**PROPOSAL SUBMISSION FORM**

***INTEGRATED MONITORING AND ASSESSMENT PROGRAMME FOR ALBANIA AND MONTENEGRO***

Date: *[insert date (as day, month and year] of Proposal Submission*]

**Proposer’s Authorized Information**

|  |  |
| --- | --- |
| Proposer’s Legal Name  |  |
| Country/ies of Registration/Operation |  |
| Year of Registration: |  |
| Legal Address |  |
| Proposer’s Authorized Representative InformationName: Address Telephone/Fax numbers: Email Address: |  |
| Contact person  |  |

**Financial proposal**

|  |  |
| --- | --- |
| Financial proposal (without VAT) |  |
| VAT (if applicable) |  |
| Total financial proposal |  |

[insert: *Location*]

*[insert: Date*

To: PAP/RAC

Dear Sir/Madam:

 I, the undersigned, hereby offer to provide professional services for ***Thematic Programme for Montenegro (EO 1, 2, 3, 10)*** in accordance with your Request for Proposal dated 10/5/2018. I am hereby submitting our Proposal, which includes the proof of qualifications and Financial Proposal.

I hereby declare that:

1. All the information and statements made in this Proposal are true and I accept that any misrepresentation contained in it may lead to our disqualification;
2. We have no outstanding bankruptcy or pending litigation or any legal action that could impair our operation as a going concern.

I confirm that we have read, understood and hereby accept the Terms of Reference describing tasks required in this Call.

We agree to abide by this Proposal for 30 days.

 I undertake, if our Proposal is accepted, to initiate the services not later than the date indicated in the Terms of Reference.

We fully understand and recognize that PAP/RAC is not bound to accept this proposal, that we shall bear all costs associated with its preparation and submission, and that PAP/RAC will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the evaluation.

I remain,

Yours sincerely,

Authorized Signature: