# SECTION V: Bidding Forms

The following checklist is provided as a courtesy to Bidders. Please use this checklist while preparing the bid to ensure that your bid contains all required information. This checklist is for the Bidder’s internal reference and does not need to be submitted with the bid.

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **LOCATION** | **YES / NO/**  **NOT APPLICABLE** | **REMARKS** |
| Have you noted the bid closing deadline? | Cover letter, #5 |  |  |
| Have you read and understood all of the Instructions to Bidders in Section I of the bidding documents? | Section I |  |  |
| Have you reviewed and agreed to the UNFPA General Conditions of Contract? | Section III |  |  |
| Have you reviewed and agreed to the UNFPA Special Conditions for Contracts? | Section IV |  |  |
| Have you completed the Bid Confirmation Form? | Section V, 1 |  |  |
| Have you completed the Bid Submission Form? | Section V, 2 |  |  |
| Have you completed the Bidder’s Identification Form? | Section V, 3 |  |  |
| Have you completed the Product Item Overview Form? | Section V, 4 |  |  |
| Have you completed and signed the Price Schedule Form? | Section V, 5 |  |  |
| Have you reviewed all of the relevant contract form(s)? | Section VI |  |  |
| Have you provided evidence that your firm is established as a company and legally incorporated in the country where it resides? | Section I, Sub-Clause 7.2, a |  |  |
| Have you prepared a copy of your valid manufacturing license from the country of manufacturing? | Section I, Sub-Clause 7.2, b. |  |  |
| Have you provided written confirmation that your company is neither suspended by the United Nations system nor debarred by the World Bank Group? | Section I, Sub-Clause 2.4 |  |  |
| Have you prepared documentary evidence that the goods conform to the technical specifications and standards specified in Section II Technical Specifications and Schedule of Requirements? | Section I, Sub-Clause 7.3, a. |  |  |
| Have you prepared product catalogues containing pictures of the product(s)? | Section I, Sub-Clause 7.3, c. |  |  |
| Have you prepared the manufacturer’s technical product specifications or data sheets? | Section I, Sub-Clause 7.3, d. |  |  |
| Have you provided the results of any testing carried out on the products? | Section I, Sub-Clause 7.3, a. |  |  |
| Have you provided any copies of current certificates such as GMP/Quality, FSC/CPP, manufacturer’s ISO certificate for the product, manufacturer’s CE certificate, USA510k, Japan QS standard, etc. as stated in the Technical Specifications and Schedule of Requirements, in Section II? | Section I, Sub-Clause 7.3, f. |  |  |
| Have you provided a copy of the valid authorization letter issued by the manufacturer for each product, if you are not the manufacturer? | Section I, Sub-Clause 7.3, g. |  |  |
| Have you furnished a list of full particulars, regarding the available sources and current prices of space parts, special tools, etc., necessary for the proper and continuing functions of the goods within the Product Item Overview Form, Section V, 5? | Section I, Sub-Clause7.3, h. |  |  |
| Have you sealed and marked the bids according to Instructions to Bidders Clause 13 (hard copy bids) or Clause 14 (electronic bids)? | Section I, Sub-Clause 13 & 14 |  |  |
| If submitted electronically, is the file size of the bid less than 10MB? (If the file size is above 10MB, refer to Instructions to Bidders Sub-Clause 14.4) | Section I, Sub-Clause 14.4 |  |  |
| Have you prepared a copy of the previous year’s audited company Balance and Financial Statements? | Section I, Sub-Clause 27.3 |  |  |
| For non-manufacturer Bidders: Have you provided a legally enforceable authorization from the manufacturer, assuring full guarantee and warranty obligations as per the tender conditions for the goods offered? | Section I, Sub-Clause 27.3, a. |  |  |
| Have you provided evidence that you, as authorized by the manufacturers, have supplied and provided after sales service for similar goods to the extent of at least 20 percent of the quantities indicated in the tender requirements in any one of the last three years, and that the goods are in satisfactory operation? | Section I, Sub-Clause 27.3, b. |  |  |

# 1. Bid Confirmation Form

*[Complete this page and return it prior to bid opening]*

|  |  |  |
| --- | --- | --- |
|  |  | Date: |
| To: | UNFPA  *Palestine CO*  *Mrs. Mayyada Malki* | Fax/email: malki@unfpa.org |
| From: | *[Company name]* |  |
|  | *[Contact person]* |  |
|  | *[Telephone]* |  |
|  | *[Email address]* |  |
|  | *[Postal address]* |  |
| Subject: | ITB No.: UNFPA*/PAL/16/001* | |

YES, we intend to submit a bid.

