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| C:\Users\vlachogianni\Documents\My Dropbox\mio-brand\brand-soft-update\logomark\PNG\110DPI\cmyk\mio-ecsde-modernized.png | Mediterranean Information Office**for Environment, Culture & Sustainable Development****The Mediterranean NGO Federation for Environment and development** | 12, Kyrristou str. 105 56, Athens, Greece**T**: +30210-3247490 | 0030-210-3247267 **F**: 0030-210-3317127**E**: info@mio-ecsde.org**W**: www.mio-ecsde.org |

Athens, 23 May 2023

**The MEDITERRANEAN INFORMATION OFFICE FOR ENVIRONMENT, CULTURE AND SUSTAINABLE DEVELOPMENT, MIO-ECSDE or The Contracting Authority**

|  |
| --- |
| **ANNOUNCES THE PRESENT CALL FOR OFFERS** **CALL 2-2023/MIO-ECSDE*****For services for the realization of the activities:******i.*** ***“Development of a Waste Management Policy Toolkit*”*****ii.*** ***“Mainstreaming Potentialities Study on Waste Management”*** |

**Annexes:**

* 1. **Simplified Solemn Self Declaration**
	2. **Offer Form**
	3. **Table for the Financial Offer**
	4. **Terms of Reference**

**Annex I: Simplified Solemn Self Declaration**

**Solemn Self-Declaration Establishing the Eligibility and Qualifications of the Participant**

**Tender Information Form**

**Part I: Information concerning the call for offers**

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

Call for Offers:

Page \_\_\_\_\_\_\_\_of \_\_\_\_\_\_\_\_ pages

**Part II: Information concerning the participant**

**А: INFORMATION ABOUT THE PARTICIPANT**

|  |  |
| --- | --- |
| ***Identification:*** | ***Answer:*** |
| Name: |  |
| VAT-number, if applicable:If no VAT-number is applicable, please indicate another national identification number, if required and applicable |  |
| Postal address: |  |
| Contact person or persons Telephone: E-mail:Internet address (web address) (*if applicable*): |  |
| If applicable, is the economic operator registered on an official list of approved economic operators or does it have an equivalent certificate (e.g. under a national (pre)qualification system)? | **[ ]** Yes [ ]No [ ]Not applicable |
|  |  |
| ***Form of participation:*** | ***Answer:*** |
| Is the economic operator participating in the call for offers together with others [[1]](#footnote-2)? | [ ] Yes [ ]No |

|  |  |
| --- | --- |
| **Actual or intended country Country/ies of Registration/Operation:** | ***[insert actual or intended Country of Registration]*** |
| **Year of Registration:**  | **[insert Participant’s year of registration]** |
| **Countries of Operation** | **[insert Participant’s countries of operation]** |
| No. of staff in each Country | **[insert Participant’s No OF STAFF IN EACH COUNTRY OF operation]** |

**B: INFORMATION ABOUT REPRESENTATIVES OF THE ECONOMIC OPERATOR**

*Where applicable, please indicate the name(s) and address(es) of the person(s) empowered to represent the economic operator for the purposes of this procurement procedure:*

|  |  |
| --- | --- |
| ***Representation, if any:*** | ***Answer:*** |
| Full name;accompanied by the date and place of birth, if required: | [.............][.............] |
| Position/Acting in the capacity of: | [ ..................**]** |
| Postal address: | [ ..................**]** |
| Telephone: | [ ..................**]** |
| E-mail: | [ ..................**]** |
| If needed, please provide detailed information on the representation (its forms, extent, purpose ...): | [ ..................**]** |

**Part III: Exclusion grounds**

**А: GROUNDS RELATING TO CRIMINAL CONVICTIONS**

|  |  |
| --- | --- |
| ***Grounds relating to criminal convictions under national provisions regarding*** *(a) Participation in a criminal organization**(b) Corruption**(c) Fraud**(d) Terrorist offences or offences linked to terrorist activities**(e) Money laundering or terrorist financing**(f) child labour and other forms of trafficking in human beings* | ***Answer:*** |
| Has **the economic operator** itself or any **person** who is a member of its administrative, management or supervisory body or has powers of representation, decision or control therein been the subject of **a conviction** by final judgment for one of the reasons listed above, by a conviction rendered at the most five years ago or in which an exclusion period set out directly in the conviction continues to be applicable? | [ ] Yes [ ] No*If the relevant documentation is available electronically, please indicate: (web address, issuing authority or body, precise reference of the documentation):**[ ................ ][ .................. ][ ..................****]*** [[2]](#footnote-3) |
| **If yes**, please indicate [[3]](#footnote-4):(a) Date of conviction, specify which of points 1 to 6 is concerned and the reason(s) for the conviction,(b) Identify who has been convicted [ **]**;(c) **Insofar as established directly in the conviction:** | (a) Date: [ ], point(s): [ ], reason(s): [ ](b) [......**]**(c) Length of the period of exclusion [................... ] and the point(s) concerned [ 1*If the relevant documentation is available electronically, please indicate: (web address, issuing authority or body, precise reference of the documentation):*[ ................ ][ .................. ][ ..................**]** [[4]](#footnote-5) |
| In case of convictions, has the economic operator taken measures to demonstrate its reliability despite the existence of a relevant ground for exclusion [[5]](#footnote-6) ('Self-Cleaning')? | [ ] Yes [ ] No |
| **If yes**, please describe the measures taken[[6]](#footnote-7) : | [ ................ ] |

