

## 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/

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

The contact person for this tender is

<b>Name</b>	
<b>Position/function</b>	
<b>Office address</b>	
<b>Telephone</b>	
<b>Fax</b>	
<b>E-mail</b>	

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

<b>Name</b>	
<b>Position/function</b>	
<b>Office address</b>	

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

<b>Telephone</b>	
<b>Fax</b>	
<b>E-mail</b>	

## EXPERIENCE AND EXPERTISE

**Please briefly describe your experience in the area of evaluation.**

(Please refer to section 4 of the call for Tenders)

**Please briefly describe your experience with membership-based civil society organisations and patient organisations.**

**Please briefly describe your expertise in the area of health policies.**

**DESCRIPTION OF OFFER**

**2.1 Technical part**

Please use this part to describe how you intend to deliver the external evaluation of the EPF 2015 Work Programme, outline the methodology and methods for data gathering.

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## 2.2 Financial part

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