# SECTION VI: RETURNABLE SCHEDULES

## Instructions for completing the returnable Schedules

1. Bidders are required to complete all the returnable Schedules listed in Schedule 0.14 [*Quotation Checklist*], sign them and return them as part of their quotation submission. The bidder shall fill in all forms in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.
2. Each returnable Schedule includes blank tables and boxes and grey-highlighted text that the bidder shall complete. Additional instructions on how to complete the content are also highlighted in grey and should be deleted before returning the Schedules. The final version of these Schedules should not include any grey highlights. The examples below show what the Schedules look like before and after completion.

Without additional instructions (example before completion):

**Amount in words:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Amount in figures:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Without additional instructions (example after completion):

**Amount in words:** Seven million five hundred twenty thousand

**Amount in figures:** 7,520,000

With additional instructions in brackets (example before completion):

“... duly authorized by [insert name of bidder] to sign this quotation …”

With additional instructions in brackets (example after completion):

“... duly authorized by ABC, Inc. to sign this quotation …”

With check box selections to be made (example before completion):

[To select an option, put an **X** over the relevant blank box]

Schedule 0.1 [*Quotation Submission Declaration*] ☐ YES ☐ NO ☐ N/A  
Schedule 0.2 [*Bidder's Information*] ☐ YES ☐ NO ☐ N/A

With check box selections to be made (example after completion):

Schedule 0.1 [*Quotation Submission Declaration*] **X** YES ☐ NO ☐ N/A  
Schedule 0.2 [*Bidder's Information*] **X** YES ☐ NO ☐ N/A

1. Instructions on how to prepare the returnable Schedules have been incorporated in the [guidance note for bidders on completing Schedules 1.2 and 4](https://content.unops.org/service-Line-Documents/Infrastructure/Small-Works-Schedules-Guidance-note-for-bidders-offerors_EN.pdf).
2. If after assessing this opportunity the bidder decides not to submit a quotation, UNOPS asks that the bidder still returns Schedule 0.13 [*Quotation/No Quotation Confirmation*] indicating the reasons for non-participation.
3. Bidders shall submit exclusivity and availability statements for all the proposed Key Personnel listed in Schedule 4.4 [*Key Personnel*] in accordance with the form set out in Schedule 0.6 [*Statement of Exclusivity and Availability*].

## SCHEDULE 0: RFQ SCHEDULES

### 0.1 Quotation Submission Declaration

**Submission date:** \_\_\_/\_\_\_/\_\_\_

**Subject:** Quotation for the construction of [insert brief information on the Works] in [name of country/city], RFQ ref. No. [RFQ/2024/54734], dated [insert date]

We, the undersigned, declare that:

* 1. We have examined and have no reservations regarding the quotation documents, including amendments No.: [Insert the number and issuing date of each amendment];
  2. We offer to execute the Works in conformity with the quotation documents, including the Conditions of Contract and in accordance withSection IV: Schedule of Details;
  3. Our quotation shall be valid for the period of [insert number of days – not less than the quotation validity period specified in the Particulars] days from the date fixed for the deadline for quotation submission as set out in the Particulars, and it shall remain binding upon us and may be accepted at any time before the expiration of that period;
  4. If our quotation is accepted, and if so requested in the Particulars, we commit to obtaining a Performance Security, in accordance with Section IV: Schedule of Details, Schedule 1.1 [*Details Provided by the Employer*] and the General Conditions of Contract;
  5. We have no conflict of interest in any activity that would put it, if selected for this assignment, in a conflict of interest with UNOPS;
  6. We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against us that could impair our operations in the foreseeable future;
  7. Our entity confirms that we the bidder and the subcontractors identified have not been associated or have not been involved in any way, directly or indirectly, with the preparation of the design, terms of reference and/or other documents used as a part of this solicitation;
  8. We embrace the principles of the United Nations Supplier Code of Conduct and adhere to the principles of the United Nations Global Compact;
  9. Our firm, its affiliates or subsidiaries – including any subcontractors or suppliers for any part of the contract – have not been declared ineligible by UNOPS, nor are they included in the suspended/ineligibility list in accordance with Section I: Instructions to Bidders, Article 4 [*Bidder Eligibility*];
  10. We have not offered and will not offer fees, gifts and/or favours of any kind in exchange for this RFQ and will not engage in any such activity during the performance of any Contract awarded;
  11. We understand that UNOPS is not bound to accept the lowest priced evaluated quotation or any other quotation that UNOPS may receive.

