

REQUEST FOR QUOTATION (RFQ) for the provision of an external training services; capacity building trainings for interpreter consultants

RFQ Reference: EG24-031

Date: 27 June 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the provision of a capacity building trainings for interpreter consultants

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by:

Signature: _____

SECTION 2: RFQ INSTRUCTIONS AND DATA

| | |
|---|---|
| Deadline for the Submission of Quotation | 06/08/2024 14:00 Cairo local time If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/ . |
| Method of Submission | <p>Quotations must be submitted as follows:</p> <p><input type="checkbox"/> E-tendering <input checked="" type="checkbox"/> Email to iomegbids@iom.int <input type="checkbox"/> Courier / Hand delivery <input type="checkbox"/> Other</p> <p>Bid submission address:</p> <ul style="list-style-type: none"> ▪ File Format: PDF ▪ File names must be maximum 50 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. ▪ All files must be free of viruses and not corrupted. ▪ Max. File Size per transmission: 8 MG ▪ Mandatory subject of email: EG24-031 provision of capacity building trainings for interpreter consultants ▪ Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y”. ▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible. ▪ The proposer should receive an email acknowledging email receipt. |
| Cost of preparation of quotation | IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process. |
| Supplier Code of Conduct | All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: Supplier Code of Conduct (ungm.org) . |
| Conflict of Interest | UN encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ. |
| General Conditions of Contract | Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement . |
| Eligibility | Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative. |
| Currency of Quotation | Quotations shall be quoted in EGP/USD, Payment will be done in EGP equivalent to the USD by UN rate for local vendors |
| Duties and taxes | <p>The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below:</p> <p>All prices shall:</p> <p><input checked="" type="checkbox"/> be inclusive of VAT and other applicable indirect taxes <input checked="" type="checkbox"/> be exclusive of VAT and other applicable indirect taxes</p> |

| | |
|---|---|
| Language of quotation and documentation including catalogues, instructions and operating manuals | English |
| Documents to be submitted | Bidders shall include the following documents in their quotation: <input checked="" type="checkbox"/> Annex 2: Quotation Submission Form duly completed and signed <input checked="" type="checkbox"/> Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 <input type="checkbox"/> Other |
| Quotation validity period | Quotations shall remain valid for 30 Business days from the deadline for the Submission of Quotation. |
| Price variation | No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received. |
| Partial Quotes | <input checked="" type="checkbox"/> Not permitted <input type="checkbox"/> Permitted (<i>please specify, i.e. by LOTS only or by line item, etc</i>) |
| Payment Terms | <input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation, Payment will be done in EGP equivalent to the USD by UN rate for local vendors <input type="checkbox"/> Other |
| Contact Person for correspondence, notifications and clarifications | Focal Person: Mohamed Elgendy E-mail address: Mohakamal@iom.int add in CC mmohammed@iom.int Attention: Quotations shall not be submitted to this address but to the address for quotation submission above. |
| Clarifications | Requests for clarification from bidders will not be accepted any later than 4 days before the submission deadline. Responses to request for clarification will be communicated to Mohakamal@iom.int add in CC mmohammed@iom.int by Email |
| Evaluation method | <input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other |
| Evaluation criteria | <input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 <input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract <input type="checkbox"/> Comprehensiveness of after-sales services <input type="checkbox"/> Earliest Delivery /shortest lead time <input type="checkbox"/> Others (<i>for ex, environmental criteria/considerations, etc</i>) |
| Right not to accept any quotation | IOM is not bound to accept any quotation, nor award a contract or Purchase Order |
| Right to vary requirement at time of award | At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions. |
| Type of Contract to be awarded | Purchase order |
| Expected date for contract award. | 30 July 2024 |
| Policies and procedures | This RFQ is conducted in accordance with Policies and Procedures of IOM |
| UNGM registration | IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at www.ungm.org . The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM. |

ANNEX 1: SCHEDULE OF REQUIREMENTS

Terms of reference (TOR):

1. Duty Station of the Assignment: Egypt

2. Duration of Assignment:

Will be determined later

3. Nature of the Consultancy:

In coordination with the International Organization for Migration (IOM), the successful Firm will be responsible for providing a comprehensive training in Translation (General, Legal, Editing & Proofreading), Consecutive and Simultaneous Interpretation, to enhance the linguistic proficiency and interpretation skills of our consultant interpreters.

