**Annex 2**

**FORM FOR SUBMITTING SERVICE PROVIDER’S PROPOSAL[[1]](#footnote-1)**

***(This Form must be submitted only using the Service Provider’s Official Letterhead/Stationery[[2]](#footnote-2))***

[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. *Track Record – list of clients for similar services as those required by UNDP, indicating description of contract scope, contract duration, contract value, contact references;*
4. *Certificates and Accreditation – including Quality Certificates, Patent Registrations, Environmental Sustainability Certificates, etc.*
5. *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.*
6. **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.*
4. **Cost Breakdown per Deliverable\***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deliverables**  ***[list them as referred to in the RFP]*** | **Percentage of Total Price *(Weight for payment)*** | **Price**  ***(Lump Sum, All Inclusive)*** |
| 1 | Submission of Draft report | 60% |  |
| 2 | Submission and acceptance by UNDP of final report | 40% |  |
|  | Total | 100% |  |

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

1. **Cost Breakdown by Cost Component**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Project Description** | **Entity** | **Personnel Assigned to the project\*** | **Audit Fees** | **Total Cost (FJD)** |
|  |  |  |  | (A) | (A+B+C) |
| 1 | **Lot 1 – Samoa, Tonga, Vanuatu** |  |  |  |  |
| 1.1 | Samoa Ministry of Health | Governmental |  |  |  |
| 1.2 | Samoa Family Health Association | Local NGO |  |  |  |
| 1.3 | Samoa Fa'afafine Association | Local NGO |  |  |  |
| 1.4 | Tonga Ministry of Health | Governmental |  |  |  |
| 1.5 | Tonga Family Health Association | Local NGO |  |  |  |
| 1.6 | Tonga Letis Association | Local NGO |  |  |  |
| 1.7 | Vanuatu Ministry of Health | Governmental |  |  |  |
| 1.8 | Wan Smolbag Theatre (Vanuatu) | Local NGO |  |  |  |
| 1.9 | VPride (Vanuatu) | Local NGO |  |  |  |
| 1.10 | Vanuatu Familty Health Association | Local NGO |  |  |  |
|  | **Sub Total** |  |  |  |  |
| 2 | **Lot 2 – FSM, PALAU, RMI** |  |  |  |  |
| 2.1 | FSM Department of Health | Governmental |  |  |  |
| 2.2 | Chuuk Women Council (FSM) | Local NGO |  |  |  |
| 2.3 | Marshal Islands Ministry of Health | Governmental |  |  |  |
| 2.4 | Palau Ministry of Health | Governmental |  |  |  |
|  | **Sub Total** |  |  |  |  |
| 3 | **Lot 3 - Kiribati, Nauru, Tuvalu, Cook Islands, Niue** |  |  |  |  |
| 3.1 | Kiribati Ministry of Health | Governmental |  |  |  |
| 3.2 | Nauru Ministry of Health | Governmental |  |  |  |
| 3.3 | Tuvalu Ministry of Health | Governmental |  |  |  |
| 3.4 | Niue Ministry of Health | Governmental |  |  |  |
| 3.5 | Cook Islands Ministry of Health | Governmental |  |  |  |
|  | **Sub Total** |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total Cost** |  |  |  |  |

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

1. *This serves as a guide to the Service Provider in preparing the Proposal.*  [↑](#footnote-ref-1)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-2)