I, the undersigned, certify that I am duly authorized by [insert name of bidder] to sign this quotation and bind [insert name of bidder] should UNOPS accept this quotation:

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.2 Bidder's Information

**RFQ reference No.:**  [RFQ/2024/54734]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

[To select an option, put an **X** over the relevant blank box]

1. **Background of bidder:**

| **Full legal name of bidder** |  |
| --- | --- |
| **Year the entity was established** |  |
| **Address of registered office** |  |
| **Name of bidder representative** |  |
| **Has the entity ever filed or petitioned for bankruptcy?** | ☐ Yes ☐ No |
| * If “Yes”, please explain in detail the reasons why, filing date and current status. |  |
| **Does the entity have an actual or potential conflict of interest in this procurement process?** (Refer to **Section I: Instructions to Bidders**, Article 4 [*Bidder Eligibility*] for details on conflict of interest.) | ☐ Yes ☐ No |
| * If “Yes”, please provide details on the entity’s actual or potential conflict of interest. |  |

1. **UNGM Registration and UNOPS vendors**

As part of the quotation, it is desired that the bidder fills out the registration on the [United Nations Global Marketplace (UNGM) registration website](https://www.ungm.org/Account/Registration).

If the bidder is already registered with UNGM, please provide the UNGM registration number in the table below. Please also ensure that the entity’s information on UNGM is current.

The bidder may still submit a quotation even if not registered with the UNGM. However, if the bidder is selected for the Contract award, the bidder must register on UNGM before signing the Contract.

| **Are you a UNGM registered vendor?** | ☐ Yes ☐ No |
| --- | --- |
| * If “Yes”, insert the UNGM vendor number |  |
| **Are you a UNOPS vendor?** | ☐ Yes ☐ No |

1. **Contact details of persons that UNOPS may contact for requests for clarification during quotation evaluation:**

| **Name and surname** |  |
| --- | --- |
| **Title** |  |
| **Telephone number (direct)** |  |
| **Email address (direct):** |  |

**ATTENTION: This person must be available during the two weeks following receipt of the quotation.**

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.3 Joint Venture Partner Information

**RFQ reference No.:**  [RFQ/2024/54734]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

**ATTENTION:** This Schedule should only be completed and returned with the quotation if the quotation is submitted as a Joint Venture.

| **Joint Venture Information** | |
| --- | --- |
| **Name** |  |
| **Names of each partner and contact information**  (address, telephone numbers, fax numbers, email address) |  |
| **Name of leading partner**  (with authority to bind the Joint Venture, during the bid process and, in the event a Contract is awarded, during Contract execution) |  |
| **Proposed proportion of responsibilities between partners (in %) with indication of the type of the Works to be performed by each** |  |

**Signatures of all partners of the Joint Venture:**

We hereby confirm that if the contract is awarded, all parties of the Joint Venture shall be jointly and severally liable to UNOPS for the fulfillment of the provisions of the Contract.

| **Name of partner:** |  | **Name of partner:** |
| --- | --- | --- |
| **Date:** |  | **Date:** |
| Signature: |  | Signature: |

| **Name of partner:** |  | **Name of partner:** |
| --- | --- | --- |
| **Date:** |  | **Date:** |
| Signature: |  | Signature: |

## 

### 0.4 Capacity and Experience

**RFQ reference No.:**  [RFQ/2024/54734]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

1. **Similar Contracts during the last** \_7\_\_ **years**

| **No.** | **Contract title** | **Client** | **Location** | **Contract amount** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

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### 0.5 Format for Resume of Proposed Key Personnel

**RFQ reference No.:**  [RFQ/202#/#####]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

| **Position** |  |
| --- | --- |
| **Name of personnel** |  |
| **Title** |  |
| **Years with entity** |  |
| **Nationality** |  |
| **Language proficiency** |  |
| **Education/ qualifications** | [Summarize college/university and other specialized education of personnel, giving names of schools, dates attended, and degrees/qualifications obtained.] |
| **Professional certifications** | [Provide details of professional certifications relevant to the scope of services]   * Name of institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Date of certification: \_\_\_/\_\_\_/\_\_\_ |
| **Employment record/**  **experience** | [Starting with the present position, list in reverse order every employment held. List all positions held by personnel since graduation, giving dates, names of employing entities, title of position held and location of employment. For experience in the last five years, detail the type of activities performed, the degree of responsibilities, location of assignments and any other information or professional experience considered pertinent for this assignment.] |
| **References** | [Provide names, addresses, phone and email contact information for two (2) references]   * **Reference 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Reference 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 