4. Project Context and Scope:

The primary objectives of this engagement are to:

- Strengthen translation skills for our interpreter/translator consultants across various domains including general and legal contexts, with a focus on editing and proofreading techniques.
- Develop expertise in consecutive and simultaneous interpretation methods to facilitate effective communication during interviews or any type of communication with refugees.
- Interpreter Training for RSC Interpretation and Translation Services staff members and consultants in order to build their skills in interpreting in the Refugee Resettlement context. The training syllabus should cover fundamental components of interpreting in refugee field aid settings, including:
 - interpreter theory, roles, session protocols, professional responsibilities and ethics,
 - interpreter cognitive skills and techniques for interpreter-mediated dialogue sessions,
 - key legal, medical, psychosocial, cultural issues relevant to refugee settings,
 - fundamental concepts in refugee law
 - linguistic analysis strategies for interpreting in dialogue-based sessions
 - terminology research and glossary-building strategies
 - interpreter emotional resiliency and self-care in field aid settings

5. Organizational Department / Unit to which the Consultant is contributing:

The successful Firm will work under the general guidance of the Resettlement Support Center Unit and direct supervision of the National Project Coordinator, and in close coordination with the relevant units in the Country Office (CO).

6. Tasks to be performed under this contract:

The expected deliverables from the external training provider include:

- Customized training materials and resources tailored to each training module based on IOM’s context and domain of work (including right terminologies).
- Training sessions conducted in-person with interpreter consultants at the location selected by IOM.
- Assessments and evaluations to measure the progress and proficiency of participants.

Delivery dates and deliverables: Activity/Deliverable

| Activity | Deliverables | Timeline | Payment (if consultancy) |
|--|---|---|--------------------------|
| Pre assessment conducted to training participants to asses current knowledge and needs | The SP to conduct an assessment for the participants to assess their knowledge and define their needs | Within 14 days after signing the contract | |
| Submission of training agenda | Confirmed agenda elaborating the topics of the training and the duration | Within 30 days after signing the contract | |
| Training delivery | Actual provision of the training for 40 interpreters | Within 40 days after signing the contract | |
| Attendance sheet and evaluation | Final report on the deliverables, the attendance and evaluation of the knowledge following delivery of the training | Within 50 days after signing the contract | |

The training sessions will be conducted over a specified period, with a proposed schedule outlined by the external training provider. The duration and frequency of sessions will be determined based on the complexity and depth of each training module (duration of the training course should from 3 to 5 days maximum)

7. Education, Experience and/or skills required

- Knowledge of refugee resettlement context.
- Experience training interpreters in resettlement context.
- Experience in the provision of interpretation and translation services.
- The Vendor should be accredited as a training institution, and to it desirable to have experience in the humanitarian settings.

- The trainer should be certified to provide such training/s, previous experience with UN and/ humanitarian settings is an asset.
- The Vendor should be able provide certificates for the participants at the end of the course.
- The vendor must have the capacity and tools to evaluate the participants (pre and post the training, through tests, surveys etc.
- The Vendor should provide a sample of the training materials in their offer.
- The training material should be in line with IOM/UN approach i.e., the humanitarian aspect should be taken in consideration when designing the training material, as well as the confidentiality and accuracy.

8. Travel required

No travel is required

9. Evaluation Criteria:

Proposals from interested training providers will be evaluated based on:

- Experience and track record in delivering similar training programs within the humanitarian field and the resettlement context.
- Proposed training methodology and approach.
- Suitability of trainers and resources.
- Cost-effectiveness and budget considerations.

10. Competencies

Values

- **Inclusion and respect for diversity:** respects and promotes individual and cultural differences. Encourages diversity and inclusion.
- **Integrity and transparency:** maintains high ethical standards and acts in a manner consistent with organizational principles/rules and standards of conduct.
- **Professionalism:** demonstrates ability to work in a composed, competent and committed manner and exercises careful judgment in meeting day-to-day challenges.
- **Courage:** demonstrates willingness to take a stand on issues of importance.
- **Empathy:** shows compassion for others, makes people feel safe, respected and fairly treated.

Core Competencies – behavioral indicators

- **Teamwork:** develops and promotes effective collaboration within and across units to achieve shared goals and optimize results.
- **Delivering results:** produces and delivers quality results in a service-oriented and timely manner. Is action oriented and committed to achieving agreed outcomes.
- **Managing and sharing knowledge:** continuously seeks to learn, share knowledge and innovate.

- **Accountability:** takes ownership for achieving the Organization’s priorities and assumes responsibility for own actions and delegated work.
- **Communication:** encourages and contributes to clear and open communication. Explains complex matters in an informative, inspiring and motivational way.