NO, we are unable to submit a bid in response to the above mentioned Invitation to Bid due to the following reason(s):

( ) The requested products and services are not within our range of supply

( ) We are unable to submit a competitive bid for the requested products at the moment

( ) The requested products are not available at the moment

( ) We cannot meet the requested specifications

( ) We cannot offer the requested type of packing

( ) We can only offer FCA prices

( ) The information provided for quotation purposes is insufficient

( ) Your ITB is too complicated

( ) Insufficient time is allowed to prepare a quotation

( ) We cannot meet the delivery requirements

( ) We cannot adhere to your terms and conditions (please specify: payment terms, request for performance security, etc)

( ) We do not export

( ) Our production capacity is currently full

( ) We are closed during the holiday season

( ) We had to give priority to other clients’ requests

( ) We do not sell directly, but through distributors

( ) We have no after-sales service available in the recipient country

( ) The person handling bid is away from the office

( ) Other (please specify)

Please confirm one of the following two options:

( ) We would like to receive future ITBs for this type of goods

( ) We don’t want to receive ITBs for this type of goods

If UNFPA has questions to the Bidder concerning this NO BID, UNFPA should contact Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, phone/email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who will be able to assist.

# 2. Bid 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.]*

**Date:** *[insert date (as day, month and year) of Bid Submission]*

**ITB No.:** UNFPA/PAL/16/001

To: Complete name of Purchaser, UNFPA

Dear Sir / Madam,

We the Undersigned have examined and have no reservations to the Bidding Documents No. UNFPA/PAL/16/001 and amendments. We hereby offer to supply, in conformity with the Bidding Documents and in accordance with the Delivery Schedules specified in the Schedule of Requirements, the following goods and related services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which are subject to UNFPA General Conditions of Contract and other terms and conditions specified in the document.

We agree to abide by this bid for a period of 90 days from the date fixed for opening of bids in the Invitation to Bid, and it shall remain binding upon us and may be accepted at any time before the expiration of that period.

We, including any subcontractors or suppliers for any part of the contract, have nationality from countries\_\_\_\_\_\_\_\_ *[insert the nationality of the Bidder, including that of all parties that comprise the Bidder, if the Bidder is a JV, and the nationality each subcontractor and supplier; otherwise buyer should delete this text if non-applicable*]

We have no conflict of interest in accordance with Instructions to Bidders Sub-Clause 2.1;

Our firm, its affiliates or subsidiaries—including any subcontractors or suppliers for any part of the contract—have not been declared ineligible by UNFPA, in accordance with Instructions to Bidders Sub-Clause 2.2;

We understand that you are not bound to accept the lowest evaluated bid or any other bid that you may receive.

Dated on .............day of ...................................... [*Year*].

|  |  |
| --- | --- |
| Signature: | ………………………………………………………………  [*insert signature of person whose name and capacity are shown]* |
| In the capacity of: | ………………………………………………………………  *[insert legal capacity of person signing the Bid Submission Form]* |
| Name: | ………………………………………………………………  *[insert complete name of person signing the Bid Submission Form]* |
| Company: | ………………………………………………………………  *[insert name of company]* |

# 3. Bidders Identification Form

Bid No. UNFPA/PAL/16/001

1. **Organization**

|  |  |
| --- | --- |
| Company/Institution Name |  |
| Address, City, Country |  |
| Telephone/FAX |  |
| Website |  |
| Date of establishment |  |
| **Legal Representative**: Name/Surname/Position |  |
| **Legal structure**: natural person/Co.Ltd, NGO/institution/other (please specify) |  |
| **Organizational Type**: Manufacturer, Wholesaler, Trader, Service provider, etc. |  |
| Areas of expertise of the organization |  |
| Current Licenses, if any, and permits (with dates, numbers and expiration dates) |  |
| Years supplying to UN organizations |  |
| Years supplying to UNFPA |  |
| Production Capacity |  |
| Subsidiaries in the region (please indicate names of subsidiaries and addresses, if relevant to the bid) |  |
| Commercial Representatives in the country: Name/Address/Phone (for international companies only) |  |

