## **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: | Click or tap here to enter text. | |
| RFQ reference: | **RfQ-22/02459/OHCHR: Goods to increase accessibility in Refugee Accommodation Centres (RACs) and facilities hosting Ukrainian refugee families** | Date: Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Currency of the Quotation: USD US Dollars (VAT exclusive)**  **INCOTERMS: DDP** | | | | | |
| **Item No** | **Description** | **UOM** | **Qty** | **Unit price, USD** | **Total price, USD** |
| 1. | Accessible bio toilets | item | 4 |  |  |
| 2. | Basic Wheelchairs | item | 15 |  |  |
| 3. | Folding Walkers | item | 56 |  |  |
| 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 - offer** |
| Maximum delivery period not to exceed 45  calendar days upon signature of contract |  |  | Click or tap here to enter text. |
| Minimum Technical Specifications |  |  | Click or tap here to enter text. |
| Warranty period (Minimum 12 months) |  |  | Click or tap here to enter text. |
| Validity of Quotation 90 calendar days |  |  | Click or tap here to enter text. |
| Payment terms |  |  | Click or tap here to enter text. |
| All provisions of the UNDP General terms and Conditions |  |  | Click or tap here to enter text. |

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| --- | --- |
| 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 NameClick 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. |