

ANNEX III

OFFEROR'S LETTER TO UNDP  
CONFIRMING INTEREST AND AVAILABILITY  
FOR THE INDIVIDUAL CONTRACTOR (IC) ASSIGNMENT

Date \_\_\_\_\_

Celine Moyroud  
Resident Representative  
United Nations Development Programme  
Arab African International Bank Building  
Riad El Solh Street, Nejme, Beirut 2011 5211  
P.O. Box 11-3216 Beirut, Lebanon

Dear Sir/Madam:

I hereby declare that:

- a) I have read, understood and hereby accept the Terms of Reference describing the duties and responsibilities of a National Consultant to **support the LPDC in conducting the needs assessments, the development of technical specifications of medical equipment and biomedical works, the supervision of deliveries and works implemented in Hospitals and Isolation Centers.**
- b) I have also read, understood and hereby accept UNDP's General Conditions of Contract for the Services of the Individual Contractors;
- c) I hereby propose my services and I confirm my interest in performing the assignment through the submission of my CV or Personal History Form (P11) which I have duly signed and attached hereto as Annex 1;
- d) In compliance with the requirements of the Terms of Reference, I hereby confirm that I am available for the entire duration of the assignment, and I shall perform the services in the manner described in my proposed approach/methodology which I have attached hereto as Annex 3;
- e) I hereby propose to complete the services based on the following payment rate : *[pls. check the box corresponding to the preferred option]:*

☐ A total lump sum of \_\_\_\_\_ *[state amount in words and in numbers, indicating exact currency]*, payable in the manner described in the Terms of Reference.

- f) For your evaluation, the breakdown of the abovementioned all-inclusive amount is attached hereto as Appendix a;
- g) I recognize that the payment of the abovementioned amounts due to me shall be based on my delivery of outputs within the timeframe specified in the TOR, which shall be subject to UNDP's review, acceptance and payment certification procedures;
- h) This offer shall remain valid for a total period of 90 days after the submission deadline;
- i) I confirm that I have no first degree relative (mother, father, son, daughter, spouse/partner, brother or sister) currently employed with any UN agency or office *[disclose the name of the relative, the UN office employing the relative, and the relationship if, any such relationship exists];*
- j) If I am selected for this assignment, I shall *[pls. check the appropriate box]:*

- ☐ Sign an Individual Contract with UNDP;
- ☐ Request my employer *[state name of company/organization/institution]* to sign with UNDP a Reimbursable Loan Agreement (RLA), for and on my behalf. The contact person and details of my employer for this purpose are as follows:
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- k) I hereby confirm that *[check all that applies]:*

- ☐ At the time of this submission, I have no active Individual Contract or any form of engagement with any Business Unit of UNDP;
- ☐ I am currently engaged with UNDP and/or other entities for the following work :

Assignment	Contract Type	UNDP Business Unit / Name of Institution/Company	Contract Duration	Contract Amount

☐

I am also anticipating conclusion of the following work from UNDP and/or other entities for which I have submitted a proposal :

Assignment	Contract Type	Name of Institution/ Company	Contract Duration	Contract Amount

- l) I fully understand and recognize that UNDP is not bound to accept this proposal, and I also understand and accept that I shall bear all costs associated with its preparation and submission and that UNDP will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the selection process.
- m) **If you are a former staff member of the United Nations recently separated, pls. add this section to your letter:** I hereby confirm that I have complied with the minimum break in service required before I can be eligible for an Individual Contract.
- n) I also fully understand that, if I am engaged as an Individual Contractor, I have no expectations nor entitlements whatsoever to be re-instated or re-employed as a staff member.
- o) UNDP is committed to provide security measures for all Contractors and to address the issue of Harassment, Sexual Harassment, Discrimination, and Abuse of Authority.  
Therefore, I confirm that if I am engaged as an Individual Contractor, before signing the contract, I will have to pass the online BSAFE training course (ca. 2 hrs) and the online training course (ca. 90 min) on prevention of sexual exploitation and abuse (PSEA) that can be accessed through the UNICEF learning platform at <https://agora.unicef.org/login/signup.php>

Full Name and Signature:

Date Signed:

**Annexes *[pls. check all that applies]:***

☐

Duly signed P11 Form, in addition to at least 3 References' e-mails addresses

☐

Breakdown of Costs Supporting the Final All-Inclusive Price as per Template

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Brief Description of Approach to Work (if required by the TOR)

## APPENDIX a

# BREAKDOWN OF COSTS SUPPORTING THE ALL-INCLUSIVE FINANCIAL PROPOSAL

### A. Breakdown of Cost by Components:

Cost Components	Unit Cost	Quantity In days	Total Rate for the Contract Duration
<b>I. Personnel Costs</b>			
Professional Fees		maximum working days is 200 for 2 years	
Life Insurance			
Medical Insurance			
Communications			
Land Transportation			
Others (pls. specify)			
<b>II. Travel Expenses to Join duty station</b>			
Round Trip Airfares to and from duty station			
Living Allowance			
Travel Insurance			
Terminal Expenses			
Others (pls. specify)			
<b>III. Duty Travel</b>			
Round Trip Airfares			
Living Allowance			
Travel Insurance			
Terminal Expenses			
Others (pls. specify)			

## B. Breakdown of Cost by Deliverables

Fees of the outputs and deliverables in USD	Half day	Full day
Needs Assessment: <ul style="list-style-type: none"><li>- Site visit and Minutes of Meeting.</li><li>- Medical architectural designs and drawings.</li><li>- Needs Assessment Reports validated by beneficiaries.</li></ul>		
Feasibility Study: <ul style="list-style-type: none"><li>- Detailed BOQs validated by the beneficiaries.</li><li>- Technical specifications of the medical equipment and biomedical works validated by the beneficiaries.</li></ul>		
Technical Support during Bidding Phase: <ul style="list-style-type: none"><li>- Technical input on bidders' clarifications and quality assurance team's clarifications related to medical equipment and biomedical works.</li><li>- Review, participate, and validate the evaluation of offers and provide feedback and advice to project</li></ul>		
Monitoring: <ul style="list-style-type: none"><li>- Minutes of site handover from the biomedical perspective.</li><li>- Monitoring progress reports all deliveries, installation and trainings, biomedical works and services related to the approved needs assessments and verify compliance against quality and required specifications and provide photos.</li><li>- Clearing payments of biomedical works and medical goods. Signing the goods receipts and invoices.</li></ul>		

Full Name and Signature:

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Date Signed:

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