**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)