~

~~At the request of the offeror, we [name of bank] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of [amount in words (amount in figures) with the relevant currency] upon receipt by us of your first demand in writing, accompanied by a written statement stating that the offeror is in breach of its obligation(s) under the proposal conditions, because the offeror:~~

1. ~~Has withdrawn its proposal during the proposal validity period specified by the offeror in the proposal submission; or~~
2. ~~Having been notified of the acceptance of its proposal by UNOPS during the proposal validity period,~~
   1. ~~Fails or refuses to execute the Contract; or~~
   2. ~~Fails or refuses to furnish the Performance Security, if required, in accordance with Section I: Instructions to Offerors.~~

~~This guarantee will expire:~~

1. ~~If the offeror is the successful offeror, upon our receipt of copies of the Contract signed by the offeror and the Performance Security issued to you upon the instruction of the offeror; or;~~
2. ~~If the offeror is not the successful offeror, upon the earlier of:~~
   1. ~~Our receipt of a copy of UNOPS notification to the offeror of the name of the successful offeror; or;~~
   2. ~~Twenty-eight days after the expiration of the proposal.~~

~~Consequently, any demand for payment under this guarantee must be received by us at the office on or before that date.~~

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

| **SIGNED** by |
| --- |
| **Name:** |
| **Title:** |
| **Institution:** |
| **Date:** |
| Signature: |

|  |
| --- |
| **Name of witness (block letters):** |
| **Occupation of witness:** |
| **Address of witness:** |
| Signature of witness: |

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### 0.9 DRiVE Supplier Sustainability Questionnaire

**ATTENTION:** Remove only if waiver received from PG.

[DRiVE Supplier Sustainability Questionnaire](https://docs.google.com/spreadsheets/d/1els4097WPBLwrfVwNKuMNuMQvxnPdEgX/edit#gid=1676557135)

### 0.10 Dispute Details

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**ATTENTION:**Offerors shall submit a statement below providing details of any current contract dispute and/or arbitral or legal proceeding involving the offerer. The statement shall include details of any dispute which has been, or is reasonably likely to be, referred to formal dispute proceedings (e.g., mediation or arbitration) or is the subject of litigation in any court locally or internationally. This information shall be provided regardless of whether such action has been instigated by the offeror against a client or a client of the offeror against the offeror. If there are no disputes, kindly add “NOT APPLICABLE” on the box below, sign and return the form.”

|  |
| --- |

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

### 0.11 Acknowledgement of the Addenda

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

| **Addendum Number** | **Dated** |
| --- | --- |
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| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.12 Proposal/No Proposal Confirmation OPTIONAL

| **To:** | UNOPS  [insert name and office of contact person] | **Email:** [insert UNOPS contact person’s email and do not enter secure proposal email address] |
| --- | --- | --- |
| **From:** | [insert name of offeror] | **Date:** \_\_\_/\_\_\_/\_\_\_ |
| **Subject:** | RFP reference No.: [RFP/2024/53040] | |