### 0.6 Statement of Exclusivity and Availability

**RFQ reference No.:**  [RFQ/202#/#####]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

I, the undersigned, hereby declare that I agree to participate exclusively with the bidder [insert bidder name] in the above-mentioned RFQ. I further declare that I am able and willing to work for the period(s) foreseen for the position for which my CV has been included in the event that this quotation is successful, namely:

| **From** | **To** |
| --- | --- |
| [start of period 1] | [end of period 1] |
| [start of period 2] | [end of period 2] |
| [etc.] | [etc.] |

I confirm that I am not engaged with other projects in a position that will require my services during the time periods in which my services are required under this RFQ.

By making this declaration, I understand that I am not allowed to present myself as a candidate to any other bidder submitting a quotation for this RFQ. I am fully aware that if I do so, I will be excluded from this RFQ, the quotations may be rejected, and I may also be subject to exclusion from other UNOPS tender procedures and contracts.

Furthermore, should this quotation be successful, I am fully aware that if I am not available at the expected start date of my services for reasons other than ill health or *force majeure*, I may be subject to exclusion from UNOPS other tenders and contracts, and the notification of award of contract to the bidder may be rendered null and void.

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.7 Performance Statement

**RFQ reference No.:**  [RFQ/202#/#####]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

| **Contract No.: [#######]** | |
| --- | --- |
| **Contract awarded by**  (full address of the Client) |  |
| **Contract date** (DD/MM/YY) |  |
| **Description of Scope of Works** |  |
| **Value of Contract** |  |
| **Date of completion** | * **As per Contract:** * **Actual:** |
|
| **Remarks indicating satisfaction on performance, reasons for late completion or any other, if any** |  |

| **Contract No.: [#######]** | |
| --- | --- |
| **Contract awarded by**  (full address of the Client) |  |
| **Contract date** (DD/MM/YY) |  |
| **Description of Scope of Works** |  |
| **Value of Contract** |  |
| **Date of completion** | * **As per Contract:** * **Actual:** |
|
| **Remarks indicating satisfaction on performance, reasons for late completion or any other, if any** |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.8 Form for Bid Security Declaration

Date: [Insert date]

Tender reference number: [Insert UNOPS tender reference number]

We, the undersigned, declare that:

1. We understand that, according to your conditions, offers must be supported by a bid securing declaration.
2. We accept that we could be declared ineligible to participate in future UNOPS tenders in accordance with the regulations stipulated in the Procurement Manual section 3.3 Vendor Ineligibility if we violate our obligation (s) under the conditions of the offer if:
3. we withdraw our offer during the period of the offer validity specified by us in the offer submission form; or
4. we do not accept the correction of errors in accordance with the Instructions to Bidders in the bidding documents; or
5. after having been notified of the acceptance of our offer during the period of bid validity thereof, (i) we do not execute or refuse to execute the Contract form, if required; or (ii) we do not supply or refuse to provide the performance security.
6. We understand that this bid securing declaration will expire if we are not the successful bidders, and when one of the following events occurs first: (i) we receive a copy of your notification with the name of the successful bidder; or (ii) twenty-eight days have elapsed after the expiration of our offer.

I, the undersigned, certify that I am duly authorized by [insert full name of bidder] to sign this bid and bind [insert full name of bidder] should UNOPS accept this bid:

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

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

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 0.9 Dispute Details

**RFQ reference No.:**  [**RFQ/2024/54734**]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

**ATTENTION:**Bidders shall submit a statement below providing details of any current contract dispute and/or arbitral or legal proceeding involving the bidder. The statement shall include details of any dispute which has been, or is reasonably likely to be, referred to formal dispute proceedings (e.g., mediation or arbitration) or is the subject of litigation in any court locally or internationally. This information shall be provided regardless of whether such action has been instigated by the bidder against a client or a client of the bidder against the bidder.

|  |
| --- |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.10 Acknowledgement of the Addenda

**RFQ reference No.:**  [**RFQ/2024/54734**]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

We acknowledge receipt of the following addenda, which have been taken into account in preparing the quotation:

| **Addendum Number** | **Dated** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| **Name:** |
| --- |
| **Title:** |
| **Date:** |
| Signature: |

