# SECTION 7: PROPOSAL FORMS

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**Form J: Financial Proposal Submission**

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## FORM A: PROPOSAL CONFIRMATION

Please acknowledge receipt of this RFP by completing this form and returning it by email to the address, and by the date specified, in the Letter of Invitation.

|  |  |  |
| --- | --- | --- |
| To: | Insert name of contact person | Email: Insert contact person’s email - do not enter secure proposal email address |
| From: | Insert name of proposer |  |
| Subject | RFP reference Click or tap here to enter text. | |

|  |  |
| --- | --- |
| **Check the appropriate box** | **Description** |
| **☐** | **YES**, we intend to submit a proposal. |
| **☐** | **NO**. We are unable to submit a competitive proposal for the requested services at the moment |

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

|  |  |
| --- | --- |
| **Check applicable** | **Description** |
| **☐** | The requested services are not within our range of supply |
| **☐** | We are unable to submit a competitive proposal for the requested services at the moment |
| **☐** | The requested services are not available at the moment |
| **☐** | We cannot meet the requested terms of reference |
| **☐** | The information provided for proposal purposes is insufficient |
| **☐** | Your RFP is too complicated |
| **☐** | Insufficient time is allowed to prepare a proposal |
| **☐** | We cannot meet the delivery requirements |
| **☐** | We cannot adhere to your terms and conditions e.g. payment terms, request for performance security, etc.. Please provide details below. |
| **☐** | Sustainability criteria/requirements are too stringent (if applicable) |
| **☐** | We do not export |
| **☐** | We do not sell to the UN |
| **☐** | Your requirement is too small |
| **☐** | Our capacity is currently full |
| **☐** | We are closed during the holiday season |
| **☐** | We had to give priority to other clients’ requests |
| **☐** | The person handling proposals is away from the office |
| **☐** | Other (please provide reasons below): |
| Further information: Click or tap here to enter text. | |
| **☐** | We would like to receive future RFPs for this type of services |
| **☐** | We don’t want to receive RFPs for this type of services |

Questions to the Supplier concerning the reasons for no proposal should be addressed to Click or tap here to enter text. phone Click or tap here to enter number., email Click or tap here to enter text..

## FORM B: CHECKLIST

This form serves as a checklist for preparation of your Proposal. Please complete the returnable Proposal Forms in accordance with the instructions and return them as part of your Proposal submission: No alteration to the format of forms shall be permitted and no substitution shall be accepted.

Before submitting your Proposal, please ensure compliance with the instructions in Section 2: Instructions to Proposers and Section 3: Data Sheet.

**Technical Proposal:**

|  |  |
| --- | --- |
| **Have you duly completed all the Returnable Proposal Forms?** |  |
| * Form C: Technical Proposal Submission | ☐ |
| * Form D: Proposer information | ☐ |
| * Form E: Joint Venture/Consortium/Association Information | ☐ |
| * Form F: Eligibility and Qualification | ☐ |
| * Form G: Technical Proposal | ☐ |
| * Form H: CVs of proposed key personnel |  |
| * Form I: Statements of exclusivity and availability for key personnel |  |
| **Have you provided the required documents to establish compliance with the evaluation criteria in Section 4?** | ☐ |
| **Have you provided the required documents in support of Form D: Proposer Information?** | ☐ |

**Financial Proposal:**

|  |  |
| --- | --- |
| * Form J: Financial Proposal Submission | ☐ |
| * Form K: Financial Proposal |  |

## FORM C: TECHNICAL PROPOSAL SUBMISSION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

We, the undersigned, offer to supply the services required for Click or tap here to enter text. in accordance with your Request for Proposals No. Click or tap here to enter text.. We hereby submit our Proposal, which includes this Technical Proposal and our Financial Proposal sealed under a separate envelope.