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

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

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

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

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

### 0.13 Proposal Checklist NOT MANDATORY

**RFP reference No.:**  [RFP/2024/53040]

**Name of offeror:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

| **Activity** | **Yes, No, or N/A** | **Page #**  **in the proposal** | **If NO provide comment** |
| --- | --- | --- | --- |
| **TECHNICAL PROPOSAL** |  |  |  |
| **Have you duly completed all the returnable Schedules?** | **☐ YES ☐ NO ☐ N/A** |  |  |
| * Schedule 0.1 [*Proposal Submission Declaration*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.2 [*Offeror’s Information*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.3 [*Joint Venture Partner Information*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.4 [*Capacity and Experience*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.5 [*Format for Resume of Proposed Key*   *Personnel*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.6 [*Statement of Exclusivity and Availability*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.7 [*Performance Statement*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * ~~Schedule 0.8 [~~*~~Form for Proposal Security~~*~~]~~ | ☐ YES ☐ NO ☐ N/A | NOT APPLICABLE | |
| * Schedule 0.9 [*DRiVE Supplier Sustainability*   *Questionnaire*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.10 [*Dispute Details*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.11 [*Acknowledgement of the Addenda*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.12 [*Proposal/No Proposal Confirmation*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.13 [*Proposal Checklist*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 0.14 [*Acknowledgement of Health and Safety Policy Compliance*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Certification of incorporation of the offeror | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.2 [*Programme*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.3 [*Method Statement*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.4 [*Key Personnel*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.5 [*Organizational Structure*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.6 [*Sub-consultants*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * ~~Schedule 4.7 [~~*~~Consultant’s Equipment and Machinery~~*~~]~~ | ☐ YES ☐ NO ☐ N/A | NOT APPLICABLE | |
| * Schedule 4.8 [*Insurance Details and Insurances*] | ☐ YES ☐ NO ☐ N/A |  |  |
| **Have you provided the required documents to establish compliance with the evaluation criteria established in Section II: Evaluation and Method Criteria?** | **☐ YES ☐ NO ☐ N/A** |  |  |
| * Copy of audited financial statements of the [five (5)] years | ☐ YES ☐ NO ☐ N/A |  |  |
| * Certificates | ☐ YES ☐ NO ☐ N/A |  |  |
| * [Insert additional documents as necessary] | ☐ YES ☐ NO ☐ N/A |  |  |
| **FINANCIAL PROPOSAL** |  |  |  |
| **Have you duly completed all the returnable Schedules?** | **☐ YES ☐ NO ☐ N/A** |  |  |
| * Schedule 4.1.A [*Breakdown of the Fees and Reimbursable cost*] | ☐ YES ☐ NO ☐ N/A |  |  |
| * Schedule 4.1.B [*Daily Rate Schedule*] | ☐ YES ☐ NO ☐ N/A |  |  |

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

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### 0.14 Acknowledgement of Health and Safety Policy Compliance

| **Project Title** | **Énergie pour les Hôpitaux** | | |
| --- | --- | --- | --- |
| **Contractor** |  | | |
| **Date** |  | | |

Acknowledgement Statement

We hereby acknowledge that we have received, read, and understand the [UNOPS Minimum Health and Safety Requirements for Contractors](https://docs.google.com/document/d/1ruGhjGXj0An7RCJdMOnR4dM7k-sY6sVxxQhaLX1RwxQ/edit?usp=sharing). This manual outlines the minimum health and safety requirements to be adhered to on the job site(s).

We understand that it is the responsibility of our company to ensure that all employees, subcontractors, and any other individuals associated with our work on the aforementioned project comply with these requirements.

We agree that we will adhere to all health and safety policies, procedures, and regulations as set forth in the manual during the implementation phase of the project. We acknowledge that failure to comply with these guidelines may result in consequences as outlined in the policy manual, which may include termination of the contract.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**ATTENTION: DO NOT COMPLETE THIS PAGE**

The table below must be left blank. The offer risks being invalidated if any information is included below.

## SCHEDULE 1: CONTRACT DETAILS

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

| **Sub-Clause No.** | **Description** | **Details** |
| --- | --- | --- |
| **1.1** | Accepted Contract Amount | **Amount in words:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Amount in figures:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1.3** | Contractort’s address for communication | **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone/Mobile number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4.3** | Contractor’s Representative | **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone/Mobile number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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## SCHEDULE 4: CONTRACT SCHEDULES FROM THE OFFEROR

### 4.1 Quantities and Rates

#### 4.1.A Bill of Quantities

*(Details including description, quantities and unit rates of items - including preliminaries and provisional sums)*

*IMPORTANT: Kindly provide both a signed PDF and EXCEL version of the BOQ.*

|  |
| --- |

#### 4.1.B Daywork Schedule

*(Details in accordance with Sub-Clause 9.4 of the General Conditions)*

| **No.** | **Item description** | **Rates** | **Payment schedule (Daily/Weekly/Monthly)** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |

### 

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### 4.2 Programme

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

|  |
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### 4.3 Method Statement

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

|  |
| --- |

### 

### 4.4 Key Personnel

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

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

### 

### 4.5 Organizational Structure

|  |
| --- |

### 

### 4.6 Sub-consultants

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

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

### 

### ~~4.7 Consultant’s Equipment and Machinery~~ NOT APPLICABLE

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

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

### 

### 4.8 Insurance Details and Insurances

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

1. **Professional indemnity insurance**

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

1. **Public liability insurance**

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

1. **Workers compensation insurance**

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

1. **Any other insurance**

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

1. **All risk insurance**

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

* **NB: If these insurance documents are not provided during the bidding process, UNOPS reserves the right to request them before signing the contract..**

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