### 0.11 Self-disclosure

**RFQ reference No.:**  [**RFQ/2024/54734**]

**Name of bidder:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission date:**  \_\_\_/\_\_\_/\_\_\_

[To select an option, put an **X** over the relevant blank box]

| **Ref.** | **Critical area** | **Response** | **Comments** |
| --- | --- | --- | --- |
| **1** | Has the entity or individual declared bankruptcy, or been involved in bankruptcy or receivership proceedings, or is there any judgment or pending legal action against them, which could impair operations in the foreseeable future? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **2** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) in breach of their obligations relating to the payment of taxes or social security contributions? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **3** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) guilty of misconduct for the violation of applicable laws, regulations or ethical standards of the profession to which they belong? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **4** | Has the entity or individual engaged, or attempted to engage, in any Proscribed Practices in the past?  For the purposes of this provision, “Proscribed Practices” are defined in the UNOPS Operational Instruction on [Vendor Sanctions](https://content.unops.org/documents/libraries/policies-2020/operational-directives-and-instructions/procurement-framework/en/OI.PG-Vendor-Sanctions-2021.pdf) and include the following:   * A corrupt practice: the offering, giving, receiving, or soliciting, directly or indirectly, anything of value to influence improperly the actions of another party; * A fraudulent practice: any act or omission, including a misrepresentation, that knowingly or recklessly misleads, or attempts to mislead, a party to obtain a financial or other benefit or to avoid an obligation; * A coercive practice: an act or omission that impairs or harms, or threatens to impair or harm, directly or indirectly, any party or the property of the party to improperly influence the actions of a party; * A collusive practice: an arrangement between two or more parties designed to achieve an improper purpose, including influencing improperly the actions of another party; * An unethical practice: Conduct or behaviour that is contrary to the conflict of interest, gifts and hospitality, post-employment provisions or other published requirements of doing business with UNOPS; and * Obstruction: Acts or omissions by a vendor that prevent or hinder UNOPS from investigating instances of possible Proscribed Practices. | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **5** | Has the entity or individual unduly obtained, or attempted to unduly obtain, any confidential information in connection with this procurement process and any agreement that may be awarded as a result of this process? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **6** | Does the entity or individual have a conflict of interest, as provided in Section I: Instructions to Bidders, Article 4 [*Bidder Eligibility*], that may prevent them from entering into an agreement with UNOPS, or that may in any way jeopardize their performance in carrying out their obligations under the agreement? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **7** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) to be involved in any of the following:   * Fraudulent practice; * Corrupt practice; * Affiliation with a criminal organization; * Money laundering; * Terrorist financing; * Child labour; or * Human trafficking? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **8** | Has the entity or individual had significant performance issues in the past that led to the early termination of a legal commitment or the application of damages or other contractual penalties, or that were discovered following inspections, audits or investigations? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **9** | Has the entity or individual committed any financial irregularity, resulting from an act or omission or the inclusion of an unjustified item of expenditure outside a contractual engagement that had the effect of prejudicing their use of public funds? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |
| **10** | Has the entity or individual been found (or is awaiting a judgment or administrative decision) to have created an entity in a different jurisdiction with the intent of circumventing fiscal, social or any other legal obligations in the jurisdiction of their registered office, central administration or principal place of business? | ☐ YES  ☐ NO | [If the response is ‘Yes’, provide an explanation.] |

I, the undersigned, hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may result in the refusal of this submission. I understand that engagement in any of the above critical areas may, at the discretion of UNOPS, automatically result in exclusion from this procurement process.

| **SIGNED** by |
| --- |
| **Name:** |
| **Title:** |
| **Date:** |
| Signature: |

## SCHEDULE 1: CONTRACT DETAILS

### 1.2 Details Provided by the Contractor[[1]](#footnote-0)

| **Sub-Clause No.** | **Description** | **Details** |
| --- | --- | --- |
| **10.1** | Contract Price | **Amount in words:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Amount in figures:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **1.3** | Contractor’s address for communication | **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone/Mobile number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **4.3** | Contractor’s Representative | **Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Position title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Telephone/Mobile number:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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## SCHEDULE 4: CONTRACT SCHEDULES FROM THE BIDDER