**BIDDER’S DECLARATION OF CONFORMITY[[1]](#footnote-2)**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM. |
|  |  | On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization. |
|  |  | On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the “UN Sanctions List”) or are the subject of any sanctions or other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation. |
|  |  | On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at <https://www.ungm.org/Public/CodeOfConduct>. |
|  |  | It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration. |
|  |  | On behalf of the Supplier I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM. |
|  |  | IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration. |

Signature:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

|  |
| --- |
| **PROSPECTIVE VENDOR INFORMATION SHEET** |
| **Vendor No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (IOM Internal Use) |

## FORM D: PROPOSER INFORMATION

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Company Details** |  | | | | | |
| Registered Vendor Name\*: |  | | | | | |
| Tax Organization Type\*: | Choose an item. | | | | | |
| Supplier Type\*: | Choose an item. | | | | | |
| Company Web Site: |  | | | | | |
| Tax Country\*: | Choose an item. | | | | | |
| Taxpayer ID/Tax Registration No\*: |  | | | | | |
| Products and/or Services | Choose an item. | | | | | |
| **Additional Information** |  | | | | | |
| UNGM No.: |  | Commitment to Antiracism: | | Choose an item. | |  | |
| UNPP No.: |  | Does your entity agrees with UN Supplier Code of Conduct: | | Choose an item. | |  | |
| Is your Entity Women Owned?: | Choose an item. | Is the Bank Account Certificate added as attachment?: | Choose an item. | | |  | |
| Is your Entity Disability Inclusive?: | Choose an item. |  |  | |  | |
|  |  | | | | | |
| **Address\*** |  | | | | | |
| Street Name and House No. |  | | | | | |
| ZIP/Postal Code\* |  | | | | | |
| City\* |  | | | | | |
| Region\* |  | | | | | |
| Country\* | Choose an item. | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Information for communications** | |  |  |
| First Name\*: |  |  | **IMPORTANT** |
| Last Name\*: |  |  | All fields marked with \* are mandatory. |
| Job Title |  |  | The form will be returned if mandatory field/s is/are empty |
| Email\*: |  |  | The Vendor Name should match ID or registration documents |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Contacts** | |  |  | | |
| First Name\*: |  |  | |  | | |
| Last Name\*: |  | Will this person have a role in Wave? | | | Choose an item. |
| Job Title: |  | If yes, what will be that role? | | Choose an item. | | |
| Email\*: |  |  | |  | | |
|  | |  |  | | |
| First Name\*: |  |  | |  | | |
| Last Name\*: |  | Will this person have a role in Wave? | | | Choose an item. |
| Job Title: |  | If yes, what will be that role? | | Choose an item. | | |
| Email\*: |  |  | |  | | |

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | |
| Printed Name\*: |  |  |  | **List of attachments** | |
|  |  |  |  | Taxpayer ID/Tax registration number certificate. | |
|  |  |  |  | Business License | |
|  |  |  |  | Id. of the owner | |
| Signature\*: |  |  |  | Signed UN Supplier Code of Conduct | |
| Job Title |  |  |  | Proof of women ownership share of the company | |
| Date |  |  |  | Evidence of commitment to anti-racism | |
|  |  |  |  | Evidence of entity’s disability inclusive policy | |
|  |  |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |

|  |
| --- |
| **SPEND AUTHORIZED SUPPLIER INFORMATION SHEET** |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplier Details** |  | | | | | | | | | | |
| Supplier´s Name\*: |  | | | | | | | | | | |
| Supplier Number\*: |  | | | | | | | | | | |
| **Payment Details** |  | | | | | | | | | | |
| Payment Method\*: |  | Bank transfer | | | | |  | **IMPORTANT** | | | |
|  |  | Check**\*\*** | | | | |  | All fields marked with \* are mandatory. | | | |
|  |  | Cash**\*\*** | | | |  | | The form will be returned if mandatory field/s is/are empty | | | |
|  |  | Others**\*\***:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | The Vendor Name should match ID or registration documents | | | |
|  |  |  | | | |  | |  | | | |
| **\*\***If a Non-Bank Payment  Method was selected, please  provide justification: |  | | | | |  | |  | | | |
|  |  | | | | | | | | | | |
| **Bank Details\* (This information is mandatory if payment method is via Bank Transfer)** | | | | | | | | | | | |
| Bank Name\* |  | |  | |  | | | |  | |
| Address |  | | | |  | | | | | **NOTES** |
| City\* |  | | | |  | | | | | Payment currency must be clearly |
| Postal Code |  | | | |  | | | | | indicated to avoid delays and additional |
| Country\* |  | | | |  | | | | | bank charges |
| Bank Account Name\* |  | | | |  | | | | |  |
| Account Currency |  | | | |  | | | | | If the company has multiple bank |
| Bank Account Number |  | | | |  | | | | | accounts, indicate the default account |
| Swift Code/BIC (outside USA) |  | | | Fill only the code that corresponds to your location\* | | | | | | this form and add an extra sheet with |
| IBAN Number |  | | |  | | | | | | full information of other accounts |
| Clearing Number (Switzerland) |  | | |  | | | | | |  |
| ABA No. for ACH (U.S.A.) |  | | |  | | | | | |  |

