## Annex III: Mandatory pre-qualification Evaluation Criteria for PASS/FAIL

### REQUEST FOR QUOTATION RFQ №: UNFPA/SOM/RFQ/24/008

# FOR PROVISION OF CONSULTANCY FOR CONDUCTING A HEALTH FACILITY SURVEY FOR REPRODUCTIVEHEALTH COMMODITIES IN ORDER TO MEASURE PROGRESS OF (RHCS) REPRODUCTIVE HEALTH COMMODITY SECURITY PROGRAM

### Part A - Mandatory Technical Criteria

S/N	Item	Mandatory Requirements	Submitted (Yes/No)	PASS/FAIL
1	Valid Business Registration/ Licenses & Tax Compliance	Company's valid registration certificates, valid work permit & tax compliance Certificate issued by the relevant authorities (copies of documents required)		
2	Financial Status	<b>Certified Company Bank statement:</b> two years complete bank statements or three years financial/audited reports.		
3	UNFPA General Conditions of Contracts	UNFPA Annex I: UNFPA General Conditions - De Minimis Contracts EN: https://www.unfpa.org/resources/unfpageneral-conditions-de-minimis-contracts		
4	UN Supplier Code of Conduct	UN Supplier Code of Conduct: Your technical offer shall contain your acknowledgement of the UN Supplier Code of Conduct by signing. https://www.un.org/Depts/ptd/sites/www.un.org.Depts .ptd/files/files/attachment/page/pdf/unscc/conduct_en glish.pdf		
5	Vendor Registration Form:	Vendor Registration Form: If your company is not already registered with UNFPA, you should complete, sign, and submit with your technical proposal <a href="https://estm.fa.em2.oraclecloud.com/fscmUI/faces/PrcPosRegisterSupplier?prcBuId=300000460747892">https://estm.fa.em2.oraclecloud.com/fscmUI/faces/PrcPosRegisterSupplier?prcBuId=300000460747892</a> .  If your company is already registered with UNFPA, please submit as blank, stipulating your UNFPA vendor ID on the form.		
Mandatory pre-qualification for PASS/FAIL				

### Note:

The Bidders must meet all the above mandatory pre-qualification criteria in order for their proposal to proceed to next stage. Any Vendor who FAILS in any one of the mandatory criteria will be disqualified from further evaluation process.

Name of authorized representative:			
Position/Title:			
Company/Firm Name:			
Company Postal Address:			
Telephone No.:			
Email Address:			
Signature/Stamp:			
Date:			