**Section II – Technical Proposal Standard Forms**

**TPF-1: Technical Proposal Submission Form**

*[Location, Date]*

To: IOM Mission to Moldova, str. Ciuflea 36/1, mun. Chișinău, Moldova

Ladies/Gentlemen:

We, the undersigned, offer to provide the Services for *Modernization of the State Automated Information System – “FRONTIERA”* in accordance with your Request for Proposal (RFP) dated *13.09.2021* and our Proposal. We are hereby submitting our Proposal, which includes this Technical Proposal (.pdf file), and a Financial Proposal (.pdf file) encrypted with password which will be disclosed upon request.

If negotiations are held after the period of validity of the Proposal, we undertake to negotiate on the basis of the proposed staff. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We acknowledge and accept IOM’s right to inspect and audit all records relating to our Proposal irrespective of whether we enter into a contract with IOM as a result of this proposal or not.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

**TPF – 2: Service Providers/ Consulting Firms Organization**

[*Please provide here description of the background and organization of your firm/entity and each associate for the assignment (if applicable) which shall include:*

*1. Brief description of the organization, including the year and country of incorporation, and types of activities undertaken.*

*2. General organizational capability which is likely to affect implementation: management structure, financial stability and project financing capacity, project management controls, extent to which any work would be subcontracted (if so, provide details).*

*3. Relevance of specialized knowledge and experience on similar engagements done in the region/country.*

*4. Quality assurance procedures and risk mitigation measures.*

*5. Organization’s commitment to sustainability.]*

**TPF – 3: Description of the Approach, Methodology and Work Plan (time schedule) for Performing the Assignment**

*[This section should include the Bidder’s responsiveness to the TOR by identifying the specific components proposed, addressing the requirements, providing a detailed description of the essential performance characteristics proposed and demonstrating how the proposed approach and methodology meets or exceeds the requirements. All important aspects should be addressed in sufficient detail and different components of the project should be adequately weighted relative to one another. The section shall encompass:*

*2.1 A detailed description of the approach and methodology for how the Bidder will achieve the Terms of Reference of the project, keeping in mind the appropriateness to local conditions and project environment. Details how the different service elements shall be organized, controlled and delivered.*

*2.2 The methodology shall also include details of the Bidder’s internal technical and quality assurance review mechanisms.*

*2.3 Explain whether any work would be subcontracted, to whom, how much percentage of the work, the rationale for such, and the roles of the proposed sub-contractors and how everyone will function as a team.*

*2.4 Description of available performance monitoring and evaluation mechanisms and tools; how they shall be adopted and used for a specific requirement.*

*2.5 Implementation plan including a Gantt Chart or Project Schedule indicating the detailed sequence of activities that will be undertaken and their corresponding timing.*

*2.6 Demonstrate how you plan to integrate sustainability measures in the execution of the contract.*

*2.7 Any other comments or information regarding the project approach and methodology that will be adopted*]

**TPF – 4: Team Composition and Task Assignments**

|  |  |  |
| --- | --- | --- |
| **1. Technical/Managerial Staff** | | |
| Name | Position | Task |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **2. Support Staff** | | |
| Name | Position | Task |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**TPF – 5: Format of Curriculum Vitae (CV) for Proposed Professional Staff**

Proposed Position:

Name of Firm:

Name of Staff:

Profession:

Date of Birth:

Years with Firm/Entity: Nationality:

Membership in Professional Societies:

Detailed Tasks Assigned:

**Key Qualifications:**

[*Give an outline of staff member’s experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations. Use about half a page.*]

**Education:**

[*Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.*]

**Employment Record:**

[*Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.*]

**Languages:**

[*For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.*]

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience. I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

Date:

*[Signature of staff member and authorized representative of the firm]* *Day/Month/Year*

Full name of staff member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of authorized representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TPF-6: Time Schedule for Professional Personnel**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Months (in the Form of a Bar Chart) | | | | | | | | | | | | |
| Name | Position | Reports Due/Activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Number of Months |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Subtotal (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Subtotal (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Subtotal (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Subtotal (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Full-time: Part-time:

Reports Due:

Activities Duration:

