**Annex 4**

**FORM FOR SUBMITTING SERVICE PROVIDER’S FINANCIAL PROPOSAL[[1]](#footnote-2)**

**(Must be Password Protected)**

***(This Form must be submitted only using the Service Provider’s Official Letterhead/Stationery[[2]](#footnote-3))***

[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. **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) in THB*** |
| 1 | The 1st payment shall be made upon the submission and completion of the Deliverable 1 | 60% |  |
| 2 | The 2nd payment shall be made upon the submission and completion of the Deliverable 2 | 40% |  |
|  | Total | 100% | THB |

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

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

**Table 1: Summary of Overall Prices**

|  |  |
| --- | --- |
|  | **Amount(s)** |
| **Total Professional Fees** (from Table 2) |  |
| **Total Other Costs** (from Table 3) |  |
| **Total Amount of Financial Proposal** |  |

**Table 2: Breakdown of Professional Fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Fee Rate** | **No. of Days** | **Total Amount** |
| *A* | *B* | *C=A+B* |
| Home Based |  |  |  |  |
| 1. Expertise 1 |  |  |  |  |
| 1. Expertise 2 |  |  |  |  |
| 1. Expertise 3 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal Professional Fees:** | | | |  |

**Table 3: Breakdown of Other Costs** ***[This is only an Example]*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **UOM** | **Quantity** | **Unit Price** | **Total Amount** |
| Local transportation costs |  |  |  |  |
| Equipment and system related Expense |  |  |  |  |
| License Fee |  |  |  |  |
| Out-of-Pocket Expenses |  |  |  |  |
| Other Costs: (please specify) |  |  |  |  |
| Out-of-Pocket Expenses |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Subtotal Other 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-2)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-3)