### 4.1 Quantities and Rates

#### 4.1.A Bill of Quantities

*(Details including description, quantities and unit rates of items - including preliminaries and provisional sums)*

| Bidder shall submit the BoQ attached to the solicitation documents. |
| --- |

#### 4.1.B Daywork Schedule

*(Details in accordance with Sub-Clause 9.4 of the General Conditions)*

| **No.** | **Item description** | **Rates** | **Payment schedule (Daily/Weekly/Monthly)** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |

### 4.2 Programme

*(In accordance with Sub-Clause 6.3 of the General Conditions)*

| The bidder shall submit a work plan (gantt chart) to indicate the sequence of activities and complete the subproject in (180) days. |
| --- |

### 4.3 Method Statement

*(Description of the arrangements and methods which the Contractor proposes to adopt for carrying out the Works including the Health and Safety Management Plan, Quality Management System and Social and Environmental Plan)*

| The following documents are stamped and returned with submission as acceptance of UNOPS requirements.  Appendix B\_ UNOPS Technical Specification for works  Appendix C\_Example Rapid Household Survey Form  Appendix D\_Simplified ESMP for Livestock shelter  Appendix E\_Contractual Clauses for contractor  Appendix F\_ Simplified Labour Management Procedures  Appendix G\_UNOPS Minimum Health and Safety Requirements for Contractors  Appendix H\_PSEAH Action Plan template for Projects/Project Sites |
| --- |

### 4.4 Key Personnel

*(Details of Key Personnel in accordance with Sub-Clause 4.5 of the General Conditions)*

| **No.** | **Position description** | **Name** | **Qualification** | **Years of relevant experience** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

### 4.5 Organizational Structure

|  |
| --- |

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### 4.6 Contractor's Equipment and Machinery

*(Details of Contractor’s equipment and machinery in accordance with Sub-Clause 4.7 of the General Conditions)*

| **No.** | **Description of item (Equipment or Machinery)** | **Units** | **Remarks** |
| --- | --- | --- | --- |
| **1** | **N/A** |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |

### 4.7 Insurance Details and Insurances

*(Details of insurances that are available in accordance with Sub-Clause 15.1 of the General Conditions)*

Please select one of the following three options;.

☐ **Option 1:** We hereby confirm that we possess the required insurances as set out in Schedule 3.5 and clause16 of General Conditions of the Contract and the details are provided below (Bidders are advised that UNOPS may request copies of the insurance policies and any endorsements during the review of offers, including amounts of any deductibles and all exclusions):

☐ **Option 2:** We hereby inform you that we do not possess the required insurance policies at the time of submission of this bid. We hereby confirm that in case a contract is awarded to us for the execution of the subject works, the required insurances as set out in Schedule 3.5 of the Contract and Clause16 of the General Conditions of the Contract shall be procured and maintained by us, as necessary.

☐ **Option 3:** We hereby inform you that we do not possess the required insurance policies at the time of submission of this bid. We hereby inform you that in case a contract is awarded to us for the execution of the subject works, we shall declare ourselves as self-insured and shall abide by the minimum requirements, as stated in Schedule 3.5 of the Contract and Clause16 of the General Conditions of the Contract.

1. **Construction all risks insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Public liability insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Workers’ compensation insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Insurances required by Laws and local practices**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Any other insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

1. **Professional indemnity insurance**

| **Name of Insurer:** |  |
| --- | --- |
| **Policy No.:** |  |
| **Insured Amount:** |  |
| **Renewal Date:** |  |
| **Name of Broker:** |  |
| **Contact details of Broker:** |  |

**Benefit Schedule**

***(for reference purposes - Cash for Work / Labor Intensive Public Work Projects)***

Provision of Occupational Health and Safety Insurance cover for Cash for Work (Labor Intensive Public Work) / Community Projects

Benefits payable in the event of accidents or injury incurred exclusively during the performance of labor intensive public works as part of the [name of the project] and **within the start and end date of the project**.

**Schedule of Benefits**

| 1 | Death | Death occurring within twelve (12) calendar months of the date of the accident, within the project period | 1,000 USD |
| --- | --- | --- | --- |
| 2 | Permanent Total Disablement | Total permanent disablement resulting within twenty-four (24) calendar months of the date of the accident, within the project period | 1,500 USD |
| 3 | Permanent Disablement | Permanent disablement resulting within twenty-four (24) calendar months of the date of the accident, within the project period | A percentage of item 2 as stated in the Permanent Disablement Scale |
| 4 | Medical Expenses | Medical expenses incurred directly as a result of an accident | Up to a maximum of 800 USD |

