**EPF CAPACITY BUILDING PROGRAMME FOR PATIENT ORGANISATIONS**

**POLAND**

**TENDER SUBMISSION FORM**

**Annex I**

*Please fill in the form in English and leave the irrelevant parts blank. One signed original of this form must be submitted.*

# Information on the tenderer

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** |  |

# Description of offer

## Your profile

Please describe how you fulfil the profile specification described in the call for tender (your knowledge, skills, and experience in respect to the tasks to be performed)

## Technical part

Please describe the methodology you intend to use to fulfill the task

## Financial part

Please specify your financial offer for implementing this task

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person** | **Daily rate (including VAT if applicable)** | **Number of days** | **Total cost** | **Description of role** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL |  |  |  |  |

Other costs involved, if any please specify)

|  |  |
| --- | --- |
| **Signature** |  |
| **Name** |  |
| **Date** |  |

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)