**B: GROUNDS RELATING TO THE PAYMENT OF TAXES OR SOCIAL SECURITY CONTRIBUTIONS**

|  |  |
| --- | --- |
| ***Payment of taxes or social security contributions:*** | ***Answer:*** |
| Has the economic operator met all **its obligations** **relating to the payment of taxes or social security contributions**, both in the country in which it is established and in Greece if other than the country of establishment? | [ ] Yes [ ] No |
| **If not,** please indicate:а) Country concerned;b) what is the amount concerned;c) How has this breach of obligations been established:1) through a judicial or administrative **decision**: Is this decision final and binding?* Please indicate the date of conviction or decision.
* In case of conviction, **insofar as established directly therein**, the length of the period of exclusion**:**

2) by **other means**? Please specify:d) has the economic operator fulfilled its obligations by paying or entering into a binding arrangement with a view to paying the taxes or social security contributions due, including, where applicable, any interest accrued or fines? | **Taxes** | **Social contributions** |
| (a) [ ................. **]**(b) [ ................. **]**(c1) [ ]Yes [ ] No- [ ] Yes [ ]No- [ ................. **]**- [ ................. **]**(c2) [ ................. **]**(d) [ ] Yes [ ] NoIf yes, please provide details:[ ..................**]** | (a) [ ..................**]**(b) [ ..................**]**(c1) [ ]Yes [ ]No- [ ] Yes [ ] No- [ ................. **]**- [ ................. **]**(c2) [ ................. **]**1. ] Yes [ ]No

If yes, please provide details:[ ..................**]** |

**C: OTHER GROUNDS OF EXCLUSION**

|  |  |
| --- | --- |
| **Is the economic operator in removed or suspended vendor list of the UN or other such lists of the EU, or associated with, any company or individual appearing on the 1267/1989 list of the UN Security Council or ineligibility list?** | **☐ YES or ☐ NO** |

**Part IV: Concluding statements**

*The undersigned formally declare that the information stated above is accurate and correct and that it has been set out in full awareness of the consequences of serious misrepresentation.*

*The undersigned formally declare to be able, upon request and without delay, to provide the certificates and other forms of documentary evidence referred to, in the call for offers.*

*The undersigned formally consent to MIO-ECSDE gaining access to the end clients of projects indicating technical ability, professional ability and past performance, for reference checking purposes*.

Date, place and, where required or necessary, signature (s): [……]

**Annex II: OFFER FORM**

**SECTION 1: ORGANIZATION/EXPERT INFORMATION**

|  |
| --- |
| **Applicant Organization/Expert Name***Write the name of the organization as stated in the legal registration certificate.* |
| **Physical Address***Where your office is located, if different from mailing address below. Please include the country in which your office is located.* |
| **Mailing Address** *(if different from the above)* |
| **Email Address** |
| **Name of Project Lead***Provide the name for the person responsible for correspondence with MIO-ECSDE regarding this project.* |
| **Position in Organization** *(if applicable)* |
| **Email Contact of Project Lead***Provide an email address. MIO-ECSDE will use this email address to communicate with you.* |
| **Telephone (include country code)***Provide a number for the office and for a mobile phone of the project lead contact, if available.* |
| **Website Address** (*if any*) |
| **Organization Type** *(if applicable)* |

**SECTION 2: IMPLEMENTING TEAM & EXPERIENCE**

*List all partners/experts that will be directly involved in implementing this activity with a key role and responsibility. For each one, describe their anticipated role.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name of Organisation/Expert**  | **Nationality**  | **Role**  |
| **Partner/Expert 1**  |  |  |  |
| **Partner/Expert 2**  |  |  |  |
| *Etc (if applicable otherwise delete)* |  |  |  |

*List the projects or activities of similar nature performed during the past five (5) years:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Project/Activity**  | **Total value**  | **Period of Contract**  | **Starting Date**  | **Client/Contracting Authority and place**  | **Current status****(completed, on-going, stalled, etc.)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**ATTACH THE CVs OF THE MAIN EXPERTS THAT WILL BE INVOLVED IN THE**

**IMPLEMENTATION OF THE TASKS**

* Having read and understood the Terms of Reference, I undertake the responsibility of organizing the activity in the event of its approval.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annex III: Table for the Financial Offer**

|  |  |  |
| --- | --- | --- |
| **Expenses Category**  | **Expense Description**  | **Total amount in Euro** |
| **Task i. “Development of a Waste Management Policy Toolkit”** |  |  |
| Labor costs |  |  |
| Professional services |  |  |
| Supplies |  |  |
| Equipment |  |  |
| Travel costs |  |  |
| Other |  |  |
| **TOTAL max (10.000 euro)** |  |  |
| **Task ii. “Mainstreaming Potentialities Study on Waste Management”** |  |  |
| Labor costs |  |  |
| Professional services |  |  |
| Supplies |  |  |
| Equipment |  |  |
| Travel costs |  |  |
| Other |  |  |
| **TOTAL max (15.000 euro)** |  |  |
| **Grand Total both tasks**  |  |  |

1. Notably as part of a group, consortium, joint venture or similar. [↑](#footnote-ref-2)
2. Please repeat as many times as needed. [↑](#footnote-ref-3)
3. Please repeat as many times as needed. [↑](#footnote-ref-4)
4. Please repeat as many times as needed. [↑](#footnote-ref-5)
5. In accordance with national provisions implementing Article 57(6) of Directive 2014/24/EU. [↑](#footnote-ref-6)
6. Taking into account the character of the crimes committed (punctual, repeated, systematic ... ), the explanation should show the adequacy of the measures to taken. [↑](#footnote-ref-7)