**Section III: Returnable Bidding Forms**

**eSourcing reference**: RFQ/2024/54431

Note to Bidders: The following returnable forms are part of this RFQ and must be completed and returned by bidders as part of their quotation. Instructions to complete each Form are highlighted in blue in each Form. Please complete the Returnable Bidding Forms as instructed and return them as part of your quotation by uploading them against their specific Document Checklist in the UNOPS eSourcing system.

**Form A: Quotation submission form**

Bidders are requested to complete this form, sign it and return it as part of their bid submission. The bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Date: [Insert submission date]

**Subject: Quotation for the provision of cybersecurity assessment on end-user laptops of the StopTB in Geneva, Switzerland,** RFQ Case No. OPS/27.Cybersecurity Assessment, dated **25 October 2024**

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 [insert number of days which shall not be less than the specified in the Tender Particulars section, Period of Validity of Quotations] from the date fixed for the submission deadline as set out in the RFQ, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  3. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS [If you have any actual or potential conflict of interest as defined in Article 3 of Section I: Instructions to Bidders, please disclose it here];;
  4. Our firm confirms that the offeror and sub-contractors have not been associated, or had been involved in any way, directly or indirectly, with the preparation of the design, terms of references and/or other documents used as a part of this solicitation;
  5. Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the Contract—has not been declared ineligible by UNOPS, nor is included in the suspended/ineligibility list of the UN/PD, other UN Agencies, the UN Security Council, and the World Bank, in accordance with Instructions to Bidders Article 3, Eligibility;
  6. We embrace the UN Supplier Code of Conduct and adhere to the principles of the UN Global Compact;
  7. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against them that could impair their operations in the foreseeable future;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded.

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

Name: [complete]

Title: [complete]

Date: [complete]

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

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

Name: [complete]

Title: [complete]

Email address: [complete]

Telephone: [complete]

# Form B: Price Schedule Form

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

RFQ reference no: RFQ/2024/54431

| **Currency** | Insert currency |
| --- | --- |

| **Item No** | **Description** | **Qty** | **Unit price** | **Total price** |
| --- | --- | --- | --- | --- |
| 1. | [Insert name of item. Add or remove rows as necessary] | [Insert Qty] | insert | insert |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| **Total Price** | | | |  |

Payment terms 30 days accepted: ☐ Yes

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

**List of subcontractors or suppliers**

Bidder must identify the names of all subcontractors/suppliers who will be providing good/services under this Contract and the type of work being subcontracted, if applicable.

1. \_[Full legal name and address of subcontractors]\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

**Form C: Technical Quotation Form**

RFQ reference no: RFQ/2024/54431

Name of Bidder: [insert name of Bidder]

Bidders are required to complete the **Comparative Data Tables** included in Section II: Schedule of Requirements to demonstrate compliance with UNOPS requirements and inserted below. Bidders are NOT allowed to make any change in the “UNOPS requirements” columns of the Comparative Data Tables. Such changes might disqualify your quotation.

The Offeror’s proposal must be organized to follow the format of this Technical Proposal Form. Where the offeror is presented with a requirement or asked to use a specific approach, the offeror must not only state its acceptance, but also describe, where appropriate, how it intends to comply. Where a descriptive response is requested, failure to provide the same will be viewed as non-responsive.

**Technical Proposal:**

| **Offeror’s qualification, capacity and expertise** | |
| --- | --- |
| 1.1 | **Brief description of the organization, including the year and country of incorporation, and experience in cybersecurity consulting.**      [Insert response here] |
| 1.2 | **Relevance of specialised knowledge and experience conducting ransomware resilience assessments.**      [Insert response here] |
| 1.3 | **Confirmation on ability to deliver all services and report by end November 2024**      [Insert response here] |
| 1.4 | **Confirmation on presence of an office or agent in Switzerland**  **Please add the contact information.**    [Insert response here] |
| 1.5 | **Organization’s commitment to sustainability**      [Insert response here] |

| **Approach and Methodology** | |
| --- | --- |
| 2.1 | **Please provide a brief description of the approach and methodology that you will use.**      [Insert response here] |
| 2.2 | **Please expand on the details of the report to be delivered which must include the findings of the assessment and recommendations on how to address the identified risks and vulnerabilities.**      [Insert response here] |

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

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

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

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

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

# Form D: Previous Experience Form

RFQ reference no: RFQ/2024/54431

Name of Bidder: [insert name of Bidder]

Please describe the bidder’s experience in cybersecurity consulting and conducting ransomware resilience tests in the recent FIVE years.

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

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

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

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

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

# Form E: Self Disclosure Form

RFQ reference no: RFQ/2024/54431

Name of Bidder: [insert name of Bidder]

| **Ref.** | **Critical area** | **Response** | **Comments** |
| --- | --- | --- | --- |
| **1** | Has the entity or individual declared bankruptcy, or been involved in bankruptcy or receivership proceedings, or is there any judgment or pending legal action against them, which could impair operations in the foreseeable future; | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **2** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) in breach of their obligations relating to the payment of taxes or social security contributions? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **3** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) guilty of misconduct for the violation of applicable laws, regulations or ethical standards of the profession to which they belong? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **4** | Has the entity or individual engaged, or attempted to engage, in any Proscribed Practices in the past?  For the purposes of this provision, “Proscribed Practices” are defined in the UNOPS Operational Instruction on [Vendor Sanctions](https://content.unops.org/documents/libraries/policies-2020/operational-directives-and-instructions/procurement-framework/en/OI.PG-Vendor-Sanctions-2021.pdf) and include the following:   * A corrupt practice: the offering, giving, receiving, or soliciting, directly or indirectly, anything of value to influence improperly the actions of another party; * A fraudulent practice: any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation; * A coercive practice: an act or omission that impairs or harms, or threatens to impair or harm, directly or indirectly, any party or the property of the party to improperly influence the actions of a party; * A collusive practice: an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party; * An unethical practice: Conduct or behaviour that is contrary to the conflict of interest, gifts and hospitality, post-employment provisions or other published requirements of doing business with UNOPS; and * Obstruction: Acts or omissions by a Vendor that prevent or hinder UNOPS from investigating instances of possible Proscribed Practices. | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **5** | Has the entity or individual unduly obtained, or attempted to unduly obtain, any confidential information in connection with this procurement process and any agreement that may be awarded as a result of this process? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **6** | Does the entity or individual have a conflict of interest, as provided in the Instructions to bidders, Article 3 “Bidder eligibility”, that may prevent them from entering into an agreement with UNOPS, or that may in any way jeopardize their performance in carrying out their obligations under the agreement? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **7** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) to be involved in any of the following:   * Fraudulent practice; * Corrupt practice; * Affiliation with a criminal organization; * Money laundering; * Terrorist financing; * Child labour; or * Human trafficking? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **8** | Has the entity or individual had significant performance issues in the past that led to the early termination of a legal commitment or the application of damages or other contractual penalties, or that were discovered following inspections, audits or investigations? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **9** | Has the entity or individual committed any financial irregularity, resulting from an act or omission or the inclusion of an unjustified item of expenditure outside a contractual engagement that had the effect of prejudicing their use of public funds? | Select | [If the response is ‘Yes’, provide an explanation here.] |
| **10** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) to have created an entity in a different jurisdiction with the intent of circumventing fiscal, social or any other legal obligations in the jurisdiction of their registered office, central administration or principal place of business? | Select | [If the response is ‘Yes’, provide an explanation here.] |

I, the undersigned, hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may result in the refusal of this submission. I understand that engagement in any of the above critical areas may, at the discretion of UNOPS, automatically result in the exclusion from this procurement process.

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

[Stamp this form with the official stamp of the bidder]

**Form F: Joint Venture Partner Information Form**

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

RFQ reference no: [insert RFQ reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To be completed and returned with your Bid if the Bid is submitted as a Joint Venture/Consortium/Association.

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

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

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to UNOPS for the 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_