**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. *List and value of projects performed for the last 2years plus client’s contact details who may be contacted for further information on those contracts*
4. *If applicable, a list and value of ongoing Projects with UNDP or any other UN Agency and other national/multi-national organization with contact details of clients and current completion ratio of each ongoing project*
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. *Statement of satisfactory Performance (Certificates) from the top 2clients in terms of Contract value in similar field*
7. *Completed and signed CVs for the proposed key Personnel*
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.*
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 | Contract signed, communications strategy delivered +campaign moment #1 completed: Media outreach conducted and coverage report delivered. |  |  |
| 2 | Campaign moment #2 completed: Media outreach conducted and coverage report delivered. |  |  |
| 3 | Campaign moment #3 completed: Media outreach conducted and coverage report delivered. |  |  |
| 4 | Campaign moment #4 completed: Media outreach conducted and coverage report delivered. |  |  |
| 5 | Campaign moment #5 completed: Media outreach conducted and coverage report delivered. |  |  |
| 6 | Campaign moment #6 completed: Media outreach conducted and coverage report delivered. |  |  |
| 7 | Campaign moment #7 completed: Media outreach conducted and coverage report delivered. |  |  |
|  | Total | 100% |  |

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

1. **Cost Breakdown by Cost Component *[This is only an Example]*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Activity** | **Remuneration per Unit of Time** | **Total Period of Engagement** | **No. of Personnel** | **Total Rate** |
| **I. Personnel Services** |  |  |  |  |
| 1. Services |  |  |  |  |
| a. Expertise 1 |  |  |  |  |
| b. Expertise 2 |  |  |  |  |
| c. Expertise 3 |  |  |  |  |
| Other (pls specify) |  |  |  |  |
| **II. Out of Pocket Expenses** |  |  |  |  |
| Pls specify if any |  |  |  |  |
| **III. Other Related Costs** |  |  |  |  |

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

*[Designation]*

*[Date]*

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)