Delivery Requirements


| Delivery Requirements | |
|--|--|
| Delivery date and time | Bidder shall deliver the goods in 4 to 6 weeks After Contract signature. |
| Delivery Terms (INCOTERMS 2020) | DAP |
| Customs clearance (must be linked to INCOTERM) | <input type="checkbox"/> Not applicable Shall be done by: <input type="checkbox"/> Name of organisation <input checked="" type="checkbox"/> Supplier/bidder <input type="checkbox"/> Freight Forwarder |
| Exact Address(es) of Delivery Location(s) | IOM-Egypt country office, 47 C Abou El Feda Street, Zamalek, Cairo, Egypt. |
| Distribution of shipping documents (if using freight forwarder) | N/A |
| Packing Requirements | N/A |
| Training on Operations and Maintenance | N/A |
| Warranty Period | As provided |
| After-sales service and local service support requirements | Upon agreement |
| Preferred Mode of Transport | - |
| Other information | - |

ANNEX 2: QUOTATION SUBMISSION FORM

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. 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: | | |
| RFQ reference: | EG24-031 | Date: |

VENDOR INFORMATION SHEET¹



VENDOR INFORMATION SHEET

Vendor No. _____
Internal to IOM

Registered Vendor Name*:

Other Names/Acronyms _____

Address*

House No _____

Street Name _____

ZIP/Postal Code* _____

City* _____

Region* _____

Country* _____

Contact Information

Company Tel/Mobile: _____

Company Email*: _____

Company Website: _____

Contact Person* _____

Contact Person Position: _____

Industry Category*: 0100 - Commercial Vendors 0500 - International Organizations - Non-UN

0200 - National CSOs 0600 - UN entities

0300 - National Government Entities 0005 - Individual Consultant/Non-Staff

0400 - International CSOs

Business Type*: Direct Producer/Manufacturing

Reseller/Distributor/Service Provider

Provide Services/Goods Internationally* Yes No

Disability-inclusive* Yes Not applicable

Women-owned/controlled* At least 51% women-owned/controlled

Less than 51% women-owned/controlled

Not applicable

Environmental Statement* Yes No

Environmental or Energy Management System* Yes No

Product Categories (check all applicable)*

| | | | |
|--|--|--|---|
| <input type="checkbox"/> Agriculture, Livestock and Fisheries <input type="checkbox"/> Chemicals <input type="checkbox"/> Clothing and Luggage <input type="checkbox"/> Construction <input type="checkbox"/> Consultancy and Contracted Services <input type="checkbox"/> Finance and Administration <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Fuels and Derivatives <input type="checkbox"/> Furniture <input type="checkbox"/> Hospitality, Events <input type="checkbox"/> Insurances <input type="checkbox"/> IT and Communications <input type="checkbox"/> Land and Buildings <input type="checkbox"/> Learning, Training and Recreation | <input type="checkbox"/> Legal and Investigation <input type="checkbox"/> Logistics and Warehousing <input type="checkbox"/> Media and Printing <input type="checkbox"/> Medical, Drugs and Pharma <input type="checkbox"/> NFIs - Household and Camps <input type="checkbox"/> Office Equipment and Supply <input type="checkbox"/> Personal Care | <input type="checkbox"/> Power Supply and Electric <input type="checkbox"/> Quality Control and Environment <input type="checkbox"/> Security <input type="checkbox"/> Social and Humanitarian Services <input type="checkbox"/> Tickets <input type="checkbox"/> Tools and Machinery <input type="checkbox"/> Vehicles and Accessories |
|--|--|--|---|

UNGM No. _____

UN Partner Portal Reference _____

Registration Date* _____

VAT Number* _____

<https://www.iom.int/UsefulLinks>

<https://www.unicef.org/5050>

Country of Operations (dd-mm-yyyy) _____

Licensing Auth./Type _____ License No.: _____ Reg. Date: _____ Expiry Date: _____

For additional licenses, please use the Other Information Section

Partner Entities (indicate if there are other relevant business partner accounts already registered in IOM. Format: Account Number-Name)

Same entity registered in another office _____

Parent company _____

Subsidiaries/Branches _____

Other Information:

¹ [Vendor Information Sheet.xlsx](#)

VENDOR INFORMATION SHEET

Section II: Payment and Banking Information

Payment Details

Payment Method* Bank Transfer Check** Cash** Others**

Justification for Non-Bank Payment Method**

Notes
 Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments.
 Non-bank payment methods require justification.

Bank Details (mandatory if Payment Method is via Bank Transfer):

Bank Name
 Bldg and Street
 City
 Postal Code
 Country*
 Bank Account Name
 Bank Keys
 Account Currency
 Bank Account No.
 *Depending on the country
 Swift Code/BIC (accounts outside U.S.A.)
 IBAN Number (mandatory for banks in Europe)
 Clearing No. (CHF accounts in Switzerland)
 ABA No. for ACH (USD accounts in U.S.A.)
 Bank Number

Notes
 If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.

