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**Annex 2**

**FORM FOR SUBMITTING SERVICE PROVIDER’S PROPOSAL[[1]](#footnote-1)**

***(This Form must be submitted only using the Service Provider’s Official Letterhead/Stationery[[2]](#footnote-2))***

 *[insert: Location].*

*[insert: Date]*

To: *[insert: Name and Address of NMA focal point]*

Dear Sir/Madam:

We, the undersigned, hereby offer to render the following services to NMA in conformity with the requirements defined in the RFP dated *[specify date]*.

1. **Qualifications of the Service Provider**

*The Service Provider must describe and explain how and why they are the best entity that can deliver the requirements of NMA by indicating the following:*

1. *Profile – describing the nature of business, field of expertise, licenses, certifications, accreditations; and*
2. *Track Record – list of clients for similar services as those required by NMA, indicating description of contract scope, contract duration, contract value, contact references.*
3. **Proposed Methodology for the Completion of Services**

|  |
| --- |
| *The Service Provider must describe how it will address/deliver the demands of the RFP; providing a detailed description of the essential performance characteristics, reporting conditions and quality assurance mechanisms that will be put in place, while demonstrating that the proposed methodology will be appropriate to the local conditions and context of the work.* |

**Qualifications of Key Personnel**

*If required by the RFP, the Service Provider must provide:*

1. *Names and qualifications of the key personnel that will perform the services indicating who is Team Leader, who are supporting, etc.; and*
2. *CVs using the P11 form demonstrating qualifications must be submitted.*
3. **Cost Breakdown per Deliverable\***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Deliverables*****[list them as referred to in the RFP]*** | **Percentage of Total Price *(Weight for payment)*** | **Price*****(Lump Sum, All Inclusive)*** |
| 1 | Deliverable 1 |   |  |
| 2 | Deliverable 2 |  |  |
| 3 | …. |  |  |
|  | Total  | 100% |  |

*\*This shall be the basis of the payment tranches*

1. **Cost Breakdown by Cost Component *[This is only an Example]*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Activity** | **Remuneration per Unit of Time** | **Total Period of Engagement** | **No. of Personnel** | **Total Rate**  |
| **I. Personnel Services**  |  |  |  |  |
|  1. Services from Home Office |  |  |  |  |
|  a. Expertise 1 |  |  |  |  |
|  b. Expertise 2 |  |  |  |  |
|  2. Services from Field Offices |  |  |  |  |
|  a. Expertise 1 |  |  |  |  |
|  b. Expertise 2  |  |  |  |  |
|  3. Services from Overseas |  |  |  |  |
|  a. Expertise 1 |  |  |  |  |
|  b. Expertise 2 |  |  |  |  |
| **II. Out of Pocket Expenses** |  |  |  |  |
|  1. Travel Costs |  |  |  |  |
|  2. Daily Allowance |  |  |  |  |
|  3. Communications |  |  |  |  |
|  4. Reproduction |  |  |  |  |
|  5. Equipment Lease |  |  |  |  |
|  6. Others |  |  |  |  |
| **III. Other Related Costs** |  |  |  |  |

*[Name and Signature of the Service Provider’s Authorized Person]*

*[Designation]*

*[Date]*

1. *This serves as a guide to the Service Provider in preparing the Proposal.*  [↑](#footnote-ref-1)
2. *Official Letterhead/Stationery must indicate contact details – addresses, email, phone and fax numbers – for verification purposes*  [↑](#footnote-ref-2)