**Invitation to Bid**

**ITB17/01528 Medical equipment for the Medical Service**

**of the Ministry of Internal Affairs of the Republic of Moldova (16 LOTS)**

Amendment no. 1

Date: **June 16, 2017**

Dear Sir/Madam,

1. Following the pre-bidding conference organized on Tuesday, June 13 2017 in Chisinau, Moldova at 11:00 a.m. (local time), UNDP Moldova is hereby amending the solicitation documents.
2. A series of amendments are made to the *Section 7: Price Schedule Form* attached hereto, namely: *A. Cost Breakdown per Deliverable Items* and *B. Cost Breakdown by Cost Component* tables.
3. All other terms and conditions of the solicitation documents, except as amended herein, shall remain unchanged and shall continue in full force and effect.

Section 7: Price Schedule Form[[1]](#footnote-1)

The Bidder is required to prepare the Price Schedule as indicated in the Instruction to Bidders.

The Price Schedule must provide a detailed cost breakdown of all goods and related services to be provided, from unit price to lot prices. Separate figures must be provided for each functional grouping or category, if any.

Any estimates for cost-reimbursable items, such as travel of experts and out-of-pocket expenses, should be listed separately.

The format shown on the following pages is suggested for use as a guide in preparing the Price Schedule. The format includes specific expenditures, which may or may not be required or applicable but are indicated to serve as examples.

1. **Cost Breakdown per Deliverable Items\***

Please fill out one table per each lot you are applying for.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lot. #** | **Equipment Name** | **Price per unit, USD, excl. VAT**  | **Total Quantity** | **Total Amount per lot,** **excl. VAT**  | **Delivery period (calendar Days)** |
|  | *[Please type the name of equipment]* |  |  |  |  |
| **Note: Please provide the prices for the lines below:** |
|  | Delivery of equipment  |  | 1 |  | *[number of calemdar days]* |
|  | Installation/commissioning of equipment |  | 1 |  | *[number of calemdar days]* |
|  | Training services for the medical staff on the supplied equipment  |  | 1 |  | *[number of calemdar days]* |
|  | Other costs |  | 1 |  |  |
|  | TOTAL PRICE lot# *[please indicate the number of the lot]* |  |  |  |  |

1. **Cost Breakdown by Cost Component:**

The Bidders are requested to provide the cost breakdown for the above given prices for each deliverable based on the following format. UNDP shall use the cost breakdown for the price reasonability assessment purposes as well as the calculation of price in the event that both parties have agreed for additional set of goods and/or related services.

**Please fill out the table for relevant lots**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lot #  | Deliverables and Sub-Components | (a)Quantity | Country Of Origin | (b)Unit Price | (c )=(a)x(b)Total Cost of Goods | Brief Description of Related Services | (d )Cost of Related Services | (c ) + (d)Total Price | Equipment Delivery period (calendar Days) |
| 1 | Anesthesia Apparatus Type 1 | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 2 | Anesthesia Apparatus Type 2 | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 3 | Ventilator for Adult | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 4 | Intubation Fibrolaryngoscope  | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 5 | Patient Monitor | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 6 | Operation Table | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 7 | Suction Unit | 2 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 8 | Electrosurgical Unit | 2 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 9 | Operation Light, Ultralight | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 10 | ECG, 12-channel | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 11 | Ultrasound Apparatus | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 12 | Laparoscope | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 13 | Urology Endoscope | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 14 | Fibrogastroduodenoscope | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 15 | Hight Pressure Steam Sterilyser | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
| 16 | X-ray | 1 |  |  |  | Delivery of equipment |  |  | *[number of calemdar days]* |
| Installation/commissioning of equipment |  |
| Training services for the medical staff on the supplied equipment  |  |
| Other costs |  |
|  | TOTAL PRICE for the entire bid | *[total cost of Goods]* |  | *[total cost of related services]* | *[Total Price]* |  |

Authorized Signature [*In full and initials*]:

Name and Title of Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *No deletion or modification may be made in this form. Any such deletion or modification may lead to the rejection of the Bid.* [↑](#footnote-ref-1)