

**Section D – Bid Submission Forms**

**for**

**SERVICES FOR THE ELABORATION OF HEALTH-IMPACT ANALYSIS (HIA)  
STUDY**

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Bidder's/Association Partner's Legal Name: *[insert full name]*

Bidder's Party Legal Name: *[insert full name]*

**Form D.1 Bidding Letter**

Date: *[insert day, month, year]*

Bid No. and title: *[insert number and title]*

**To: EXXONMOBIL EXPLORATION AND PRODUCTION ROMANIA LIMITED NASSAU (BAHAMAS) BUCHAREST BRANCH**

After examining the Bidding Documents and after developing a full understanding of the Contract requirements, we the undersigned undertake to commence, execute and complete the Contract in accordance with the Bidding Documents and our attached Technical Proposal at the prices specified below, as stated in our Financial Proposal.

We, the undersigned, after developing a full understanding of the Contract scope, undertake to sign and to perform the Contract in accordance with the requirements specified in the Scope of Works, for the price of *[currency and amount in figures and words]* net of VAT, as detailed in our Financial Proposal and at the prices stated in our Financial Proposal.

Our Bid is submitted on behalf of the following\*:

Description	Name(s) of Bidder(s)
Leader	
Member of association 2*	
Member of association 3 *	
.....	

\* add/delete additional lines for partners as appropriate. Note that the subcontractors are not considered as partners for the purposes of this bidding procedure. If this bid is being submitted by an individual Bidder, the name of the Bidder should be entered as 'leader' (and all other lines should be deleted)

Contact person for the purpose of this bidding procedure shall be:

Name	
Address	

\* **Note:** All blank fields must be completed by the Bidder or by the Bidder's Representative.

Telephone	
Fax	
E-mail	

We, the undersigned, hereby declare that:

- i. We have examined the content of the Bidding Documents for “*Elaboration of health-impact analysis (HIA) study*” and fully accept them in their entirety, without reservation or restriction.
- ii. We offer to provide the services, in accordance with the terms of the Bidding Documents.
- iii. We agree that our present Bid shall be valid for a period equal to that stated in Art. 19 “Period of Validity of Bids” of Section A, Section A.1 of the Bidding Documents, from the Bids submission date, shall bind us and that it may be accepted at any time prior to the expiry of the said period.

Should our offer be accepted, we undertake to commence the execution of the Contract as stipulated in the Section C.

We understand that:

- a) EMEPRL is not bound to proceed with this bidding process and that it reserves the right to cancel the procedure, or to award only part of the Contract, and it will incur no liability towards us should it do so;
- b) EMEPRL is not bound to accept the lowest price offer, nor any of received Bids.

Signature of Bidder or  
of Bidder’s Representative  
Name of signatory  
Capacity of signatory

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Bidder's/Association Partner's Legal Name: *[insert full name]*

Bidder's Party Legal Name: *[insert full name]*

**Form D.2 Prospective Business Associates Questionnaire (PBAQ)**

Candidate's legal name: *[insert full name]*

Date: *[insert day, month, year]*

Contract name: *[insert title]*

Background: EXXONMOBIL EXPLORATION AND PRODUCTION ROMANIA LIMITED NASSAU (BAHAMAS) SUCURSALA BUCURESTI and its affiliates operating anywhere in the world are committed to compliance with all laws that apply to its operations. Depending on the circumstances, certain laws prohibit the EMEPRL from providing anything of value to an Official (as defined below) or an immediate relative of an Official in order to secure an improper advantage. In order to make an evaluation to be sure that we comply with these laws, we gather information from prospective business associates. The analysis with regard to a particular prospective business associate will depend on a number of factors which the EMEPRL will carefully evaluate. Therefore, we appreciate your assistance in completely and accurately responding to the following questions.

Please provide complete answers to all of the questions below. For any answer requiring more space than is given in this questionnaire, provide the answer on a separate sheet of paper. Please attach all requested additional documentation. Note that the form requests information for yourself (if you are the contracting party), your company, and any person, company or other entity owning an interest in your company or its parent, directly or indirectly, including your ultimate parent company. If your company is directly or indirectly owned by multiple entities or individuals, please provide the requested data for all such owners.

EMEPRL is committed to ensuring that your information is secure. In order to prevent unauthorized access or disclosure, we have endeavored to put in place suitable physical, technical and managerial procedures to safeguard and secure the information EMEPRL collects. We will not provide access to or disclose your personal information to third parties, unless we have your permission or are required by law to do so. You may request details of the personal information which EMEPRL holds about you. If you believe that any information EMEPRL is holding on you is incorrect or incomplete, please inform us at the above address. EMEPRL will promptly correct any information found to be incorrect.

