PRICE Quotation Form

|  |  |
| --- | --- |
| **Name of Bidder:** |  |
| **Date of the quotation:** | Click here to enter a date. |
| **Request for quotation Nº:** | RFQ Nº UNFPA/MDA/RFQ/2019/009 – Implement Communications Strategy in the area of cervical cancer prevention |
| **Currency of quotation :** | USD |
| **Delivery charges based on the following 2010 Incoterm:** | Choose an item. |
| **Validity of quotation:**  *(The quotation must be valid for a period of at least 3 months after the submission deadline* |  |

* Quoted rates must be **exclusive of all taxes**, since UNFPA is exempt from taxes.

***Note: You may add as many lines as required.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | | **Description** | **Unit of measure (ex. day, hour, person etc.)** | | **Quantity** | **Unit rate, USD** | | **Total, USD** |
| **Deliverable 1: Logo of cervical cancer campaign developed** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | | Designer *(please specify)* |  | |  |  | |  |
| 1.2 | | Expert 2 *(please specify)* |  | |  |  | |  |
| 1.3 | | Expert 3 *(please specify)* |  | |  |  | |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| 1. Other expenses | | | | | | | | |
| 2.1 | | *(please specify)* |  | |  |  | |  |
| 2.2 | | *(please specify)* |  | |  |  | |  |
| 2.3 | | *(please specify)* |  | |  |  | |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 1*** | | | | | | | | $$ |
| **Deliverable 2. Design of social media materials** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Designer *(please specify)* | |  |  | | |  |  |
| 1.2 | Copy writer *(please specify)* | |  |  | | |  |  |
| 1.3 | Social Media Manager (SMM) *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| 1. Other expenses | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 2*** | | | | | | | | ***$$*** |
| **Deliverable 3. Video spot developed and broadcasted** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Script writer *(please specify)* | |  |  | | |  |  |
| 1.2 | Scenographer *(please specify)* | |  |  | | |  |  |
| 1.3 | Videographer *(please specify)* | |  |  | | |  |  |
| 1.4 | Video editor | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 3*** | | | | | | | | ***$$*** |
| **Deliverable 4. Radio spot developed and broadcasted** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Sound editor *(please specify)* | |  |  | | |  |  |
| 1.2 | Expert 2 *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 4*** | | | | | | | | ***$$*** |
| **Deliverable 5. Focus group discussions organized** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Expert in quality studies (sociologist) *(please specify)* | |  |  | | |  |  |
| 1.2 | Expert 2 *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 5*** | | | | | | | | ***$$*** |
| **Deliverable 6. Select and negotiate with influencers** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Team Leader *(please specify)* | |  |  | | |  |  |
| 1.2 | Expert 2 *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 6*** | | | | | | | | ***$$*** |
| **Deliverable 7. Select and negotiate partnerships with supermarkets, pharmacies and public transportation company** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Team Leader *(please specify)* | |  |  | | |  |  |
| 1.2 | Expert 2 *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 7*** | | | | | | | | ***$$*** |
| **Deliverable 8. Information materials elaborated and printed** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Copy writer *(please specify)* | |  |  | | |  |  |
| 1.2 | Designer *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses – printing services | | | | | | | | | |
| 2.1 | * instructions for doctors   A4 format, 1 sheet (2 pages) laminated | | each | 2000 | | |  |  |
| 2.2 | * info posters for medical facilities * Size: A0 format * Language: Ro and Ru (double sided) * Color printing 4+4, glossy paper | | each | 2500 | | |  |  |
| 2.3 | * info leaflets for women   Color printing, 4+4, 4 pages | | each | 75000 | | |  |  |
| 2.4 | * info posters for pharmacies and public transport * Size: A4 format * Color printing, glossy paper, Ro and Ru languages, 4+4 | | each | 2500 | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 8*** | | | | | | | | ***$$*** |
| **Deliverable 9. Out-door advertising materials elaborated and printed** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Copy writer *(please specify)* | |  |  | | |  |  |
| 1.2 | Designer *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses – printing / production services | | | | | | | | | |
| 2.1 | Billboards | | each | 15 | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 9*** | | | | | | | | ***$$*** |
| **Deliverable 10. Capacity building of 20 journalists** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Team Leader *(please specify)* | |  |  | | |  |  |
| 1.2 | Expert in health care services *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | Rent of meeting room for half-day | | each | 1 | | |  |  |
| 2.2 | Coffee break | |  |  | | |  |  |
| 2.3 | Lunch | |  |  | | |  |  |
| 2.4 | Media kit | |  |  | | |  |  |
| 2.5 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 10*** | | | | | | | | ***$$*** |
| **Deliverable 11. Media plan of campaign developed and implemented** | | | | | | | | |
| 1. Professional Fees | | | | | | | | |
| 1.1 | Media planner *(please specify)* | |  |  | | |  |  |
| 1.2 | Expert 2 *(please specify)* | |  |  | | |  |  |
| 1.3 | Expert 3 *(please specify)* | |  |  | | |  |  |
| *Sub-Total Professional Fees* | | | | | | | | $$ |
| |  | | --- | | 1. Other expenses | | | | | | | | | |
| 2.1 | *(please specify)* | |  |  | | |  |  |
| 2.2 | *(please specify)* | |  |  | | |  |  |
| 2.3 | *(please specify)* | |  |  | | |  |  |
| *Sub-Total Other Expenses* | | | | | | | | $$ |
| ***Total Deliverable 11*** | | | | | | | | ***$$*** |
| ***Total Contract Price*** | | | | | | | | **$$** |

*Vendor’s Comments:*

I hereby certify that the company mentioned above, which I am duly authorized to sign for, has reviewed RFQ Nº UNFPA/MDA/RFQ/2019/009 – Implement Communications Strategy in the area of cervical cancer prevention including all annexes, amendments to the RFQ document (if applicable) and the responses provided by UNFPA on clarification questions from the prospective service providers. Further, the company accepts the General Conditions of Contract for UNFPA and we will abide by this quotation until it expires.

|  |  |  |
| --- | --- | --- |
|  | Click here to enter a date. |  |
| Name and title | Date and place | |