Annex C - Financial Offer Form ITB/GPON/2023/01 - FRAME AGREEMENT FOR THE SUPPLY OF HYGIENE KITS

Name of Vendor:

Address/Office Location:

Please use this form for your financial proposal for the indicated goods giving fixed all-inclusive prices

Please indicate only one currency and with Tax

Bidders may bid for only one of the Lots or two lots or three lots or all of them.

All items within a lot to be quoted for otherwise the bid may be disqualified.

LOT 1: HYGIENE KITS

N	o (see Annex A for specifications)	UoM	Estimated Requirement <u>Quantity</u>	DAP Govt. W/H Maiduguri Unit Price (NGN)	DAP Govt. W/H Adamawa/Yola Unit Price (NGN)	DAP Govt. W/H Yobe/ Damaturu Unit Price (NGN)	DAP Govt. W/H FCT/ Abuja Unit Price (NGN)
1	Heavy duty protective work gloves, rubber, reuseable, adult, size	Pcs	100				
2	Plastic boots/socks (assorted, all adult size	Pcs	200				
3	Face/dust masks	Pcs	100				
4	Hats for adult (Assorted, round type for field activities with GPON and NHF logos	pcs	100				
5	Broom with soft handle	pcs	700				
6	Rake with iron handle	Pcs	90				
7	Shovel with iron handle	Pcs	90				
8	Wheelbarrow(reinforced, vesper type, regular wheelbarrow with metal tray and solid wheels.	Pcs	100				
9	Basic first aid kits for managing cuts/ bruises includes bandage, iodine, gauze,glove,plaster (adhesive) compress	Pcs	100				
LC	LOT 2:						
N	o Item Description (see Annex A for specifications)	UoM	Estimated Requirement <u>Quantity</u>	DAP Govt. W/H Maiduguri Unit Price (NGN)	DAP Govt. W/H Adamawa/Yola Unit Price (NGN)	DAP Govt. W/H Yobe/ Damaturu Unit Price (NGN)	DAP Govt. W/H FCT/ ABUJA Unit Price (NGN)
1							
LC	LOT 3:						
N	o (see Annex A for specifications)	UoM	Estimated Annual Requirement Quantity	DAP Govt. W/H Malduguri Unit Price (NGN)	DAP Govt. W/H Adamawa/Yola Unit Price (NGN)	DAP Govt. W/H Yobe/ Damaturu Unit Price (NGN)	DAP Govt. W/H FCT/ ABUJA Unit Price (NGN)

NOTE:

This offer is valid only if detailed technical description is submitted in the technical offer

By submitting signed and stamped offer we acknowledge the acceptance of GPON payment terms as stipulated in the General Terms and Conditions

This offer is valid for 90 days

Company Name:	
Name & Title of Representative:	
Tel/Mobile No. :	
Signature:	
Company Stamp:	