If awarded, please submit ID/Registration and Proof of Banking Details to IOM. Vendors are also required to comply with the UN Supplier Code of Conduct.

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

 Printed Name

 Position/Title

 Signature

 Date

BIDDER'S DECLARATION OF CONFORMITY²

| Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at https://www.ungm.org/Public/CodeOfConduct . |

² This form is mandatory to fill in and sign by every vendor who submits quotation

| Yes | No | |
|--------------------------|--------------------------|---|
| | | |
| <input type="checkbox"/> | <input type="checkbox"/> | It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration. |
| <input type="checkbox"/> | <input type="checkbox"/> | On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM. |
| <input type="checkbox"/> | <input type="checkbox"/> | IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration. |

Signature: _____

Name:

Title:

Date:

ANNEX 3: TECHNICAL AND FINANCIAL OFFER - GOODS

Bidders are requested to complete this form, sign it and return it as part of their bid 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: | | |
| RFQ reference: | EG24-031 | Date: |

| Currency of the Quotation: | | | | | |
|--|-------------|-----|-----|------------|-------------|
| INCOTERMS: DAP | | | | | |
| Item No | Description | UOM | Qty | Unit price | Total price |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| Total Price | | | | | |
| Transportation Price | | | | | |
| Insurance Price | | | | | |
| Installation Price | | | | | |
| Training Price | | | | | |
| Other Charges (specify) | | | | | |
| Total Final and All-inclusive Price | | | | | |

Compliance with Requirements

| | You Responses | | |
|---------------------------------------|--------------------------|--------------------------|--|
| | Yes, we will comply | No, we cannot comply | If you cannot comply, pls. indicate counter proposal |
| Minimum Technical Specifications | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Delivery Term (INCOTERMS) | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Delivery Lead Time | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Warranty and After-Sales Requirements | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Validity of Quotation | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Payment terms | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Other requirements [pls. specify] | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |

Other Information:

| | |
|--|--|
| Estimated weight/volume/dimension of the Consignment: | |
| Country/ies of Origin: <i>(if export licence required this must be submitted if awarded the contract)</i> | |

| | |
|--|--|
| 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. | |
| <i>Exact name and address of the company</i> Company Name Address: Phone No.: Email Address: | Authorized Signature: Date: Name: Functional Title of Authorised Signatory: Email Address: |

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: | | |
| RFQ reference: | EG24-031 | Date: |

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 of 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: Click or tap here to enter text.

| Ref | Description of Deliverables | Price |
|--------------------|-----------------------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| | | |
| Total Price | | |

Breakdown of Fees

| Personnel / other elements | UOM | Qty | Unit Price | Total Price |
|----------------------------------|-----|-----|------------|-------------|
| Personnel | | | | |
| e.g. Project Manager/Team Leader | day | | | |
| | | | | |
| | | | | |
| Other expenses | | | | |
| International flights | | | | |

| | | | | |
|-------------------------------|--|--|--|--|
| Subsistence allowance | | | | |
| Local Transportation | | | | |
| Communication | | | | |
| 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 proposal |
| Delivery Lead Time | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Validity of Quotation | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Payment terms | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Other requirements [pls. specify] | <input type="checkbox"/> | <input type="checkbox"/> | 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. | |
| <p><i>Exact name and address of company</i></p> <p>Company Name: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text. Click or tap here to enter text.</p> <p>Phone No.: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p> | <p>Authorized Signature:</p> <p>Date: Click or tap here to enter text.</p> <p>Name: Click or tap here to enter text.</p> <p>Functional Title of Authorised Signatory: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p> |

ANNEX 3: TECHNICAL AND FINANCIAL OFFER - WORKS

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: | | |
| RFQ reference: | Click or tap here to enter text. | Date: |

Technical Offer

Provide the following:

- a brief description of your qualification and capacity that is relevant to the Scope of Works;
- a brief method statement and implementation plan;
- team composition and CVs of key personnel

Financial Offer

| Description of Works | UOM | Qty | Unit Price | Total Price |
|----------------------|-----|-----|------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

Compliance with Requirements

| | You Responses | | |
|-----------------------------------|--------------------------|--------------------------|--|
| | Yes, we will comply | No, we cannot comply | If you cannot comply, pls. indicate counter proposal |
| Delivery Lead Time | <input type="checkbox"/> | <input type="checkbox"/> | |
| Validity of Quotation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Payment terms | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other requirements [pls. specify] | <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|---|--|
| 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 Name: Click 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. |