**Annex 2**

Criteria for award and checklist of documents required

Following documents should be attached to the filled-in Annexes #3-4

Please ensure that all documents necessary to enable objective evaluation are attached to your response to this RfQ:

| **Award Criteria** | **Corresponding document** | **Yes** | **No** | **Reference** |
| --- | --- | --- | --- | --- |
| **Compliance of Bidder with Qualifications Requirements** | | | | |
| Minimum 3 years of experience in similar nature and minimum 2 similar contracts in terms of products fulfilled over the past 3 years | 1. Certificate of Registration of the business, including Articles of Incorporation, or equivalent document if Bidder is not a corporation |  |  |  |
| 2. Statement of Satisfactory Performance (Reference letters) from the Top 3 Clients in terms of Contract Value the past 3 years. Please provide reference letters to prove experience in similar nature of contracts |  |  |  |
| Minimum annual turnover over the past 3 years shall equal to no less than 150% of the total amount to be contracted | 3. Latest Audited Financial Statement (Income Statement and Balance Sheet) including Auditor’s Report for the past 3 years |  |  |  |
| **Compliance of product/quoted with product standards and requirements**  **(please complete checklist for each product quoted)** | | | | |
| The product(s) will be procured on the following options (please refer for details to Annex 1, para #2 Product Standards):  OPTION 1: A+E A) Approved/registered by a Stringent National Medicines Regulatory Authority (SRA) as defined by WHO  AND C) The product is being manufactured at sites with valid WHO Public Inspection Report (WHOPIR) or GMP Certificate issued by PIC/S authorities  OPTION 2 [B+E]:  B) Registered in Moldova and at least one successfully completed supply of this product in the similar volume in/to Moldova within the past two years (since February 2015)  AND  E) The product is being manufactured at sites with valid WHO Public Inspection Report (WHOPIR) or GMP Certificate B.1) A copy of valid Registration Certificate issued by the Ministry of Health of Moldova issued by PIC/S authorities  OPTION 3 [C+E]:  C) Prequalified by World Health Organization  AND  E) The product is being manufactured at sites with valid WHO Public Inspection Report (WHOPIR) or GMP Certificate issued by PIC/S authorities  OPTION 4 [D+E]:  D) Recommended by the WHO Expert Review Panel for the Global Fund (also known as Global Fund ERP)  AND  E) The product is being manufactured at sites with valid WHO Public Inspection Report (WHOPIR) or GMP Certificate issued by PIC/S authorities | [[1]](#footnote-2)A) A copy of valid Registration/Approval of Stringent National Medicines Regulatory Authority (SRA) as defined by WHO |  |  |  |
| B.1) A copy of valid Registration Certificate issued by the Ministry of Health of Moldova |  |  |  |
| B.2) List of previous contracts for similar supply for the last 3 years. At least one contract and/or confirmation from the recipient for the supply of quoted medicine in the similar volume to/in Moldova within the past two years (under “recipient” is meant health institution), in case medicine does not have approval/registration of Stringent National Medicines Regulatory Authority (SRA) (see Annex 1, Product Standards Requirements for details) |  |  |  |
| C) WHO pre-qualification evidence |  |  |  |
| D) Approval of the WHO Expert Review Panel for the Global Fund (also known as Global Fund ERP) |  |  |  |
| E) A copy of valid WHO Public Inspection Report (WHOPIR) or GMP Certificate issued by PIC/S authorities for the manufacturing site(s) of the proposed product(s)  Please provide information manufacturing site, including concrete manufacturing unit/block in the Annex 3. |  |  |  |
| Compliance with shelf life, packing and labelling requirements (please refer for details to Annex 1 of RfQ).  Products must have a minimum of 80% of the total product shelf life or should have 15 months’ shelf life remaining at the time of delivery and must bear the dates of manufacture and expiry. | Please provide Information on shelf life in the Annex 3 |  |  |  |
| Acceptability of the Transportation/Delivery Schedule (please refer for details to Annex 1 of RfQ) | Please provide Information on delivery schedule in the Annex 3 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of other documents required for evaluation of Offeror** | **Yes** | **No** | **Reference** |
| Company profile (maximum 5 pages) or link to company’s web-site |  |  |  |
| Valid Certificate of Authorization to act on behalf of the Manufacturer in case the Offeror is not a Manufacturer. |  |  |  |
| All information regarding any past and current litigation during the last five (5) years, in which the Offeror is involved, indicating the parties concerned, the subject of the litigation, the amounts involved, and the final resolution if already concluded. |  |  |  |
| Quality Certificate (e.g., ISO, etc.) and/or other similar certificates, accreditations, awards and citations received by the Offeror, if any |  |  |  |
| Environmental Compliance Certificates, Accreditations, Markings/Labels, and other evidences of the Offeror’s practices which contributes to the ecological sustainability and reduction of adverse environmental impact (e.g., use of non-toxic substances, recycled raw materials, energy-efficient equipment, reduced carbon emission, etc.), either in its business practices or in the goods it manufactures, if any available |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of other documents required for evaluation of product quoted (please complete checklist for each product quoted)** | **Yes** | **No** | **Reference** |
| Instruction for the medical use in accordance with the legislation of Moldova. In case quoted medicines are not registered, instructions for the use in the original language shall be provided (which is compliant with one accompanied to SRA approval/registration) and English or Russian language. |  |  |  |
| A copy of the Certificate of Pharmaceutical Product (COPP) from the national regulatory body in the country of manufacture for each product shall be provided. If available WHO type COPPs for products being imported into the countries within WHO certification Scheme are requested to be provided. |  |  |  |
| Patent Registration Certificate/s, if applicable or relevant license/s, if available |  |  |  |

