**Annex 2**

**SUPPLIER’S QUOTATION**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery)***

We, the undersigned, hereby accept in full the UNDP General Terms and Conditions, and hereby offer to supply the items listed below in conformity with the specification and requirements of UNDP as per RFQ Reference No**. RFQ/LBY/START/2020/066 - Provision of training on CV writing Skills for Job seekers in Tripoli, Libya.**

| **Item No.** | **Description/Specification of Goods** | **Percentage of payment**  | **Unit Price ($)** | **Total Price per Item ($)** |
| --- | --- | --- | --- | --- |
|  | Achieving deliverable 1; An inception report submitted and approved by UNDP.  | 10% |  |  |
|  | Achieving deliverable 2; Interim report № 1, including all tasks mentioned above submitted and approved by UNDP. | 20% |  |  |
|  | Achieving deliverable 3; Interim report № 2, including all tasks mentioned above submitted and approved by UNDP. | 40% |  |  |
|  | Achieving deliverable 4; Final report submitted and accepted by UNDP. | 30% |  |  |
| **Total Final and All-Inclusive Price for the training** |  |

 In case of increase in number of participants, a prior notice will be provided and same unit rate will be applied for additional participants.

We declare that the firm/company or individuals employed by the firm/company are not included in the UN Security Council 1267/1989 list, UN Procurement Division List or other UN Ineligibility list.

All other information that we have not provided automatically implies our full compliance with the requirements, terms and conditions of the RFQ.

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

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_