## **ANNEX 3: TECHNICAL AND FINANCIAL OFFER - SERVICES**

*Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |
| --- | --- |
| Name of Bidder: | Click or tap here to enter text. |
| RFQ reference: | **RFQ2022/WSM/118 Provision of Mobile Health Clinic Services (Medical Testing and Health Check, Awareness and Provision of Supplies) for Market Vendors at Fugalei, Taufusi and Salelologa Markets.** | Date: 13 October 2022 |

**Technical Offer**

*Provide the following:*

* *a brief description of your qualification, capacity and expertise that is relevant to the Terms of Reference.*
* *a brief methodology, approach and implementation plan;*
* *team composition and CVs of key personnel*

**Financial Offer**

Provide a lump sum for the provision of the services stated in the Terms of Reference your technical offer. The lump sum should include all costs of preparing and delivering the Services. All daily rates shall be based on an eight-hour working day.

**Currency of Quotation: WST Samoan Tala**

|  |  |  |
| --- | --- | --- |
| **Ref** | **Description of Deliverables** | **Price**  |
| 1. | 30% Payment after successful completion of implementation for first site clinic with the provision of report (capturing count of vendors & demographic, etc) |  |
| 2. | 30% Payment after successful completion of implementation for second site clinic with the provision of report (capturing count of vendors & demographic, etc) |  |
| 3. | 40% FINAL Payment after successful completion of implementation for third site clinic with the provision of report (capturing count of vendors & demographic, etc) |  |
| **Total Price** |  |

**Breakdown of Fees (total should equal total in first table)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel / other elements** | **UOM** | **Qty** | **Unit Price** | **Total Price** |
| Personnel |  |  |  |  |
| e.g. Project Manager/Team Leader | day |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other expenses |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other Costs: (please specify) |  |  |  |  |
| **Total**  |  |  |  |  |

**Compliance with Requirements**

|  |  |
| --- | --- |
|  | You Responses |
|  | Yes, we will comply | No, we cannot comply | If you cannot comply, pls. indicate counter - offer |
| Delivery Lead Time |[ ] [ ]  Click or tap here to enter text. |
| Validity of Quotation |[ ] [ ]  Click or tap here to enter text. |
| Payment terms |[ ] [ ]  Click or tap here to enter text. |
| Other requirements [pls. specify] |[ ] [ ]  Click or tap here to enter text. |

|  |
| --- |
| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. |
| *Exact name and address of company*Company NameClick or tap here to enter text.Address: Click or tap here to enter text. Click or tap here to enter text.Phone No.: Click or tap here to enter text.Email Address: Click or tap here to enter text. | Authorized Signature: Date: Click or tap here to enter text.Name: Click or tap here to enter text.Functional Title of Authorised Signatory: Click or tap here to enter text.Email Address: Click or tap here to enter text. |