|  |  |  |
| --- | --- | --- |
| **PLEASE, FILL IN THE CONTACT INFORMATION ONLY IF IT NEEDS TO BE UPDATED IN THE SUPPLIER PROFILE** | | |
| **Contact Information** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: |  |  | |  | | |
| Last Name: |  | Will this person have a role in Wave? | | | Choose an item. |
| Job Title: |  | If yes, what will be that role? | | Choose an item. | | |
| Email\*: |  |  | |  | | |
|  | |  |  | | |
| First Name: |  |  | |  | | |
| Last Name: |  | Will this person have a role in Wave? | | | Choose an item. |
| Job Title: |  | If yes, what will be that role? | | Choose an item. | | |
| Email\*: |  |  | |  | | |

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | |
| Printed Name\*: |  |  |  | **List of attachments** | |
|  |  |  |  | Bank Account Certificate | |
|  |  |  |  | Declaration of Conformity was signed in solicitation documents | |
| Signature\*: |  |  |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Job Title |  |  |  |  | |
| Date |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |  | |
|  |  |  |  |

## FORM E: JOINT VENTURE/CONSORTIUM/ASSOCIATION INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

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

|  |  |  |
| --- | --- | --- |
| **No** | **Name of Partner and contact information** *(address, telephone numbers, fax numbers, e-mail address)* | **Proposed proportion of responsibilities (in %) and type of services to be performed** |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Name of leading partner**  (with authority to bind the JV, Consortium, Association during the RFP process and, in the event a Contract is awarded, during contract execution) | Click or tap here to enter text. |

We have attached a copy of the below referenced document signed by every partner, which details the likely legal structure of and the confirmation of joint and severable liability of the members of the said joint venture:

☐ Letter of intent to form a joint venture ***OR*** ☐ JV/Consortium/Association agreement

We hereby confirm that if the contract is awarded, all parties of the Joint Venture/Consortium/Association shall be jointly and severally liable to Click or tap here to enter text for the fulfilment of the provisions of the Contract.

|  |  |
| --- | --- |
| Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## FORM F: ELIGIBILITY AND QUALIFICATION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

***If JV/Consortium/Association, to be completed by each partner.***

**History of Non- Performing Contracts**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐No non-performing contracts during the last 3 years | | | |
| ☐ Contract(s) not performed in the last 3 years | | | |
| **Year** | **Non- performed portion of contract** | **Contract Identification** | **Total Contract Amount** (current value in US$) |
|  |  | Name of Client:  Address of Client:  Reason(s) for non-performance: |  |

**Litigation History** (including pending litigation)

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ No litigation history for the last 3 years | | | |
| ☐ Litigation History as indicated below | | | |
| **Year of dispute** | **Amount in dispute** (state currency) | **Contract Identification** | **Total Contract Amount** (state currency) |
|  |  | Name of Client:  Address of Client:  Matter in dispute:  Party who initiated the dispute:  Status of dispute:  Party awarded if resolved: |  |

**Previous Relevant Experience**

Please list only previous similar assignments successfully completed in the last 3 years.

List only those assignments for which the Proposer was legally contracted or sub-contracted by the Client as a company or was one of the Consortium/JV partners. Assignments completed by the Proposer’s individual experts working privately or through other firms cannot be claimed as the relevant experience of the Proposer, or that of the Proposer’s partners or sub-consultants, but can be claimed by the Experts themselves in their CVs. The Proposer should be prepared to substantiate the claimed experience by presenting copies of relevant documents and references if so requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project name & Country of Assignment** | **Client & Reference Contact Details** | **Contract Value** | **Period of activity and status** | **Types of activities undertaken and role (Contractor, sub-contractor or consortium member)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Proposers may also attach their own Project Data Sheets with more details for assignments above.*

☐ Attached are the Statements of Satisfactory Performance from the Top 3 (three) Clients or more.

