**Annex 3**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION**

**(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery)**

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. RfQ17/01502:

**Table 1: Offer to Provide Services Compliant with Schedule of Requirements**

|  |  |
| --- | --- |
| Description of Activity/Item | Total Estimated Amount in USD (VAT excluded) |
| 1 | Designing services (technical designs and interior designs)  |  |
| 2 | Technical expertise of building |  |
| 3 | Verification of designs and Bill of Quantities by independent authorized/licensed experts |  |
| 4 | Author supervision of rehabilitation/reconstruction works |  |
| 5 | Other costs (please specify) |  |
|  | **Total**  |  |

**Table 2: List of qualified key personnel**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Name  | Education  | Work experience  | Role in contract implementation |
| 1 |  |  |  | Team leader  |
| 2 |  |  |  | Architect  |
| 3 |  |  |  | Civil works engineer  |
| 4 |  |  |  | Electric engineer |
| 5 |  |  |  | HVAC (Heating, Ventilation and Air Conditioning) Engineer |

**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 |
| Delivery Lead Time |  |  |  |
| Warranty and After-Sales Requirements |  |  |  |
| 1. Project supervision by the author(s) of design(s) (supraveghere de autor)
 |  |  |  |
| Validity of Quotation: 60 calendar days |  |  |  |
| All Provisions of the UNDP General Terms and Conditions |  |  |  |

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]*