1. **Quality Assurance Certification**

|  |  |
| --- | --- |
| International Quality Management System (QMS) |  |
| List of other ISO certificates or equivalent certificates |  |
| Presence and characteristics of in-house quality control laboratory (if relevant to bid) |  |

1. **Expertise of Staff**

|  |  |
| --- | --- |
| Total number of staff |  |
| Number of staff involved in similar supply contracts |  |

1. **Client Reference List**

Please provide references of main client details.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company | Contact person | Telephone | E-mail |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. **Contact details of persons that UNFPA may contact for requests for clarification during bid evaluation**

|  |  |
| --- | --- |
| Name/Surname |  |
| Telephone Number (direct) |  |
| Email address (direct) |  |

P.S.: This person must be available during the next two weeks following receipt of bid

# 4. Product Item Overview Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No.** | **Description and minimum /mandatory specifications** | **Description of items offered and Bidder’s statements on deviations**  (To be completed by the Bidder) | **Compliant? (Y/N)**  (To be completed by UNFPA during evaluation) |
| **1** | Digital Mammography system consisting of exposure stand with swivel arm system, operator table with radiation shield , control box for exposure release, fully Automatic Exposure Control (AEC) and mammography X-ray tube, an integrated direct-to-digital Flat Detector based on amorphous selenium (a-Se) or Cesium Iodide (CsI) technology and Acquisition Workstation (AWS) for image positioning.The work station can send, receive and print according to the DICOM standards. The work station should also be able to obtain DICOM Modality, Work lists from connected information systems and send information about the performed procedure to the connected information system. Read and write in CD/DVD for data storage and review. |  |  |
| **2** | **Gantry assembly:** |  |  |
| Isocentric system |  |  |
| Motorized rotation and vertical movement |  |  |
| Rotation angle: +180° to – 135° |  |  |
| Distance floor to image receptor: 70 to 140 cm (approx.) |  |  |
| SID: min. 65 cm |  |  |
| Face shield |  |  |
| Compression force display |  |  |
| Pair of dual foot pedals |  |  |
| Automatic decompression after exposure |  |  |
| Magnification stand with dedicated paddles |  |  |
| Magnification: 1,5 or 1,8x |  |  |
| Compression plates: 24x30cm and 18x24cm |  |  |
| Other compression plate shoulld be priced separately. |  |  |
| Motorized and manual compression |  |  |
| **3** | **Grid/Breast support assembly:** |  |  |
| Motorized grid |  |  |
| Grid ratio: min. 4:1 |  |  |
| Low attenuation carbon fiber support |  |  |
| **4** | **Exposure control:** |  |  |
| Automatic optimization of parameters based on radiological density of the breast using virtual or discrate cells for identification (AEC) |  |  |
| Control (operated) console with integrated lead glass protection to be used in the same room where the system is installed |  |  |
| Manual selection of all parameters |  |  |
| Automatic technique selection |  |  |
| All exposure parameters displayed |  |  |
| **5** | **X-Ray Generator** |  |  |
| High frequency generator |  |  |
| Power output should be above 4 Kw |  |  |
| kV range: at least 25-35 kV in steps of 1 kV |  |  |
| mAS range: 5-500 mAS or higher range |  |  |
| Exposure time, automatic: 10-1000ms or more |  |  |
| AEC Detector |  |  |
| Displayed parameters: kV, mAS, target, filter, density selection |  |  |
| Should display the dose delivered after each exposure |  |  |
| **6** | **X-Ray tube unit** |  |  |
| Dual focus rotating anode tube |  |  |
| Rotation speed: min. 8500 rpm |  |  |
| Focal spot size: 0.1 mm and 0.3mm |  |  |
| Anode heat storage: min 150 kHU or. More |  |  |
| Anode material: Molybdenum / Tungsten / Rhodium preferred |  |  |
| **7** | **Collimator** |  |  |
| Beam filters at least two, Molybdenum (Mo min. 0.030 mm) and Rhodium (Rh min. 0,025 mm ) |  |  |
| FOV selected automatically based on the paddle and based on magnification platform or selected by operator either manually or by equivalent feature with digital processing |  |  |
| FOV to be modified manually |  |  |
| **8** | **Flat panel detector** |  |  |
| Type of detector: Amorphous selenium / silicon preferred |  |  |
| Direct Capture Technology. |  |  |
| Size: min.24 x 30 cm with two image formats. |  |  |
| Pixel size <100 μm, Lower will be preferred |  |  |
| Image depth: > 13 bit |  |  |
| Image matrix in pixels: large size 3K x 3.5K or more Small Size: 2K x 2.5K or more. |  |  |
| Please mention the expected life time of the detector |  |  |
| **9** | **Workstation for image Acquisition:** |  |  |
| Local storage capacity: min. 3000 images (Acquisition Workstation |  |  |
| Average time to display processed image: < 30 seconds |  |  |
| High Contrast 1K x 1K TFT monitor should be provided with workstation. |  |  |
| Integrated CD/DVD |  |  |
| The following image processing should be possible on the workstation: |  |  |
| **Image display:** |  |  |
| Freely selectable screen layout |  |  |
| Windows settings (contrast and brightness setting) |  |  |
| Magnification, stepped and dynamic zoom |  |  |
| Image inversion (black/white) |  |  |
| **Annotation:** |  |  |
| Left / right marking |  |  |
| Text additions |  |  |
| Lines |  |  |
| Rectangles and circles |  |  |
| **Measurements:** |  |  |
| Distance |  |  |
| Angle |  |  |
| Density |  |  |
| **Image evaluation:** |  |  |
| Contrast enhancement( with table) |  |  |
| Display of histogram |  |  |
| Length measurements |  |  |
| Before / after comparison |  |  |
| Filter |  |  |
| **Administration:** |  |  |
| The demographic patient data should be retrieved directly from a HIS/RIS system |  |  |
| The demographic patient data can be entered manually |  |  |
| Retrieval of images from CD, DVD or PACS |  |  |
| Printing of images on DICOM - compatible printers |  |  |
| The workstation should be fully DICOM compatible |  |  |
| **10** | **Safety, Documentation and Training:** |  |  |
| User manual in English soft and hard copies |  |  |
| Service manual in English soft and hard copies |  |  |
| List of important spare parts and accessories with their part number and costing. |  |  |
| Service training for one Service Engineer should be included |  |  |
| On-site operational training for medical staff |  |  |
| **11** | **Warranty:** |  |  |
| Full Warranty 5 years from installation extendable for the same down time period during warranty. |  |  |
| Warranty should include all system including tube and detector and all component included in the offer. |  |  |
| Warranty for not less than 10 years for supplying spare parts. |  |  |
| A commitment to conduct pre-preventive maintenance (PPM) according to the manufacturer recommendation during the warranty period, proposal for PM should be submitted with the offer. |  |  |
| The vendor should submit the maximum no of days needed to repair in case of breakdown |  |  |
| **12** | **Delivery and Installation Requirements:** |  |  |
| Direct delivery of equipment to the final destination in Gaza Strip. |  |  |
| Satisfactory installation in final destination in Gaza Strip |  |  |