**Definitions**

| Accident | A sudden, unexpected, unusual, specific event which occurs during  the Operative Time at an identifiable time and place and is confirmed by an Incident Report |
| --- | --- |
| Incident Report | A report from an authorized representative of the [name of the project] and HSSE) confirming details of the injured person and the facts related to the accident or injury occurred during the performance of duties in the context of [name of the project] |
| Injury | Injury which is caused by accidental means solely and independently  of any other cause |
| Hospital | Any establishment which is registered or licensed as a medical or  surgical hospital in the country in which it is located |
| [name of the project] | Labor intensive public works performed in the context of [name of the project] |
| Medical Expenses | All reasonable costs necessarily incurred for Hospital, nursing home,  ambulance, surgical or other diagnostic or remedial treatment given or  prescribed by a Qualified Medical Practitioner. |
| Operative Time | Duration of [name of the project] defined by a start and end date of the project - date / month / year - date / month / year |
| Permanent Disablement | Disablement which has lasted for at least twelve (12) calendar months  and which in the opinion of a Qualified Medical Practitioner is beyond hope of recovery and shall in all probability continue for the remainder of the Insured Person's life. |
| Permanent Total Disablement | Disablement which has lasted for at least twelve (12) calendar months  and which in the opinion of a Qualified Medical Practitioner is beyond hope of recovery and shall in all probability continue for the remainder of the Insured Person's life and result in their inability to perform or give attention to any business or occupation for which they are reasonably suited by training, education or experience. |
| Qualified Medical Practitioner | A doctor or specialist who is registered or licensed to practice  medicine under the laws of the country in which they practice. |
| [Initials of the project] | Full name of the project |

**PERMANENT DISABLEMENT SCALE**

The benefits payable hereunder in the event of permanent disablement following an accident are payable in the following proportions of the amount shown under item 2 of the Schedule of Benefits:

1. Loss by severance of two limbs 100%

2. Loss by severance of both hands or all fingers and thumbs of both hands 100%

3. Loss of sight of both eyes 100%

4. Paralysis of all limbs 100%

5. Incurable insanity totally preventing any occupation 100%

Loss by severance of:-

6. One arm at shoulder 60%

7. One arm between shoulder and elbow 50%

8. One arm at elbow 47.50%

9. One arm between elbow and wrist 45%

10. One hand at wrist 42.50%

11. Four fingers and one thumb of one hand 42.50%

12. Four fingers of one hand 35%

13. Phalanges of one thumb 20%

14. One phalanx of one thumb 10%

15. Three phalanges of one index finger 10%

16. Two phalanges of one index finger 8%

17. One phalanx of one index finger 4%

18. Three phalanges of one middle finger 6%

19. Two phalanges of one middle finger 4%

20. One phalanx of one middle finger 2%

21. Three phalanges of one ring finger 5%

22. Two phalanges of one ring finger 4%

23. One phalanx of one ring finger 2%

24. Three phalanges of one little finger 4%

25. Two phalanges of one little finger 3%

26. One phalanx of one little finger 2%

27. First or second metacarpal 3% each

28. Third, fourth or fifth metacarpal 2% each

29. One leg at hip 50%

30. One leg between hip and knee 50%

31. One leg below the knee 40%

32. All toes of one foot 15%

33. Both phalanges of one great toe 5%

34. One phalanx of one great toe 2%

35. Toe other than great - if more than one toe lost 1% each

Loss of:-

36. One eye by removal 30%

37. All sight in one eye 25%

38. All sight in one eye other than perception of light 25%

39. All the lens of one eye 20%

40. All hearing in both ears 40%

41. All hearing in one ear 7%

Permanent disabilities not mentioned above shall be compensated in accordance with their

seriousness as compared with that of those mentioned.

Total and permanent loss of use of all or any member below any particular point shall be deemed to be loss by physical severance of such member at such point for all the purposes of this insurance.

Compensation for

1. any or all of the phalanges of the fingers and thumb of one hand in the aggregate shall not

exceed the compensation for the loss of four fingers and thumb of one hand.

2. any or all of the phalanges of the fingers of one hand in the aggregate shall not exceed the

Compensation for the loss of four fingers of one hand.

1. For the purposes of this RFQ, when the term “Contractor” is used, it refers to the bidder. The Schedules, submitted by the bidder whose bid is selected after evaluation and who is awarded the Contract, will be included in the Contract. [↑](#footnote-ref-0)