**ANNEX III**

**PROPOSAL SUBMISSION FORM**

*Request for Proposal (RFP 21-131)*

Procurement Unit

Email: procurement@spc.int

Dear Procurement,

Having examined the Solicitation Documents, the receipt of which is hereby duly acknowledged, we the undersigned, offer to supply the required services as per requirements and all other items described or mentioned or reasonably to be inferred from the Terms of Reference provided for the sum as ascertained in accordance with the Price Component attached herewith and made part of this proposal.

We acknowledge that:

* SPC may exercise any of its rights set out in the Request for Proposal documents, at any time;
* The statements, opinions, projections, forecasts or other information contained in the Request for Proposal documents may change;
* The Request for Proposal documents are a summary only of SPC’s requirements and is not intended to be a comprehensive description of them;
* Neither the lodgment of the Request for Proposal documents nor the acceptance of any RFP nor any agreement made subsequent to the Request for Proposal documents will imply any representation from or on behalf of SPC that there has been no material change since the date of the Request for Proposal documents, or since the date as at which any information contained in the Request for Proposal documents is stated to be applicable;
* Excepted as required by law and only to the extent so required, neither SPC, nor its respective officers, employees, advisers or agents will in any way be liable to any person or body for any loss, damage, cost or expense of any nature arising in any way out of or in connection with any representations, opinions, projections, forecasts or other statements, actual or implied, contained in or omitted from the Request for Proposal documents.
* **The SPC general conditions of contract are not negotiable.**

We undertake, if our proposal is accepted, to commence and complete delivery of all items in the contract within the time frame stipulated.

We understand that you are not bound to accept any proposal you may receive and that a binding contract would result only after final negotiations are concluded on the basis of the Technical and Price Components proposed.

Date this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 2021.

|  |  |
| --- | --- |
| **Firm /Institution:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Representative:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Position of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature of Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**ANNEX IV**

**TECHNICAL PROPOSAL SUBMISSION FORM**

**PART A – Firm /Institution Background**

**PART A1**

|  |  |
| --- | --- |
| **Registered Name:** |  |
| **Year Established:** |  |
| **Physical Address:** |  |
| **Postal Address:** |  |
| **Telephone Contact:** |  |
| **Fax Number:** |  |
| **Email:** |  |
| **Contact Person:** |  |
| **Position of Contact Person:** |  |
| **Number of Employees:** |  |
| Two contacts of referees /references of past similar projects conducted. Attach additional details as applicable. |  |
|  |  |
| Legal registration of firm (attach documentation) |  |

**PART A2 – Experience of firm /institution and ability related to the required services**

|  |  |  |
| --- | --- | --- |
|  | **Evaluation Criteria** | **Responses by Bidder Confirming Expertise, Experience, Ability, Technical Skills And Resources To Provide Professional Services To SPC (please provide documentation to support your proposal)** |
|  | Minimum tertiary qualification of bachelor’s degree related to disaster risk management, monitoring and evaluation, economics, or related field.***NOTE:*** *For evaluation purposes please note that a bachelor’s degree and all qualifications above a bachelor’s degree, will be given the same maximum score obtainable.*  |  |
|  | A minimum of 5 years demonstrated experience in disaster risk management, preferably in the Pacific, with a vast range of stakeholders.***NOTE:*** *For evaluation purposes please note that the minimum qualification is 5 years’ experience. The more years of relevant experience, the higher the points obtainable for this criterion.* *For example, someone with 15 years’ experience in the Pacific will score higher than someone with 5 years’ experience.*  |  |
|  | Demonstrated experience writing donor proposals / securing donor funding.***NOTE:*** *Please outline the role you have played in writing/ submitting/ securing donor funding, specifying the donor as well.* |  |
|  | Demonstrated critical thinking, strategic and operational planning experience. Excellent written, oral and analytical communication skills.***NOTE:*** *Please provide examples of publications/ projects which showcases your ability in areas specified in this criterion.*  |  |

**ANNEX V**

**FINANCIAL PROPOSAL SUBMISSION FORM**

1. All costs indicated on the financial proposal should be inclusive of all applicable taxes.
2. The format shown below should be used in preparing the price schedule.

|  |
| --- |
| **Price Schedule- Request for Proposals** |
|  | **Estimated # of Days**  | **Amount in AUD** |
| Professional fees related to the Terms of Reference  |  |  |
| Any travel costs (if applicable) |  |  |
| Other related costs |  |  |
| **TOTAL** |  |  |

# ANNEX VI

# DUE DILIGENCE QUESTIONNAIRE

#

Please complete the following questionnaire and provide supporting documents where applicable.