Location

Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TPF-7: Activity (Work) Schedule**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Field Investigation and Other Activities | | | | | | | | | | | | | |
| No. | **Activity/Work Description** | ***Duration*** | | | | | | | | | | | |
| 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| B. Completion and Submission of Reports | | |
| Reports | Date |
| 1. Inception Report |  |
| 2. Interim Progress Report  (a) First Status Report  (b) Second Status Report |  |
| 3. Draft Report |  |
| 4. Final Report |  |

**Section III. Financial Proposal - Standard Forms**

#### FPF-1: Financial Proposal Submission Form

*[Location, Date]*

To: IOM Mission to Moldova, str. Ciuflea 36/1, mun. Chișinău, Moldova

Ladies/Gentlemen:

We, the undersigned, offer to provide the consulting services for *Modernization of the State Automated Information System – “FRONTIERA”* in accordance with your Request for Proposal (RFP) dated 13.09.2021and our Proposal (Technical and Financial Proposals). Our attached Financial Proposal is for the sum of *[Amount in words and figures].*

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the validity period of *[insert validity period]* of the Proposal.

We acknowledge and accept the IOM right to inspect and audit all records relating to our Proposal irrespective of whether we enter into a contract with the IOM as a result of this Proposal or not.

We confirm that we have read, understood and accept the contents of the Instructions to Service Providers/ Consulting Firms (ITC), Terms of Reference (TOR), the Draft Contract, the provisions relating to the eligibility of Service Providers/ Consulting Firms, any and all bulletins issued and other attachments and inclusions included in the RFP sent to us.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

#### FPF– 2: Summary of Costs

|  |  |  |
| --- | --- | --- |
| **Costs** | **Currency** | **Amount(s)** |
| I – Remuneration Cost (see FPF- 3 for breakdown) |  |  |
| II - Reimbursable Cost ( see FPF – 4 for breakdown) |  |  |
| **Total Amount of Financial Proposal 1** |  |  |

1 Indicate total costs, net of local taxes, to be paid by IOM in each currency. Such total costs must coincide with the sum of the relevant

subtotal indicated in all Forms FPF-3 provided with the Proposal

Authorized Signature:

Name and Title of Signatory

#### FPF-3: Breakdown of Costs by Activity

|  |  |  |
| --- | --- | --- |
| Group of Activities (Phase):2  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Description: 3  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Cost Component | Costs | |
| Currency | Amount |
| Remuneration 4 |  |  |
| Reimbursable Expenses 4 |  |  |
| Subtotals |  |  |

1 Form FPF3 shall be filed at least for the whole assignment. In case some of the activities require different modes of billing and payment

(e.g. the assignment is phased, and each phase has a different payment schedule), the Service Provider/ Consulting Firm shall fill a

separate Form FPF-3 for each Group of activities.

2 Names of activities (phase) should be same as, or corresponds to the ones indicated in Form TPF-7.

3 Short description of the activities whose cost breakdown is provided in this Form.

4 For each currency, Remuneration and Reimbursable Expenses must coincide with relevant Total Costs indicated in FPF-4 and FPF-5.

Authorized Signature:

Name and Title of Signatory:

#### FPF-4: Breakdown of Remuneration per Activity

[Information provided in this Form should only be used to establish payments to the Service Provider/ Consulting Firm for possible additional services requested by Client/IOM]

|  |  |  |
| --- | --- | --- |
| **Name of Staff** | **Position** | **Staff-month Rate** |
| Professional Staff | | |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Support Staff | | |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

1 Names of activities (phase) should be same as, or corresponds to the ones indicated in

Form TPF-8.

2 Short description of the activities whose cost breakdown is provided in this Form.

Authorized Signature:

Name and Title of Signatory:

#### FPF-5: Breakdown of Reimbursable Expenses

[Information provided in this Form should only be used to establish payments to the Service Provider/ Consulting Firm for possible additional services requested by Client/IOM]

|  |  |  |
| --- | --- | --- |
| **Description1** | **Unit** | **Unit Cost2** |
| 1. Subsistence Allowance |  |  |
| 2. Transportation Cost |  |  |
| 3. Communication Costs |  |  |
| 4. Printing of Documents, Reports, etc |  |  |
| 5. Equipment, instruments, materials,  supplies, etc |  |  |
| 6. Office rent, clerical assistance |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1 Delete items that are not applicable or add other items according to Paragraph 7.2 of Section

II-Instruction to Service Providers/ Consulting Firms

2 Indicate unit cost and currency.

Authorized Signature:

Name and Title of Signatory: