#### Annex 2: Proposal Submission Form

My financial proposal for my services is as follows:

Important Note: All prices should be EXCLUDING VAT. Clearly state and explain whether you are legally obligated to charge VAT for goods and/or services in your own country and indicate the VAT seperately.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Qty** | **Currency (EUR, USD, NOK)** | **Unit Price** | **Total Price** |
| 1 | License fee annual/monthly (fixed Price/subscription) |  |  |  |  |
| 2 | Set-up fee including training/orientation for NCA staff. |  |  |  |  |
| 3 | Hardware purchase |  |  |  |  |
| 4 | Any other applicable cost (explain) |  |  |  |  |

**Other relevant information:**

Please attach information/documents related to the financial statements, accreditation, policies, etc. listed in the tables below:

|  |
| --- |
| **Candidate or Company information** |
| Company (legal name) |  |
| Street name and no. |  |
| City  |  |
| Postal code |  |
| Country  |  |
|  |  |
| Phone no. |  |
| Email |  |
| Website |  |
|  |  |
| Director (name) |  |

|  |
| --- |
|  **GENERAL COMPANY INFORMATION** |
| Year of establishment |  |
| Licence number (VAT no./TAX id) |  |
| Trade / professional organisations of which your company is a member. |  |
| Does your company have CSR related policies in place – e.g. Health, Safety, HR, Energy or Climate policy or is a member of Global Compact? Please state which policies. |  |
| Is your company e.g. ISO 26000/50001/14000 certified or SA8000 certified? Please state which. |  |
| If you have not already provided it, please include your organization’s 3 most recent audited financial statements. |  |

|  |
| --- |
| **REFERENCES** |
| **Name and country of customer** | **Type of contract** | **Value** | **Contact name** | **Phone/fax and email** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Include details of the experience and past performance on contracts of a similar nature within the past five years and information on other contracts in hand and/or future commitments including details of the actual and effective participation in each of such contracts, description of the Candidate’s assignments and periods of engagement. Additional documents can be attached to the above form.

The proposal is valid for a period of 90 days after the closing date in accordance with the article A.9. Validity.

After having read your Request for Proposal 2024-037 for Framework Agreement for Digital Tracking System, I/we hereby offer to execute and complete the services in conformity with all conditions in the Request for Proposal for the sum indicated in our financial proposal.

Further, I/we hereby:

* Accept, without restrictions, all the provisions in the Request for Proposal including the General Terms and Conditions for Service Contracts.
* Provided that a contract is issued by the Contracting Authority I/we hereby commit to perform all services described in the Terms of Reference, Annex 1.
* Certify and attest compliance with eligibility criteria of article 33 of the General Terms and Conditions for Service.
* Certify and attest compliance with the Code of Conduct for Contractors in Annex 5.

The above declarations will become an integrated part of the Contract and misrepresentation will be regarded as grounds for termination.

Any subsequent Contract related to this Proposal will be subject to the Contracting Authorities General Terms and Conditions for Service Contracts and the Code of Conduct for Contractors available through the below link. Printed versions are available on request.

[General Terms and Conditions](https://www.kirkensnodhjelp.no/sites/default/files/2024-10/ser-8-gtc-service-contracts-jul-2021_0.pdf)

[Code of Conduct for Contractors](https://www.kirkensnodhjelp.no/sites/default/files/2024-10/gen-4-1-code-of-conduct-for-contractors-june-2023.docx)

Signature and stamp:

Signed by:

|  |  |
| --- | --- |
| **The Candidate** |  |
| Name of the company |  |
| Address  |  |
| Telephone no.  |  |
| Email |  |
| Name of contact person |  |