**Annex II**

**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 Wednesday, September 14, 2022 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:*

***Item A-a: Profile –*** *Please describe the nature of business, field of expertise, licenses, certifications, accreditations and procedure of decision making;*

***Item A-b: Business Licenses*** *– Please submit the Registration Papers, etc. and complete Item A-b;*

***Item A-c: Latest Financial Statement*** *– Please attach the income statement and balance sheet to indicate your financial stability, liquidity, credit standing, and market reputation, etc. and list the attached documents in the following Item A-c;*

***Item A-d: Track Record*** *– List of clients for similar services as those required by UNDP, indicating description of contract scope, contract duration, contract value, contact references. Please use Item A-d as a guide to provide the requested information;*

***Item A-e: Written Self-Declaration*** *– Please note that by completing the following item A-e you declare that your company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List.*

**Item A-a**

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| --- |
| **Profile of the Firm/Organization** |
| * Full name of organization (in Farsi): * Full name of organization (in English): * Central office address: * Tel No: * Fax No: * E-mail: * Website: * Name of General Manager: * Name of Chair of Board of Directors/Trustees: * Summary of Goals and Mission of Organization: * Structure of the organization, number of staff including all administrative bodies, core areas of expertise and experience: |

**Item A-b**

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| --- |
| **Legal and Registration Information:**  *Please attach the registration certificates of firm/organization.* |
| * Organization’s year of establishment (سال شروع فعالیت) : * Organization’s official registration date (سال ثبت رسمی) : * Please specify under which of the following modalities/organizations the entity is registered:   O Ministry of Interior Office as a Non- governmental/non- profit organization (ثبت در وزارت کشور):  O Youth national organization (ثبت در سازمان ملی جوانان ) :  O Office of registration of companies and industrial ownership (اداره کل ثبت شرکتها و مالکیت صنعتی)  Others: …………………………………………..   * Registered under name of: ………………………………………………… * Number and date of registration on permission of activity ( شماره و تاریخ ثبت مجور فعالیت) : * Please explain if your firm/organization has any history or experience of disagreement leading to taking any contractual case to law court. If yes, please describe the case. |

**Item A-c**

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| --- |
| * Please submit your registration certificates of the company/organization/firm/NGO/institute * Please explain your organization’s previous professional experience in the field of holding educational workshops * Please explain your entity’s experience in holding successful conference or workshop for governmental organization for officials or key persons (Submitting at least one recommendation/confirmation letter is a plus) * Please explain your organization’s previous experience in working with UN agencies in the country |

**Item A-d**

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| --- |
| **Track Record and Experiences:** Provide the following information regarding corporate experience within the last five (5) years which are related or relevant to those required for this contract**.** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Name of project** | **Client** | **Contract Value** | **Start Date** | **End Date** | **Contract’s scope** | **References Contact Details (Name, Phone, Email)** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |

**Item A-e**

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| **Written Self-Declaration** |
| Hereby I declare that my company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List.  *(Please note that by completing and signing this proposal you declare and confirm that your company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List.)* |

1. **Proposed Methodology for the Completion of Services**

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| --- |
| *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.*  ***(please fill Item B)*** |

**Item B**

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| **Proposed Methodology for the Completion of Services** |
| Please explain your understanding of the expected challenges and problems in implementation of this work and explain your approach to address and resolve them:  Please develop an action plan with steps and timeframe for activities to be conducted by your organization including coordination with other organizations required for implementation of the work.  Example:   |  |  |  |  | | --- | --- | --- | --- | | Steps | Involved entities  (if applicable) | Timeframe | Responsible entity/individual  (if applicable) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

1. **Qualifications of Key Personnel**

*Please 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 of the key personnel that will perform the services which demonstrates qualifications; and*
3. *Written confirmation from each personnel that they are available for the entire duration of the contract. Please include the following sentence at the end of each individual’s CV to be signed by the nominated member.*

*“I confirm my intention to serve in the stated position and present availability to serve for the term of the proposed contract. I also understand that any wilful misstatement described above may lead to my disqualification, before or during my engagement”*

**Item C-a**

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| --- |
| **CV of individual(s) to be assigned as Coordinator (for minimum requirements please see TOR) - please use similar templates for all introduced staff, if applicable. (Please also complete Attachment A)** |
| **1. Name of Firm/Organization**:  **2. Full Name of individual**:  **3. Date of Birth**: **4. Nationality**:  **5. Education**:    **6. Explain about your experiences in organising workshops**  **7. Countries of Work Experience**:  **8. English Proficiency [***Please indicate proficiency: good, fair, or poor in speaking, reading, and writing*]:  **9. Employment Record** [*Starting with present position, list in reverse order every employment held by individual since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.*]:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | From year | To year | Employer | Position | Activities performed in conducting training sessions | Activities performed in HIV/AIDS, infectious diseases, HSTAF | |  |  |  |  |  |  | |  |  |  |  |  |  |   **10. Other relevant information:**  **11. Ability to work with office machineries such as computer (MS office, Internet and email) fax, printer and scanner** [*Please indicate proficiency: good, fair, or poor*] |

**Financial proposal**

**Undertake three 2-day capacity building workshops in Tehran for training of HIV project Staff working in the prisons’ settings to do screening and active case finding of HIV, TB, COVID19 and strengthening of MIS in prisons**

