Section III: Returnable Bidding Forms

E sourcing reference: SUPPLY OF DIGITAL AUTOMATIC METHADONE DISPENSER - ITB/2019/8575

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 Bid Form
* Form E: Manufacturer’s authorisation form (For the bidder who is not manufacturer)
* Form F: Performance Statement Form
* Form G: One UNOPS Vendor Profile Form

Form A: Joint Venture Partner Information Form (If applicable)

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

E sourcing reference: Supply of Digital Automatic Methadone Dispenser - ITB/2019/8575

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form B: 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: Bid for the supply of [Digital Automatic Methadone Dispenser]** **in** [**Myanmar],**

E sourcing reference: ITB/2019/8575 dated **[insert date]**

We, the undersigned, declare that:

* 1. We have examined and have no reservations to the bidding documents, including amendments No.: (Insert the number and issuing date of each amendment);
  2. We offer to supply in conformity with the bidding documents, including the UNOPS General Conditions of Contract, and in accordance with the delivery schedules specified in the Schedule of Requirements
  3. The total price of our bid, excluding any discounts offered in item (d) below, is: (Insert the total bid price in words and figures, indicating the various amounts and the respective currencies);
  4. The discounts offered and the methodology for their application are:
* **Discounts**: If our bid is accepted, the following discounts shall apply. (Specify in detail each discount offered and the specific item of the Schedule of Requirements to which it applies, including if applicable discounts for accelerated payment.)
* **Methodology of application of the discounts**: The discounts shall be applied using the following method: (Specify in detail the method that shall be used to apply the discounts);
  1. Our bid shall be valid for the period of time of [insert number of days which shall not be less than the specified in Section I: ITB Particulars, Period of Validity of Bids] from the date fixed for the bid submission deadline as set out in the ITB, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  2. If our bid is accepted, and if so requested in Section I: ITB Particulars, we commit to obtain a performance security in accordance with Instructions to Bidders Article 34 and the General Conditions of the Contract;
  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;
  4. 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.
  5. Our firm confirms that the Bidder 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;
  6. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  7. 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 4, Eligibility;
  8. We have not offered and will not offer fees, gifts and/or favours of kind in exchange for this ITB and will not engage in any such activity during the performance of any contract awarded.
  9. We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive;

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

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

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

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

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

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

Form C: Price Schedule Form

**E sourcing reference: Supply of Digital Automatic Methadone Dispenser - ITB/2019/8575**

Name of Bidder: [insert name of bidder]

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

|  |  |
| --- | --- |
| **Currency** | ………………………… |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lot No.** | **Description of Good** | **Unit** | **Total Quantity in unit**  **(a)** | **Manufacturer/**  **Country of Origin** | **Unit price FCA Manufacturer’s warehouse/**  **Port of Origin**  **(b)** | **Total price FCA Manufacturer’s warehouse/**  **Port of Origin**  **(c) = (a)x(b)** | **Unit price**  **CPT (Yangon port/airport of entry)**  **(d)** | **Total price CPT (Yangon port/airport of entry)**  **(e) = (a)x(d)** |
| 1 | Digital Automatic Methadone Dispenser | Pcs | 4 |  |  |  |  |  |

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

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

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

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

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

Form D: Technical Bid Form

**E sourcing reference: Supply of Digital Automatic Methadone Dispenser - ITB/2019/8575**

Name of Bidder: [insert name of bidder]

Bidders are required to complete the **Comparative Data Tables** as below to demonstrate compliance with UNOPS 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.

**Technical specifications for goods – Comparative Data Table**

| **Lot No.** | **Description** | **UNOPS minimum technical requirements** | **Is quotation compliant?** Bidder to complete | **Details of goods offered.** Bidder to complete |
| --- | --- | --- | --- | --- |
| 1 | Digital Automatic Methadone Dispenser | * Automatic high precision electronic scales for constant monitoring of (volume)of methadone container * Precision volumetric flask for accuracy checks * Easy to recalibrate * Security lock included * controller and pump in one stainless steel case * Liquid eye bubble detection * Digital control system which can operate by computer * Communication messaging standard and developer guide to communicate with the dispensing machine must be included. * Vendor must provide SKD (software development kits) in c# language component library and Driver. * Three years warranty with Yearly service for standard cleaning and calibration.   Bidder shall indicate the offer product name, catalogue number, product photos and related product information. | ☐ Yes ☐ No | Insert details of goods offered, including specifications and brand/model offered if applicable |

