**Annex 2**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION[[1]](#footnote-1)**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery[[2]](#footnote-2))***

We, the undersigned, hereby accept in full the UNDP General Terms and Conditions, and hereby offer to supply the items listed below in conformity with the specification and requirements of UNDP as per RFQ Reference No. **RFQ/UNODC/03/2020 – PPE**:

**TABLE 1 : Offer to Supply Goods Compliant with Technical Specifications and Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item No.** | **Description/Specification of Goods** | **Quantity** | **Latest Delivery Date** | **Unit Price** | **Total Price per Item** |
| LOT 1 | Disposable Nitrile Gloves |  |  |  |  |
| LOT 2 | Disposable Surgical Masks |  |  |  |  |
| LOT 3 | Protective goggles |  |  |  |  |
| LOT 4 | Waterproof medical gown |  |  |  |  |
| LOT 5 | Protective coveralls |  |  |  |  |
| LOT 6 | Disposable medical gowns |  |  |  |  |
| LOT 7 | Surgical cap |  |  |  |  |
| LOT 8 | General cleaning wipes |  |  |  |  |
| LOT 9 | Hydroalcoholic Gel, 450-500 ml |  |  |  |  |
| LOT 10 | Hydroalcoholic Gel, 30-60 ml |  |  |  |  |
| LOT 11 | Forehead Thermometers |  |  |  |  |
| LOT 12 | Protective boots |  |  |  |  |
| LOT 13 | Safety helmet with face shield |  |  |  |  |
|  | **Total Prices of Goods[[3]](#footnote-3)** | | | |  |
|  | Add : Cost of Transportation | | | |  |
|  | Add : Cost of Insurance | | | |  |
|  | Add : Other Charges (pls. specify) | | | |  |
|  | **Total Final and All-Inclusive Price Quotation** | | | |  |

**TABLE 2 : Estimated Operating Costs (if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List of Consumable Item/s** *(Include fast moving parts, if any)* | **Estimated Average Consumption** | **Unit of Measure** | **Unit Price** | **Total Price per Item** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TABLE 3 : Offer to Comply with Other Conditions and Related Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Information pertaining to our Quotation are as follows :** | **Your Responses** | | |
| ***Yes, we will comply*** | ***No, we cannot comply*** | ***If you cannot comply, pls. indicate counter proposal*** |
| Compliance with the technical  specifications detailed in Annex 1 |  |  |  |
| Full acceptance of the PO/Contract General  Terms and Conditions |  |  |  |
| Delivery at destination within 1 week from  purchase order date |  |  |  |
| Validity of Quotation – 60 days |  |  |  |
| All Provisions of the UNDP General Terms and Conditions |  |  |  |
| Duly Accomplished Form as provided in Annex 2, and in accordance with the list of requirements in Annex 1;  Quality Certificates (ISO, etc.);  Latest Business Registration Certificate;  Evidence/Certification of Environmental Sustainability (“Green” Standards) of the Company or the Product being supplied ;  Written Self-Declaration of not being included in theUN Security Council 1267/1989 list, UN Procurement Division List or other UN Ineligibility List;  ☒ Others certificate or letter that stated the supplier has the  capacity/certificate to supply the required medicines  ☒ **For each each product:**  1. **A picture of the item** or the **brochure/information leaflet** of  each product  2. **Product Certificate issued by an EU Notified Body for CE**  **marked medical devices** or **a letter of approval of the**  **Regulatory Authority of another GHTF founding member**  **country** (European Union, USA, Australia, Canada, Japan)  3. Product **Declaration of Conformity (DOC)** referring to a  GHTF standard (European Union, USA, Australia, Canada,  Japan)  4. **If the medical device is CE marked** (European standard**), the**  **name and address of the EC** |  |  |  |
| Other requirements |  |  |  |

All other information that we have not provided automatically implies our full compliance with the requirements, terms and conditions of the RFQ.

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

*[Designation]*

*[Date]*

1. *This serves as a guide to the Supplier in preparing the quotation and price schedule.*  [↑](#footnote-ref-1)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-2)
3. *Pricing of goods should be consistent with the INCO Terms indicated in the RFQ* [↑](#footnote-ref-3)