**For individuals operating a business in their personal capacity**

1. Please provide any two of the following documents to verify identity and proof of address:
	1. Passport
	2. Driver’s license
	3. Voter card or other government-issued identity card
	4. Bank statement with the individual’s name displayed
2. Have you been convicted for criminal offences relating to anti-money laundering or terrorism financing? [ ] Yes [ ] No

If you answered ‘yes’, please provide further details.

1. Have you ever been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists? [ ] Yes [ ] No

If you answered ‘yes’, please provide further details.

**For companies and other legal entities**

1. Please provide the following documents to verify identity and proof of address:
	1. Evidence of Power of Attorney/Board Resolution granted to the officers to transact business on its behalf; and
	2. Any of the following documents:
	* Certificate of Incorporation
	* Memorandum and Articles of Association
	* Telephone bill in the name of the company
	* Bank statement with the entity’s name displayed
2. Does your entity have foreign branches and/or subsidiaries? [ ] Yes [ ] No
3. If you answered ‘yes’ to the previous question, please confirm the areas of your entity covered by responses to this questionnaire

Head Office & domestic branches [ ] Yes [ ] No [ ]  N/A

Domestic subsidiaries [ ] Yes [ ] No [ ]  N/A

Overseas branches [ ] Yes [ ] No [ ]  N/A

Overseas subsidiaries [ ] Yes [ ] No [ ]  N/A

1. Is your entity regulated by a national authority? [ ] Yes [ ] No

If you answered ‘yes’ please specify the name.

1. Does your entity have a written policy, controls and procedures reasonably designed to prevent and detect money laundering or terrorist financing activities? [ ] Yes [ ] No

If you answered ‘yes’, please send SPC your policy in English

1. Does your entity have an officer responsible for an anti-money laundering and counter-terrorism financing policy? [ ] Yes [ ] No

If yes, please state that officer’s contact details:………………………………………………………………………….

1. Does your entity provide financial services to customers determined to be high risk including but not limited to:

- Foreign Financial Institutions [ ] Yes [ ] No

- Casinos [ ] Yes [ ] No

- Cash Intensive Businesses [ ] Yes [ ] No

- Foreign Government Entities [ ] Yes [ ] No

- Non-Resident Individuals [ ] Yes [ ] No

- Money Service Businesses [ ] Yes [ ] No

1. If you answered ‘yes’ to any of the boxes in question 7, does your entity’s policies and procedures specifically outline how to mitigate the potential risks associated with these higher risk customer types? If yes, how?
2. Has your entity ever been the subject of any investigations or had any regulatory or criminal enforcement actions resulting from violations of laws and regulations relating to either money laundering or terrorism financing? [ ] Yes [ ] No

If you answered ‘yes’ please provide details

1. Has the director or CEO of your entity ever been the subject of any investigations or had any regulatory or criminal enforcement actions resulting from violations of laws and regulations relating to either money laundering or terrorism financing? [ ] Yes [ ] No

If you answered ‘yes’ please provide details

I declare that none of the funds received or to be received by me or my organisation are used or will be used for money laundering or terrorism financing.

I declare that the particulars given herein above are true, correct and complete to the best of my knowledge, and the documents submitted in support of this form are genuine and obtained legally from the respective issuing authority.

Dated this.......day of........ [month and year] at...............

Signature …..........................................

Name..................................................

# ANNEX VII

# CONFLICT OF INTEREST

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1. I confirm that I, my family members, and the organisation or company that I am involved with are independent from SPC. To the best of my knowledge, there are no facts or circumstances, past or present, or that could arise in the foreseeable future, which might call into question my independence.
2. If it becomes apparent during the procurement process that I may be perceived to have a conflict of interest, I will immediately declare that conflict and will cease to participate in the procurement process, unless or until it is determined that I may continue.

OR

1. I declare that there is a potential conflict of interest in the submission of my bid [please provide an explanation with your bid]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Signature Date

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_