**Financial Standing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Annual Turnover for the last 3 years** | Year | Currency | Amount |
| Year | Currency | Amount |
| Year | Currency | Amount |
| **Latest Credit Rating (if any), indicate the source and date.** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial information**  (state currency) | **Historic information for the last 3 years** | | |
|  | Year 1 | Year 2 | Year 3 |
|  | *Information from Balance Sheet* | | |
| Total Assets (TA) |  |  |  |
| Total Liabilities (TL) |  |  |  |
| Current Assets (CA) |  |  |  |
| Current Liabilities (CL) |  |  |  |
|  | *Information from Income Statement* | | |
| Total / Gross Revenue (TR) |  |  |  |
| Profits Before Taxes (PBT) |  |  |  |
| Net Profit |  |  |  |
| Current Ratio (current assets/current liabilities) |  |  |  |

☐ Attached are copies of the audited financial statements (balance sheets, including all related notes, and income statements) for the years required above complying with the following condition:

* 1. Must reflect the financial situation of the Proposer or party to a JV, and not sister or parent companies;
  2. Historic financial statements must be audited by a certified public accountant;
  3. Historic financial statements must correspond to accounting periods already completed and audited. No statements for partial periods shall be accepted.

## FORM G: FORMAT FOR TECHNICAL PROPOSAL

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

The proposer’s proposal must be organised to follow the format of this Technical Proposal Form. Where the proposer is presented with a requirement or asked to use a specific approach, the proposer 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.

**Section 1: Proposer’s qualification, capacity and expertise**

1.1 Brief description of the organisation, including the year and country of incorporation, and types of activities undertaken.

1.2 General organizational capability which is likely to affect implementation: management structure, financial stability and project financing capacity, project management controls, extent to which any work would be subcontracted (if so, provide details).

1.3 Relevance of specialised knowledge and experience on similar engagements done in the region/country.

1.4 Quality assurance procedures and risk mitigation measures.

1.5 Organization’s commitment to sustainability.

**Section 2: Proposed Methodology, Approach and Implementation Plan**

This section should demonstrate the proposer’s responsiveness to the TOR by identifying the specific components proposed, addressing the requirements, providing a detailed description of the essential performance characteristics proposed and demonstrating how the proposed approach and methodology meets or exceeds the requirements. All important aspects should be addressed in sufficient detail and different components of the project should be adequately weighted relative to one another.

2.1 A detailed description of the approach and methodology for how the Proposer will achieve or exceed the requirements of the Terms of Reference, keeping in mind the appropriateness to local conditions and project environment. Detail how the different service elements shall be organised, controlled and delivered.

2.2 Provide comments and suggestions on the Terms of Reference: have the important aspects of the task been addressed in sufficient detail? Are the different components of the project adequately weighted relative to one another? Include additional services that will be rendered beyond the requirements of the ToR, if any.

2.2 The methodology shall also include details of the Proposer’s internal technical and quality assurance review mechanisms.

2.3 Explain whether any work would be subcontracted, to whom, how much percentage of the work, the rationale for such, and the roles of the proposed sub-contractors and how everyone will function as a team.

2.4 Description of available performance monitoring and evaluation mechanisms and tools; how they shall be adopted and used for a specific requirement.

2-5 Demonstrate how you plan to integrate sustainability measures in the execution of the contract.

2.5 Implementation plan including a Gantt chart or Project Schedule indicating the detailed sequence of activities that will be undertaken and their corresponding timing.

2.7 Any other comments or information regarding the project approach and methodology that will be adopted.

**Section 3: Management Structure and Key Personnel**

3.1 Describe the overall management approach toward planning and implementing the project. Include details of key personnel including their name and nationality, the Position they will assume and their role as per the ToR. Include an organisation chart for the management of the project describing the relationship of key positions and designations. Provide a spreadsheet to show the activities of each personnel and the time allocated for his/her involvement.

3.2 For each of the key personnel provide: the CV using the format in Form H and the statement of exclusivity and availability using the format in Form I.

