**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 19 May 2021 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**

|  |
| --- |
| **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**

|  |
| --- |
| **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**

|  |
| --- |
| **Latest Financial Statement:** Please list the required documents you have attached to indicate your financial stability, standing and market reputation, etc.   * Please explain your experience in holding webinars and scientific/social events * Please explain your experience or projects in the field of solid waste management or environment * Please explain your experience working with TWMO or other waste management organizations. * Please explain your experience of working/collaboration with UN agencies particularly in Montreal Protocol project. |

**Item A-d**

|  |
| --- |
| **Track Record and Experiences:** Provide the following information regarding corporate experience within the last ten 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**

|  |
| --- |
| **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**

|  |
| --- |
| *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**

|  |
| --- |
| **Proposed Methodology for the Completion of Services** |
| Please explain your methodology and approach for carrying out the activities and obtaining the expected outputs.  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**

|  |
| --- |
| **CV of individual(s) to be assigned as Team Leader and three team members for the work of this contract (for minimum requirements please see TOR) - please use similar template for all introduced staff, if applicable.** |
| **1. Name of Firm/Organization**:  **2. Full Name of individual**:  **3. Date of Birth**: **4. Nationality**:  **5. Education**:    **6. Countries of Work Experience**:  **7. English Proficiency (for team leader)** [*Please indicate proficiency: good, fair, or poor in speaking, reading, and writing*]:  **8. Farsi 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 individuals since graduation relevant to the work of this work, giving for each employment (see* ***Attachment A****): dates of employment, name of employing organization, positions held.*] |

**Annex II**

**Financial Proposal**

The Financial Proposal should align with the requirements in the Terms of Reference and the Bidder’s Technical Proposal.

**Table 1: Summary of Overall Prices**

|  |  |
| --- | --- |
|  | **Amount(s)** |
| **Professional Fees** (from Table 2) |  |
| **Other Costs** (from Table 3a + 3b) |  |
| **Total Amount of Financial Proposal** |  |

**Table 2: Breakdown of Professional Fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Fee Rate/day**  **IRR** | **No. of Days** | **Total Amount**  **IRR** |
| *A* | *B* | *C=AXB* |
| Technical Team | Team leader |  |  |  |
| Team member 1 |  |  |  |
| Team member 2 |  |  |  |
| Team member 3 |  |  |  |
| Team member 4 |  |  |  |
| **Subtotal Professional Fees:** | | | |  |

**Table 3a: Breakdown of Workshops**

|  |  |
| --- | --- |
| **Description** | **Total offered cost (IRR)** |
| **Workshop for Health-care employees** | |
| Three face-to-face 2hr workshops [PLEASE READ FROM **TABLE A** IN **ATTACHMENT B**] |  |
| **Workshop for Municipality personnel** | |
| One face-to-face 2hrs workshop [PLEASE READ FROM **TABLE B1** IN **ATTACHMENT B**] |  |
| 10 face-to-face 2 hrs workshops [PLEASE READ FROM **TABLE B2** IN **ATTACHMENT B**] |  |
| Two 1 hr virtual workshops [PLEASE READ FROM **TABLE B3** IN **ATTACHMENT B**] |  |
| **Contractors and MSMEs** | |
| Two face-to-face two-hour workshops [PLEASE READ FROM **TABLE C** IN **ATTACHMENT B**] |  |
| **Total Amount for all workshops (IRR)** |  |

***\*\*Note: please complete the cost breakdowns of workshop in Attachment B.***

**Table 3b: Breakdown of Other Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Quantity** | **Unit Price (IRR)** | **Total Amount (IRR)** |
| **Transportation** | | | |
| Transportation of Personnel |  |  |  |
| **Accommodation** | | | |
| Accommodation of personnel during training sessions |  |  |  |
| **Reporting** | | | |
| file/Zoonkan of project technical documents + DVD |  |  |  |
| **Out-of-Pocket Expenses** | | | |
| Communication |  |  |  |
| Other Costs: (please specify) |  |  |  |
| Value added tax (VAT) |  |  |  |
| **Subtotal Other Costs:** | | |  |

**Table 4: Breakdown of Price per Deliverable/Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Deliverable/**  **Activity description** | **Professional Fees**  **IRR** | **Other Costs**  **IRR** | **Total**  **IRR** |
| Deliverable 1 |  |  |  |
| Deliverable 2 |  |  |  |
| Deliverable 3 |  |  |  |
| Deliverable 4 |  |  |  |

*[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-1)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes.*  [↑](#footnote-ref-2)