**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[[1]](#footnote-1)** |  |
| **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** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail** |  |

**Experience and expertise**

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

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

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

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

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**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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1. 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. [↑](#footnote-ref-1)