**Annex 3**

**FORM FOR SUBMITTING SUPPLIER’S QUOTATION[[2]](#footnote-3)**

***(This Form must be submitted only using the Supplier’s Official Letterhead/Stationery[[3]](#footnote-4))***

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. **RFQ17/01510**:

**TABLE 1: BRIEF COMPANY PROFILE**

|  |  |
| --- | --- |
| **BRIEF COMPANY PROFILE**  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: | |
| Full registration name |  |
| Year of foundation |  |
| Legal status |  |
| Legal address |  |
| Actual address |  |
| Bank information |  |
| Contact person name |  |
| Contact person email |  |
| Contact person phone |  |
| Company’s core activities |  |
| Profile – describing the nature of business, field of expertise, licenses, certifications, accreditations (If any); |  |
| Business Licenses – Registration Papers, Tax Payment Certification |  |
| Certificates and Accreditation | Please indicate here applicable including Quality Certificates, Patent Registrations, Environmental Sustainability Certificates. |
| Please provide contact details of at least 3 previous partners for reference | Please attach the 3 signed reference letters ***to prove experience in similar nature of contracts***. |
| Company is not in the UN Security Council 1267/1989 List, UN Procurement Division List or Other UN Ineligibility List. | Please confirm (Answers: Yes, we are in the list/No, we are not in the list) |

**TABLE 2: Conformity to the specification**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lot/**  **Item** | **INN** | **Pharmaceutical Presentation** | **Strength** | **Quantity** | **Product Trade Name** | **Manufacturer name and country of origin** | **Manufacturing site (address, block, unit)** | **Number of units per primary pack** | **Number of primary packs per secondary pack** | **SRA/ WHO PQR/ GF ERP/ WHOPIR Approval (please indicate issuing authority)** | **Registration in Moldova (please indicate registration reference)** | **Registration in Moldova (please indicate registration validity)** | **GMP Certificate (please indicate issuing authority)** | **SRA/ WHO PQR/ GF ERP/ WHOPIR GMP Certificate (please indicate**  **certificate validity)** | **Total shelf life (please indicate total shelf life in number of months)** | **Remaining shelf life (please indicate product’s expiration date)** | **Patent Certificate/s (please indicate patent/s reference/s if, applicable)** | **Please indicate product’s lead time (production time)** | **Expected delivery date/s** |
| 1 | Deferoxaminum | powder for inj./perfus. solution | 500mg | 1300 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Cortisone | Tablets | 25 mg | 108000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Hydrocortisone | Vials | 25mg/5ml | 1000 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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 time (4 weeks from PO signature) |  |  |  |
| Validity of Quotation (min. 120 days) |  |  |  |
| All Provisions of the UNDP General Terms and Conditions. <http://www.undp.org/content/undp/en/home/operations/procurement/how_we_buy/contract_terms/> |  |  |  |

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]*

**Annex 4**

**PRICE SCHEDULE FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | |
|  | **Please pay attention to the following when preparing the Price Schedule Form:** | | | | | | |
|  | 1. The bidders should quote prices for each product on DAP Chisinau Incoterms. Please note, the product unit prices shall be indicated including freight and insurance costs (DAP Chisinau basis) (for details please refer to Annex #1). | | | | | | |
|  | 2. All items must be quoted in USD or MDL on DAP Chisinau basis. Bid currency should be clearly indicated. | | | | | | |
|  | 3. VAT exemption condition is applied under the Moldovan legislation. Quoted prices must be exclusive of VAT and other indirect taxes. | | | | | | |
|  | 4. Prices specified shall remain firm and not be increased. In case Bidder increase price after awarding contract, UNDP will consider this as a ground for contract termination, and either awarding the next qualified Bidder or initiating a new bidding process. | | | | | | |
|  | 5. The form must be signed and stamped. | | | | | | |
|  | 6. UNDP shall use the unit prices quoted in the event when both parties have agreed for additional products to be supplied. | | | | | | |
|  | 7. UNDP reserves the right to vary the quantity of the goods by up to a maximum twenty-five per cent (25%) of the total offer, without any change in the unit price or other terms and conditions. | | | | | | |
| **LOT** | **Product description** | **Pharmaceutical Presentation** | **Strength** | **Total Quantity Required 100%** | **Unit price on DAP Chisinau basis, excl. VAT** | **Total Amount per lot, excl. VAT** |
| 1 | Deferoxaminum | powder for inj./perfus. solution | 500mg | 1300 |  |  |
| 2 | Cortisone | Tablets | 25 mg | 108000 |  |  |
| 3 | Hydrocortisone | Vials | 25mg/5ml | 1000 |  |  |
| **Volume discounts if awarded more than Lot (if any)** | | | | | |  |
| **Total** | | | | | |  |

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

*[Designation]*

*[Date]*

1. [↑](#footnote-ref-2)
2. *This serves as a guide to the Supplier in preparing the Quotation and price schedule.*  [↑](#footnote-ref-3)
3. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-4)