**Note:**

**Standards for workmanship, process, material, and equipment, as well as references to brand names or catalogue numbers, if any,  specified by the Purchaser in the Schedule of Requirements, are intended to be descriptive only and not restrictive.  The Bidder may offer other standards of quality, brand names, and/or catalogue numbers, provided that it demonstrates, to the Purchaser’s satisfaction, that the product offered ensure substantial equivalence or are superior in performance to those specified in the Schedule of Requirements.**

|  |  |
| --- | --- |
| **Quality Assurance and Warranty and after Sales service Requirements** | **Is quotation compliant?**  **Bidder to complete** |
| The bidder shall submit along with the bid the following documentary evidence; “The product offered is manufactured at a site compliant with the requirement of ISO 13485/2003 or an equivalent quality management system recognized by one of the Regulatory Authorities of the Founding Members of GHTF. | Yes  No |
| **Related Services Required:**  (a) Furnishing of tools required for maintenance of the supplied Goods along with each equipment  (b) Furnishing of detailed operations and maintenance manual  (c) Three years warranty with Yearly service for standard cleaning, calibration and preventive maintenance service of the equipment.  (d) During the warranty period, on receiving any complaint from end user about non-functioning of the equipment, the supplier or his agent must repair the equipment within a weeks’ time.  (e) Onsite Installation needs to do for automatic dispenser and onsite training for the use in real practice.  It will be the supplier’s responsibility to install the goods – At DDTRU (Drug Detoxification/ Treatment and Rehabilitation Unit) - Ywarthargyi Mental Health Hospital, Yangon, Myanmar | Yes  No |
| **Packaging and Labelling Specifications** | **Is quotation compliant?**  **Bidder to complete** |
| 1. Manufacturer’s standard Packaging. 2. All labelling and packaging inserts shall be in English. 3. Should be standard as per regulations applicable. 4. Special packaging and notification is required for easily breakable material   The final cartons should be shrink-wrapped in a clear plastic which prevent the product during transportation, storage and handling keeping in view the heavy rains in Myanmar.  The outer case or carton should also display the following information;   * Carton numbering e.g. carton 1/40 * UNOPS Logo * Shipping Marks | Yes  No |
| **Defect** | **Is quotation compliant?**  **Bidder to complete** |
| 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 Goods at its own cost. | Yes  No |
| **Complaints** | **Is quotation compliant?**  **Bidder to complete** |
| Any complaint from UNOPS will be handled by the Supplier according to its internal standard operating procedures, and pursuant to the provisions relating to provisions as set out in the General Conditions. | Yes  No |
| **Recall** | **Is quotation compliant?**  **Bidder to complete** |
| If, after delivery, the product 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 |

**Delivery requirements –– Comparative Data Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **UNOPS Requirements** | | **Is Bid compliant?**  Bidder to complete | **Details**  Bidder to complete |
| **Delivery time** | 100% quantity within 60 days of PO signed date | Yes  No | Insert details |
| **Delivery place and Incoterms rules** | **CPT (Yangon port/ airport of entry) (Incoterm Term 2010)**  UNOPS will do the customs clearance and transport the products from port/airport to installation site. | Yes  No | Insert details |
| **Installation at Site and training** | Installation shall be done immediately after arrival of goods at the site.  Training shall be made at the time of installation. | Yes  No | Insert details |
| **Installation Place** | DDTRU (Drug Detoxification/ Treatment and Rehabilitation Unit) - Ywarthargyi Mental Health Hospital, Yangon, Myanmar | Yes  No | Insert details |
| **Consignee details** | United Nations Office for Project Services  Principal Recipient to Global Fund  No.12 (O), Pyi Thu Street, 7-Mile, Mayan gone Township, Yangon, Myanmar. | Yes  No | Insert details |
| **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 +/- 25%, without any change in the unit prices or other terms and conditions of the ITB. | Yes  No | Insert details |
| **Other shipping requirement** | In case of **Air shipment**, the supplier shall provide AWB and other shipping documents much in advance to UNOPS. UNOPS will apply for Tax exemption certificate (TEC). Once the TEC is received, UNOPS will provide the greenlight for the shipment.  NOTE: The time between the days when shipping documents are provided to UNOPS and the day dispatch clearance is issued is not included in the delivery times mentioned above.  In case of **Sea shipment,** the supplier shall provide BOL and other shipping documents as soon as the Goods are delivered to the shipping line. | Yes  No | Insert details |
| **Other requirement** | If a local supplier bids in MMK and awarded the contract in MMK for goods to be imported into Myanmar with UNOPS as consignee, UNOPS may request to provide an additional invoice in USD for contracted consignment only for the purpose of  making application for TEC. Payment will be based on the MMK invoice for the amount contracted. | Yes  No | Insert details |

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

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

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

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

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

Form E: Manufacturer’s Authorization Form (For the bidder who is not manufacturer)

A letter issued by the manufacturer authorizing the applicant to participate in this particular ITB must be submitted with the bid in the format provided in this Form.