**Table 1: Summary of Overall Prices**

|  |  |
| --- | --- |
|  | **Amount(s)** |
| **Professional Fees**  (to be read from Table A) |  |
| **Lecturers and Facilitators (fixed cost which will be reimbursed)** | 240,000,000 |
| **Workshop Venue, Accommodation and Equipment**  (to be read from Table B) |  |
| **Printings and Stationery**  (to be read from Table C) |  |
| **Transportation**  (to be read from Table D) |  |
| **Total all-inclusive amount of Financial Proposal** |  |

**Table A: Breakdown of Professional Fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Fee Rate/day**  **IRR** | **No. of Days** | **Total Amount**  **IRR** |
| *A* | *B* | *C=AXB* |
| Workshop Coordinator  (Please indicate the position of other team members if you have considered any) | Coordinator |  |  |  |
| **Subtotal Professional Fees:** | | | |  |

**Table B: Venue, Accommodation and Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Description of Activity** | **Unit cost (A) - IRR** | **Quantity/**  **working days (B)** | **Total Rate**  **(A x B) IRR** |
| 1 | Venue in a four-star hotel or equivalent in Tehran and should be provided in the same place where the workshop is being held   * *Appropriate and quiet venue to accommodate at least 37 participants and at least 10 lecturers/facilitators* * *The venue should have the enabling capacity for observing the COVID protocols and adherence to the precautionary measures.* * *A/C system and proper lighting* * *Easy access to praying room* * *Suitable canteen/dining hall for serving lunch and refreshment* * *Telephone and fax at the expense of guests in rooms and halls of hotel*   [please refer to Annex IV for more details on workshop facilities requirements] |  | 3 Workshops |  |
| 2 | Audio and visual equipment  *(video projector with screen, wire-less microphones, conference audio system, at least two notebook computers, printer and presence of an IT assistant for support and white board)* |  | 3 Workshops |  |
| 3 | Accommodation  *Two nights stay for 35 participants for each workshop with free high-speed internet (Wi-Fi),*  *[please refer to Annex IV for more details on the accommodation’s requirements]* |  | 3 Workshops |  |
| 4 | Suitable canteen/dining hall for serving lunch, dinner and refreshment) \*\*  ***(please provide the detail of dinner and lunch in below lines)*** | | | |
| Lunch shall contain one of the below menu for each day of workshops:   * Sabzi Polo with Fish or Baghali Polo with Meat or Zereshk Polo with Chicken |  | 141 participants  (for each day of workshops) |  |
| Dinner shall contain one of the below menu for each night of stay:   * Chicken Schnitzel or Meat Steak or Khorak Koobideh Kebab without rice or Khorak Joojeh Kebab without rice |  | 105 participants |  |
| 5 | Side dishes (soup, salad bar & drink) [please clarify each cost component] |  | 141 participants for each day of workshops |  |
| 6 | Serving two refreshments per day, one morning break and one afternoon   * For morning break: tea, coffee, pastries * For afternoon break: tea, coffee, pastries and one kind of fruit |  | Three workshops (2 times a day for 2 days for each workshop) |  |
| 7 | Mineral/drinking water for participants during the day |  |  |  |
| 8 | Logistic and overhead costs (planning, administration, communications, rent etc.)  Please separate the lines for each cost component. |  |  |  |
| 9 | VAT – if applicable |  |  |  |
| **Sub-Total of Venue, Accommodation and Equipment – IRR** | | | |  |

*\*\* The food for lunch or dinner of each day/night shouldn’t be same as other day*

*Note: Any changes in Menu of dinner, lunch or refreshment should get the approval of PO.*

**Table C: Required Printings and stationery**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Row** | **Description of Activity** | **Unit cost (A)** | **Quantity**  **(B)** | **Total Rate (A x B) IRR** |
| 1 | Agenda of the workshop  *(Approximately 2 black and white pages - A4 size): 222 pages* |  | 222 pages |  |
| 2 | Quality assessment questionnaires  *(Approximately 8 black and white pages- A4 size): 888 pages* |  | 888 pages |  |
| 3 | Workshop certificate for participants and lecturers  *(Approximately 1 color page -A4 size): 120 pages* |  | 120 copies |  |
| 4 | Preparing and printing form for list of participants  *attendance sheets* |  | 30 copies |  |
| 5 | Document holders |  | 120 |  |
| 6 | Pen |  | 120 |  |
| 7 | 30-pages notebook (15\*20 cm) |  | 120 |  |
| 8 | Any other costs (please specify)  **If you forsee any other costs you must change the description and exactly specify the cost item.** |  |  |  |
| **Sub-total of Printings and Stationery - IRR** | | | |  |

**Table F: Required Transportation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **Unit Price (IRR)** | **Total Amount (IRR)** |
| **Transportation of personnel** | | | |
| Cost of round air tickets (For 45 participants) | 45 |  |  |
| Fixed Round Land Trip cost (For 25 participants) | 25 | 4,000,000 | 100,000,000 |
| **Sub-total of Transportation costs- IRR** | | |  |

**Table 2: Breakdown of Price per Deliverable/Activity**

|  |  |
| --- | --- |
| **Deliverable/**  **Activity description** | **Total**  **IRR** |
| Workshop 1 |  |
| Workshop 2 |  |
| Workshop 3 |  |
| Total Offered Amount - IRR |  |

**Note: the total cost of Table 4 and Table 1 shall be the same.**

*[Date]*

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

*[Designation]*

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)