## **ANNEX 3: TECHNICAL AND FINANCIAL OFFER - SERVICES**

*Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |
| --- | --- |
| Name of Bidder: | Click or tap here to enter text. |
| RFQ reference: | RFQ IT10/011/2022 Provision of Security Services and Armed Guard | Date: Click or tap to enter a date. |

**TECHNICAL SPECIFICATION FORM FOR SECURITY SERVICES**

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| --- | --- | --- | --- |
| **Item No.** | **Security Services** | **Indicate COMPLY or NOT COMPLY** | **Bidder’s Comments**  |
|  | Installation and connection of the intrusion alarm at the IOM Office to the Service Provider’s Office |  |  |
|  | Monitoring of alarm activation/deactivation according to the following schedule: from Monday to Friday from 6.30 pm to 7 am; Semi-festivities and and festivities 24 (twenty four) hours; |  |  |
|  | Remote surveillance and viewing of security cameras when an alarm is triggered. Quick and timely response to alarm activation during monitoring hours. |  |  |
|  | The Service Provider shall ensure on-site visits during monitoring hours in response to any alarm activation. All on-site visit shall be performed by at least 1 (one) armed guard. The guard shall have gun permits as requested by national and municipal law and shall wear badge with an identification number, a picture and the logo of the Service Provider. The service provider shall notify the local police as necessary. The service Provider shall also notify key IOM personnel, the contact details of whom shall be provided by IOM in writing to the Service Provider. |  |  |
|  |  Holding and safekeeping of the keys to the IOM Office. |  |  |

**FINANCIAL OFFER FOR SECURITY SERVICES**

|  |  |
| --- | --- |
| **Monthly rate** | **Total price** |
| Monthly fee for all Security Services above indicated  |  |

**TECHNICAL SPECIFICATION FORM FOR ONE ARMED GUARD**

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| --- | --- | --- | --- |
| **Item No.** | **ARMED GUARD** | **Indicate COMPLY or NOT COMPLY** | **Bidder’s Comments**  |
|  | Provide one armed security guard equipped with radio connection to the Service Provider’s office, uniform, one properly licensed semi-automatic handgun including ammunition and one baton who shall perform activities as follows:from Monday to Friday from 7 am to 8.30 am and from 5.30 pm to 6.30 pm;perform a security check of the internal and external area surrounding the IOM Premises at the arrival at 7 am and at the office closure at 6.30 pm ensuring that all visitors and staff vacate the building after office hours;perform regular security check inside the premises on doors, windows and gates when all IOM personnel has left office at the end of the working day and then lock the office and activate the alarm;wear appropriate identification badge;maintain an accurate record of each hour worked;log and report any incident relating to security;hold and safe the keys of the IOM Office. |  |  |
|  | The guards shall be properly licensed, in accordance with local law, to perform security services, including but not limited to, the carrying of firearms. The Service Provider shall conduct thorough background checks on the guards and their supervisors prior to assigning them to IOM to ensure that they have no history of criminal activity. |  |  |
|  | Provide health insurance scheme for the security guards. |  |  |
|  | Submit the name of the security guard assigned to IOM, showing his age and certificate of last class attended prior to their deployment.  |  |  |
|  | Employ a separate reserve pool of equally competent staff members to relieve security guards who are either on sick or vacation leave, withdrawn by the Service Provider, or separated from service. IOM may, at any time, request in writing for the withdrawal or replacement of any personnel of the Service Provider assigned to perform work or services under this Agreement. The Service Provider shall, at its own cost and expense, immediately withdraw or replace such personnel forthwith without contest. A request by IOM for withdrawal or replacement of the Service Provider's personnel shall not be deemed a termination of this Agreement. |  |  |
|  | Any security incident needs to be reported immediately to the relevant IOM security focal point whose name shall be communicated to the Service Provider by IOM. In case of emergencies (fire, theft, sabotage, attack, bombing alert, flood, etc.), security guards shall first attend to the emergency, ensure maintenance of proof and evidence of crime, and shall immediately notify the IOM Field Security Officer, Local Fire Department, and the Local Police Department of the incident. |  |  |
|  | Always establish coordination with, and receive work-related instructions from the IOM security focal point, shall accommodate the instructions given, and shall inform the IOM security focal point of any issues that may arise that are beyond their capacity or authority to resolve.Ensure the safety and security of the IOM Premises, IOM personnel and all IOM assets within the IOM Premises. |  |  |
|  | Any guard or supervisor who is absent from his post for no valid reason and without a replacement, is caught sleeping at his post, is negligent in his duties, or performs his duties with a standard of vigilance less than that required by his duties, or reports for duty under the influence of alcohol or narcotic substances, shall be reported to the Service Provider for immediate replacement. |  |  |

**FINANCIAL OFFER FOR ONE ARMED GUARD**

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| **Cost per one hour**  | **Total price** |
| Hourly rate for one armed guard |  |

**Compliance with Requirements**

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| --- | --- |
|  | You Responses |
|  | Yes, we will comply | No, we cannot comply | If you cannot comply, pls. indicate counter proposal |
| Minimum Technical Specifications |[ ] [ ]  Click or tap here to enter text. |
| Payment terms |[ ] [ ]  Click or tap here to enter text. |
| Validity of Quotation |[ ] [ ]  Click or tap here to enter text. |

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| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. |
| *Exact name and address of company*Company NameClick or tap here to enter text.Address: Click or tap here to enter text. Click or tap here to enter text.Phone No.: Click or tap here to enter text.Email Address: Click or tap here to enter text. | Authorized Signature: Date: Click or tap here to enter text.Name: Click or tap here to enter text.Functional Title of Authorised Signatory: Click or tap here to enter text.Email Address: Click or tap here to enter text. |