

## **ANNEX I**

## **TENDER SUBMISSION FORM**

## **External Evaluation of EPF Annual Work Plan 2015**

Please fill in the form in English and leave the irrelevant parts blank.

## **GENERAL INFORMATION**

The tender is submitted by/

Name of the tenderer <sup>1</sup>	
Address	
City	
Postcode	
Country	
Website	
E-mail	

The contact person for this tender is

Name	
Position/function	
Office address	
Telephone	
Fax	
E-mail	

The person authorised to represent the tenderer and to sign the contract is

Name	
Position/function	
Office address	

Phone: +32 (2) 280 23 34 Fax: +32 (2) 231 14 47 Email: <u>info@eu-patient.eu</u> Web: <u>www.eu-patient.eu</u>

<sup>&</sup>lt;sup>1</sup> Please indicate the official name of the company/organisation/institution etc.

Only if the tenderer is a natural person indicate his/her name: in this case the information for 'contact person' and for the 'person authorised to represent the tenderer and to sign the contract' must be left blank. European Patients' Forum, Rue du Commerce 31, B-1000 Brussels



Telephone				
Fax				
E-mail				
EVERTENCE AND	EVERTICE			
EXPERIENCE AND	EXPERTISE			
Please briefly descril	be your experience in	the area of evalua	ation.	
(Please refer to section	on 4 of the call for Ter	nders)		
1				
1				
1				
Please briefly descril and patient organisa		ith membership-b	ased civil society organis	ations
Please briefly descril	be your expertise in tl	he area of health բ	policies.	



DESCRIPTION OF OFFER	
2.1 Technical part	
Please use this part to describe how you intend to deliver the external evaluation of the E 2015 Work Programme, outline the methodology and methods for data gathering.	М



2.2 Financial name		
2.2 Financial part		