**FORM H: FORMAT FOR CV OF PROPOSED KEY PERSONNEL**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

|  |  |  |
| --- | --- | --- |
| **Position (as per ToR)** |  | |
| **Personnel Information** | Name: | |
|  | Nationality: | Date of birth: |
|  | Language Proficiency: | |
| **Present Employment** | Name of employer: | Contact: (manager or HR) |
|  | Address of employer: | |
|  | Telephone: | Email: |
|  | Job title: | Years with present employer: |
| **Education / Qualifications** | *Summarise college/university and other specialised education of personnel member, giving names of schools, dates attended, and degrees/qualifications obtained.* | |
| **Professional Certifications** | *Provide details of professional certifications relevant to the scope of services including name of institution and date of certification.* | |
| **References:** | *Provide names, addresses, phone and email contact information for two (2) references*. | |

Summarise professional experience over the last 20 years in reverse chronological order. Indicate particular technical and managerial experience relevant to the project.

|  |  |  |
| --- | --- | --- |
| **From** | **To** | **Company / Project / Position / Relevant technical and management experience** |
|  |  |  |

**FORM I: STATEMENT OF EXCLUSIVITY AND AVAILABLITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

I, the undersigned, hereby declare that I agree to participate exclusively with the Proposer Click or tap here to enter text.in the above referenced 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** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

I confirm that I am not engaged in other projects in a position for which my services are required during the periods where 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 proposer 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 Click or tap here to enter text. solicitation 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 other Click or tap here to enter text. solicitation procedures and contracts and that the notification of award of contract to the Proposer may be rendered null and void.

Name:

Title:

Date:

Signature:

## FORM J: FINANCIAL PROPOSAL SUBMISSION

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

We, the undersigned, offer to provide the services for Click or tap here to enter text. in accordance with your Request for Proposal No. Click or tap here to enter text. and our Proposal. We are hereby submitting our Proposal, which includes the Technical Proposal and this Financial Proposal sealed under a separate envelope.

Our attached Financial Proposal is for the sum of Click or tap here to enter text..

Our Proposal shall be valid and remain binding upon us for the period of time specified in the Data Sheet.

We understand that you are not bound to accept any Proposal that you receive.

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

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

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

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

*[Stamp with official stamp of the Proposer]*

## FORM K: FORMAT FOR FINANCIAL PROPOSAL

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Proposer: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| RFP reference: | Click or tap here to enter text. | | |

The proposer is required to prepare the Financial Proposal following the below format and submit it in an envelope separate from the Technical Proposal as indicated in the Instruction to Proposers. The inclusion of any financial information in the Technical Proposal shall lead to disqualification of the Proposer. The Financial Proposal should align with the requirements of the Terms of Reference and the proposer’s Technical Proposal.

**Currency of the proposal:** Click or tap here to enter text.

**Table 1: Summary of Overall Prices**

|  |  |
| --- | --- |
|  | **Amount** |
| **Professional Fees (from Table 2)** |  |
| **Other Costs (from Table 3)** |  |
| **Total Amount of Financial Proposal** |  |

**Table 2: Breakdown of Professional Fees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Fee Rate** | **No. of days / months / hours** | | **Total Amount** |
| *A* | *B* | | *C=A+B* |
| In-Country |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| Home Based |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| **Subtotal Professional Fees:** | | | |  | |

**Table 3: Breakdown of Other Costs**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description** | **Unit of Measure** | **Quantity** | **Unit Price** | | **Total Amount** |
| International flights | Return trip |  |  | |  |
| Subsistence allowance | Day |  |  | |  |
| Local transportation costs | Lump sum |  |  | |  |
| Out-of-pocket expenses |  |  |  | |  |
| Other costs (specify) |  |  |  | |  |
| **Subtotal Other Costs:** | | | |  | |

**Table 4: Breakdown of Price per Deliverable / Activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deliverable / Activity description** | **Time**  (person days) | **Professional Fees** | **Other Costs** | **Total** |
| Deliverable 1 |  |  |  |  |
| Deliverable 2 |  |  |  |  |
| Deliverable 3 |  |  |  |  |
| Etc. |  |  |  |  |

1. This form is mandatory to fill in and sign by every vendor who submits quotation [↑](#footnote-ref-2)