***Request for Vendor evaluation/re-evaluation form:***

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| ***1) The Office intends to issue an LTA to, or place PO with a vendor that meets the vendor evaluation criteria:***   * All vendors recommended to CRC for award of LTA/S; * All vendors to be issued with a contract/PO equal or above US$ 100,000 (excludes individual consultants); * All KfW funded project vendors; and * Any other case as deemed fit by the Office’s Supply Unit/Programme Sections /CRC / Head of Office. * [Email template](https://unicef-my.sharepoint.com/personal/dkgitau_unicef_org/_layouts/15/onedrive.aspx?e=5%3Aacadc4e96dd448e49e2adf85d9fd044e&FolderCTID=0x012000ABA6596CEB98044F93A678BAEBE5F832&AjaxDelta=1&isStartPlt1=1489750773709&id=%2Fpersonal%2Fdkgitau%5Funicef%5Forg%2FDocuments%2FRollout%20documents%2FAnnexes%2FVendor%20evaluation%20dispatch%20email%20template%2Emsg&parent=%2Fpersonal%2Fdkgitau%5Funicef%5Forg%2FDocuments%2FRollout%20documents%2FAnnexes) ([French version](https://unicef-my.sharepoint.com/personal/dkgitau_unicef_org/_layouts/15/onedrive.aspx?e=5%3Aacadc4e96dd448e49e2adf85d9fd044e&FolderCTID=0x012000ABA6596CEB98044F93A678BAEBE5F832&AjaxDelta=1&isStartPlt1=1489750773709&id=%2Fpersonal%2Fdkgitau%5Funicef%5Forg%2FDocuments%2FRollout%20documents%2FAnnexes%2FVendor%20evaluation%20dispatch%20email%20%2D%20French%2Emsg&parent=%2Fpersonal%2Fdkgitau%5Funicef%5Forg%2FDocuments%2FRollout%20documents%2FAnnexes)) informing the vendor of evaluation and requesting financial information from the vendor. In their response, the vendor should provide the below attachments: * Two-year set of financial statements for the full financial year (preferably audited) * Certificate of incorporation * UNGM number. * Vendor’s contact details” contact person, email and telephone number.   ***Note: Two-year set of financial statements, Certificate of Incorporation and UNGM number are mandatory and the request will not be considered compete without these.*** |
| ***2) Ethical evaluation:***  ***Is the Focal Point aware of any adverse mention or involvement of the vendor in unethical conduct?***  Yes  No  If yes, please provide further information: Click here to enter text |
| **3) Contact/General information:**  Provide Office’s contact name and e-mail address:   * Name of Office: Panamá, Panamá City Office * VISION Business Area: 3330 Panama * Contact person: **Carla Ros** * CO contact person email address: cros@unicef.org * Telephone number: +507 301-7371 * Date: 24/10/2017 * Emergency Country Office (L2/L3):Yes  No |

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| **#** | **Vendor Name** | **VISION Vendor Number** | **UNGM Number** | **Previous Vendor Evaluation Date** | **Approximate value of LTA/PO/**  **Contract** | **Products/Services to be Procured** | **Expected Duration of the LTA/S** | **Notes** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |

**4) Request Details (For UNICEF Internal use):**