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# ANNEX 1

**OFFEROR’S LETTER TO UNDP CONFIRMING INTEREST AND AVAILABILITY**

# FOR THE INDIVIDUAL CONTRACTOR (IC) ASSIGNMENT

Date

Dear Sir/Madam

United Nations Development Programme Regional Hub for Latin America and the Caribbean

I hereby declare that:

I have read, understood and hereby accept the Terms of Reference describing the duties and responsibilities of: **Consultancy Services to Develop a Transport App for Smart Cities**

1. I have also read, understood and hereby accept UNDP’s General Conditions of Contract for the Services of the Individual Contractors;
2. I hereby propose my services and I confirm my interest in performing the assignment through the submission of my CV which I have duly signed and attached hereto as Annex 1;
3. 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.**
4. I hereby propose to complete the services based on the following payment rate:

**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.

1. For your evaluation, the breakdown of the abovementioned all-inclusive amount is attached hereto as Annex 2;
2. 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;
3. This offer shall remain valid for a total period of days [*minimum of 90 days*] after the submission deadline;
4. 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];*
5. If I am selected for this assignment, I shall *[please 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:

1. 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** |
|  |  |  |  |  |
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|  |  |  |  |  |

 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** |
|  |  |  |  |  |
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1. 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.
2. ***If you are a former staff member of the United Nations recently separated, please 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.
3. 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.
4. Are any of your relatives employed by UNDP, any other UN organization or any other public international organization?

YES  NO  If the answer is "yes", give the following information:

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Name of International Organization** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
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1. Do you have any objections to our making enquiries of your present employer? YES  NO 
2. Are you now, or have you ever been a permanent civil servant in your government’s employ? YES  NO  If answer is "yes", WHEN?
3. REFERENCES: List three persons, not related to you, who are familiar with your character and qualifications.

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Full Address** | **Business or Occupation** |
|  |  |  |
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1. Have you been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?

YES  NO  If "yes", give full particulars of each case in an attached statement.

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by the Organization may result in the termination of the service contract or special services agreement without notice.

DATE: SIGNATURE:

NB. You will be requested to supply documentary evidence which support the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of UNDP.

**Annexes** *[please check all that applies]***:**

 Cover letter with a brief description of why the Offer considers her/himself the most suitable for the assignment.

 CV shall include Education/Qualification, Processional Certification, Employment Records

/Experience

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

# ANNEX 2



**STATEMENT OF HEALTH – INDIVIDUAL CONTRACTORS**

##### Name of Consultant/Individual Contractor:

Last Name, First Name

**Statement of Good Health**

In accordance with the provisions of Clause 5 of the General Terms & Conditions for Individual Contractors, I am submitting this statement to certify that I am in good health and take full responsibility for the accuracy of this Statement. I am aware that information pertaining to inoculation requirements in respect of official travel to countries can be referred to at <http://www.who.int/ith>.

I certify that my medical insurance coverage is valid for the period from to (if applicable)

##### I certify that my medical insurance covers medical evacuations at Duty Station(s): Duty Station(s)

Rating: “B through E”. Duty stations with “A” or “H” do not require medical evacuation coverage.

##### The name of my medical insurance carrier is: Policy Number:

Telephone Number of Medical Insurance Carrier:

**A copy of proof of insurance MUST be attached to this form.**

##### Signature of Consultant/Individual Contractor Date

This statement is only valid for Consultant/Individual Contractor Contract No.

##### Signature of Officer Supervising the Contract Name

Business Unit

**ANNEX 3**

# DESIGNATION OF BENEFICIARY FOR IC CONTRACT

## By this means, I, citizen , with personal identity document No. , designate \_ as my beneficiary, in case of injury, disability or death during the service period and contract, to receive all the amounts pending due in accordance with the provisions of the Contract signed with the United Nations Development Program (UNDP).

Full details of the beneficiary:

|  |  |
| --- | --- |
| Full Name: |  |
| ID: |  |
| Address: |  |
| Phone Number: |  |
| Email: |  |

# Note: a copy of the beneficiary's personal identity document must be attached.

|  |  |
| --- | --- |
| Consultant's Signature: |  |
| Date: |  |