**Annex 2**

**FORM FOR SUBMITTING SERVICE PROVIDER’S PROPOSAL**

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

 [insert: *Location]*.

[insert: *Date]*

To: [*insert: Name and Address of UNDP focal point]*

Dear Sir/Madam:

We, the undersigned, hereby offer to render the following services to UNDP in conformity with the requirements defined in the RFP dated *[specify date]* , and all of its attachments, as well as the provisions of the UNDP General Contract Terms and Conditions :

1. **Qualifications of the Service Provider**

The Service Provider must describe and explain how and why they are the best entity that can deliver the requirements of UNDP by indicating the following :

1. Profile – describing the nature of business, field of expertise, licenses, certifications, accreditations;
2. Business Licenses – Registration Papers, Tax Payment Certification, etc.
3. Latest Audited Financial Statement – income statement and balance sheet to indicate Its financial stability, liquidity, credit standing, and market reputation, etc. ;
4. Track Record – list of clients for similar services as those required by UNDP, indicating description of contract scope, contract duration, contract value, contact references;
5. Certificates and Accreditation – including Quality Certificates, Patent Registrations, Environmental Sustainability Certificates, etc.
6. Written Self-Declaration that the company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List.
7. Include all the documents mentioned in the **Minimum Eligibility Criteria** mentioned in Annex 1.
8. **Proposed Methodology for the Completion of Services**

|  |
| --- |
| The Service Provider must describe how it will address/deliver the demands of the RFP; providing a detailed description of the essential performance characteristics, reporting conditions and quality assurance mechanisms that will be put in place, while demonstrating that the proposed methodology will be appropriate to the local conditions and context of the work. |

1. **Qualifications of Key Personnel**

*If* required by the RFP, the Service Provider must provide :

1. Names and qualifications of the key personnel that will perform the services indicating who is Team Leader, who are supporting, etc.;
2. CVs demonstrating qualifications must be submitted if required by the RFP; and
3. Written confirmation from each personnel that they are available for the entire duration of the contract.

*[Name and Signature of the Service Provider’s Authorized Person]*

*[Designation]*

*[Date]*

**Annex 3**

**FORM FOR SUBMITTING SERVICE PROVIDER’S FINANCIAL PROPOSAL**

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

1. **Cost Breakdown per Deliverable\***

[x]  Local Currency for Local Bidders **[PAK RUPEES] or** [x]  USD (For International Bidders Only)

|  |
| --- |
| **Schedule of payment** |
| **Deliverables** | **Percentage of Payment** | **Timeline** | **Amount in**  |
| 1. Prepare the measurement framework for the Ehsaas Implementation Tracking Index (EITI) that the Ehsaas team will use to compile all the data for measurement with inputs and feedbacks from the government embedded and validate the index.
 | 30% | Within 4th months of signing of contract |  |
| 1. Test the EITI and transfer knowledge to the government’s Ehsaas team for future maintenance and update of the database
 | 30% | Within 5th month of signing of contract |  |
| 1. Prepare a report documenting the development process of EITI
 | 40% | Within 6th months of signing of contract |  |
| **Total** | **100%**  |  |  |

*\*This shall be the basis of the payment tranches*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Activity** | **Qty** | **No of Months/Engagement Period**  | **Unit Price** | **Total Price in ---** |
| **I. Personnel Services**  |  |  |  |  |
| Team Lead | 01 |  |  |  |
| Support Team – Data Analysts | 02 |  |  |  |
| **II. Out of Pocket Expenses** |  |  |  |  |
| Miscellaneous Cost |  |  |  |  |
| **III. Other Related Costs** |  |  |  |  |
| **Total-** |  |  |  |  |

*[Name and Signature of the Service Provider’s Authorized Person]*

*[Designation]*

*[Date]*