

## ANNEX 4: TECHNICAL AND FINANCIAL OFFER – SERVICES

Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 3 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:	Click or tap here to enter text.	Date: Click or tap to enter a date.

### Technical Offer

Provide the following:

- a brief description of your qualification, capacity and expertise that is relevant to the Terms of Reference.
- a brief methodology, approach and implementation plan;
- team composition and CVs of key personnel
- Filled Out Annex 2 – Technical Specifications Form

### Financial Offer

- a) Cost must be provided per beneficiary and should include the development and implementation of the business development services and training as listed above i.e., implementation including center, facilitators, stationery, refreshment, and transportation fees, other.
- b) Provide breakdown of cost to include the following:
  1. Net salary that will be paid to the contractor’s staff (take home pay)
  2. Operating cost that include but not limited to the provision of uniforms, insurance, etc.
  3. Overhead and Profit for the company
  4. Any other related costs
- c) At the end of the service delivery (once), the Service Provider shall invoice IOM in USD in an amount not exceeding the Contract Price. The invoice(s) along with the final report shall be sent to the IOM Beirut. All invoices should be free of errors and should reach IOM on time.
- d) The payment will be made once upon the delivery of the training and the submission of the final report to IOM.

### Currency of Quotation: USD

Ref	Description of Deliverables	Price (VAT inc.)
	- 40 BDT beneficiaries in North and Akkar governorates.	
	- 35 BDT beneficiaries in Bekaa governorate.	
<b>Total Price</b>		

**Service Provider may apply per lot or combination of lot to cover one or several governorates.**

If Service Provider is able to provide for all locations, please submit separate table for each location.

**Budget template**

Service provider name:	
Area of coverage:	
Total required budget:	

Item	Unit	Nb of units	Unit cost (USD)	%	Total (USD)	Comments
Trainer for course 1 (e.g., waitering)	Day					
Trainer for course 2 (indicate course)	Day					
Trainer for course 3 (indicate course)	Day					
Trainer for course 4 (indicate course)	Day					
Trainer for course 5 (indicate course)	Day					
Tools and equipment for course 1 (e.g., cooking utensils for chef assistant training)	Ls					
Tools and equipment for course 2 (e.g., cooking utensils for chef assistant training)	Ls					
Tools and equipment for course 3 (e.g., cooking utensils for chef assistant training)	Ls					
Tools and equipment for course 4 (e.g., cooking utensils for chef assistant training)	Ls					
Tools and equipment for course 5 (e.g., cooking utensils for chef assistant training)	Ls					
Stationary (e.g., pens, notebooks)	Ls					
Training Center Cost including electricity, cleaning, and any other service.	Day					
Refreshments (e.g., water)	Ls					
Transportation per beneficiary (to and from training center)	Ea					
Other services (list as needed) e.g., childcare services, amenities, etc.	Ls					

Total cost per beneficiary for course 1 (indicate course) e.g., assistant chef	Ls					
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(Add rows as needed)						

**Compliance with Requirements**

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Payment terms	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other requirements [pls. specify]	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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.	
<p><i>Exact name and address of company</i></p> <p>Company Name <input type="text"/></p> <p>Address: <input type="text"/></p> <p><input type="text"/></p> <p>Phone No.: <input type="text"/></p> <p>Email Address: <input type="text"/></p>	<p>Authorized Signature: _____</p> <p>Date: <input type="text"/></p> <p>Name: <input type="text"/></p> <p>Functional Title of Authorised Signatory: <input type="text"/></p> <p>Email Address: <input type="text"/></p>