# 5. Price Schedule Form

# Prices (in USD and excluding VAT) based on INCOTERMS 2010 (DAP)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ITEM  # | ITEM DESCRIPTION | UOM | QUANTITY | UNIT PRICE $ | TOTAL PRICE $ | DELIVERY TIME |
| 1 | DIGITAL MAMMOGRAPHY | Unit | 1 |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL FINANCIAL OFFER USD** | | | | |  |  |

Remark: All prices in the above price schedule should include delivery, installation, and onsite training on the use of the equipment

|  |  |
| --- | --- |
| **BIDDER'S SIGNATURE AND CONFIRMATION OF THE ITB** | |
| PROVIDED THAT A PURCHASE ORDER IS ISSUED BY UNFPA WITHIN THE REQUIRED BID VALIDITY PERIOD, THE UNDERSIGNED HEREBY COMMITS, SUBJECT TO THE TERMS OF SUCH PURCHASE ORDER, TO FURNISH ANY OR ALL ITEMS AT THE PRICES OFFERED AND TO DELIVER SAME TO THE DESIGNATED POINT(S) WITHIN THE DELIVERY TIME STATED ABOVE. | |
| *EXACT NAME AND ADDRESS OF COMPANY*  COMPANY NAME  ADDRESS    PHONE NO. FAX NO.  EMAIL ADDRESS OF CONTACT PERSON  OTHER EMAIL ADDRESSES | **AUTHORIZED SIGNATURE**  **DATE**    NAME OF AUTHORIZED SIGNATORY (TYPE OR PRINT)    FUNCTIONAL TITLE OF SIGNATORY  **WEB SITE** |