To be eligible for delivery of goods, the bidder must be either the manufacturer of the offered goods or a sole representative of the manufacturer to the United Nations. Should offers for a particular make and model be received from more than one appointed representative, UNOPS reserves the right to select only one.

ITB reference no: [insert ITB reference No.]

Name of Bidder: [insert name of bidder]

Date: [insert submission date]

To: UNOPS

WHEREAS

We *[insert complete name of manufacturer*], who are official manufacturers of [*insert type of goods manufactured],* having factories at *[insert full address of manufacturer’s factories*], do hereby authorize *[insert complete name of bidder]* to submit a bid the purpose of which is to provide the following goods, manufactured by us *[insert name and or brief description of the goods]*, and to subsequently negotiate and sign the contract.

We hereby extend our full guarantee and warranty in accordance with Clause 4.5 of the General Conditions of Contract for the Provision of Goods, with respect to the goods offered by the above firm.

Signed: [*insert signature(s) of authorized representative(s) of the manufacturer]*

Name*: [insert complete name(s) of authorized representative(s) of the manufacturer]*

Title: *[insert title]*

Dated on \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_ *[insert date of signing]*

Form F: Performance Statement Form

Bidder should be in continuous business of supplying similar products for last [2] Calendar years – 2017 and 2018.

**E sourcing reference: Supply of Digital Automatic Methadone Dispenser - ITB/2019/8575**

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 supply of goods satisfactory?** |
| **As per Contract** | **Actual** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

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

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

Form G: One UNOPS Vendor Profile Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SECTION 1 (For internal use only) UN INFORMATION | | | | |
| **Requesting Person (UN)**  First Name / Last Name / Extension    E-mail address | **Supplier No.:**  ***OR***  **Resource no.:** | | | |
| **Submission date** (dd-mm-yy) | | | **Type of Update for oneUNOPS**  new  modify inactivate |
| SECTION 2 SUPPLIER INFORMATION | | | | | |
| **Supplier Name/Person Name**  First Name / Middle Name/Last Name / Extension | | | | Country | |
| **United Nations Global Marketplace Registration Number1 (Mandatory for companies**) | | | | | |
| Company Registration Number (Mandatory) | | | VAT Registration Number (if applicable) | | |
| Parent Company Name (if applicable) | | | | Web Site URL | |
| Supplier Group (Select one of the below options)  Beneficiary Family  Company (private or public)  External Individual (including interviewer/ meeting participant)  UN Agency  Government Agency  University/Educational Institution  Financial Institution (including Insurance and Banking Institution)  International NGO  Regional Company  IGO (Inter-Governmental Organization)  Personnel (staff/ICA/UNV/SC/volunteer/intern)  International Company  Regional NGO  NGO (Non-Governmental Organization) | | | | | |

|  |  |
| --- | --- |
| SECTION 3 SUPPLIER INFORMATION (Contact information) | |
| General/Permanent Stree Address | City State/Province Postal Code (Zip) Country |
| SECOND Street Address (If 2nd address, provide purpose) | City State/Province Postal Code (Zip) Country |
| **Contact Person**  Name       Title  Phone       Fax | **Alternate Contact Person**  Name       Title  Phone       Fax |
| E-mail Address | E-mail Address |

|  |  |  |
| --- | --- | --- |
| SECTION 4 BANKING INFORMATION (For additional Bank Accounts, please provide additional forms) | | |
| Name of Banking Institution | Beneficiary Name of Account (Name as it appears on account) *Please make sure it is same name as the one you mention under Supplier Name/Person Name field in SECTION2)* | |
| Street Address | Branch Name | Phone |
| City       State/Province       Postal Code (Zip)       Country | | |
| Bank transwire code information | | |
| IBAN Number  Bank Account Number  Branch code | SWIFT/BIC Code | |
| Clearing Code/Bank Code (e.g. ABA, ACH or routing No., IFSC, Transit No., BSB No., Sort Code, BLZ No.) | |
| Bank Account Currency  USD  Other: (Please specify) | Currency of Payment  USD  Other: (Please specify) | |
| Bank transwire code information for Intermediary Bank\*, if applicable | | |
| Name of Intermediary Bank | Bank Country | |
| IBAN Number | SWIFT/BIC Code | |
| Bank Account Number (of the beneficiary bank with the intermediary bank) | Clearing Code/Bank Code (e.g. ABA, IFSC, Transit No., BSB No., Sort Code, BLZ No.) | |
| Signature | Date, place | |

|  |
| --- |
| **Incomplete or erroneous information will prevent final credit of payments to your account** |