**If the Bidder is an association, each member must complete the following PBAQ.**

1 Identifying Information

a) Full legal name of business, company or individual:

\_\_\_\_\_

b) Doing Business As (DBA) name or trade/marketing name (if applicable):

\_\_\_\_\_

c) Business Address (principal place of business and address for purposes of communication with [ExxonMobil affiliate], if different from the principal place of business):

\_\_\_\_\_

d) Telephone: \_\_\_\_\_

e) Fax: \_\_\_\_\_

f) Telex: \_\_\_\_\_

g) E-Mail: \_\_\_\_\_

2 Company Background

(If your company is directly or indirectly owned by multiple entities or individuals, please provide the requested data for all such owners.)

a) Business type: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Other

i. If "other", please describe:

\_\_\_\_\_

b) Date and place of company formation (please attach copies of formation documents):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) Principal lines of business of company or individual, (please attach any recent reports filed with the regulator of a public stock exchange) and length of time in each line of business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Other locations of business activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e) Have you, or your company, or any officer or director of your company, or any of the individuals who will perform the work under a contract with ExxonMobil or any of its affiliates ever been charged with or investigated for a criminal offense, including money laundering, tax evasion, or bribery? If so, provide details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- f) Have any of your shareholders (provided your company shares are not traded on a public stock exchange) ever been charged with or investigated for a criminal offense, including money laundering, tax evasion, or bribery? If so, provide details.

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3 Ownership and Management

- a) If a company, are your shares publicly traded on a stock exchange? \_\_\_ Yes \_\_\_ No. If yes, what percent? \_\_\_\_\_
- i. If yes, please attach a copy of your most recent public filing showing the company's shareholders, partners, or owners; if this filing does not list major (>5%) shareholders, please identify any major shareholders, to the best of knowledge of your company.

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- b) If you are not publicly held, please give the names, nationalities and countries of residence of all of your shareholders, partners, and beneficial owners. Please indicate the exact ownership interest of each person or company listed. (If one or more of your owners is a company, list the ultimate beneficial owner(s) and any intermediate entities or persons owning an interest in that company. Please note that the Questionnaire will be returned as incomplete unless all of the ownership information is included.)

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- c) Please list the names, nationalities and countries of residence of all officers, directors, managers, or other employees with executive or management authority, and the "key employees": who will perform services on behalf of the company under any contract. Please provide this information as well for any company that is the ultimate beneficial owner of your company, and of all employees who will be managing the performance of services under the proposed contract.

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d) Do any of the persons listed anywhere in the responses to this Question 3 above hold director, officer or other management positions with other companies, businesses, or entities? If yes, give the name of each company and the title of the relevant position.

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e) Please list the names and addresses of any individual, company or entity that will receive any portion of the payment as a result of participating in any type of subcontract with your company in performing the work covered by the proposed contract.

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f) Please list the names and addresses of any individual, company or entity that will receive any portion of the payment as a result of participating in any type of partnership, joint venture, or alliance with your company in performing the work covered by the proposed contract.

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i. Please list the names, nationalities, and countries of residence of all persons who directly or indirectly have an ownership interest in any company or entity listed above.

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g) Are any companies affiliated (as defined below) with your company:

i. Organized, existing, incorporated, or operating under the laws of a country sanctioned by the United States (including, but not limited to, North Korea, Sudan, Syria, Cuba, or Iran)? \_\_\_\_\_

ii. Specially Designated Nationals (SDNs) as identified by the U.S. Office of Foreign Assets Control or identified on the Commerce Department's Denied Persons and Entity List?

\_\_\_\_\_



If your answer is yes to any part of the above, please list all such companies, jurisdictions of organization, and your ownership interest below. For the purpose of the above questions, a company affiliated with your company includes: (i) any parent of your company, (ii) any company or partnership in which your company or any parent of your company, directly or indirectly (1) owns or (2) controls, more than fifty percent (50%) of the ownership interest having the right to vote or appoint its directors or functional equivalents, and (iii) any joint venture in which your company, any parent of your company, or a company meeting the requirements of f)(i) or (ii), above, has day-to-day operational control.

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h) If any Powers of Attorney will be requested from Exxon Mobil Corporation or its affiliates in order to perform the work covered by the proposed contract, please list:

i. the companies or entities for whom the Powers of Attorney will be requested:

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ii. the names, nationalities and countries of residence of all persons who directly or indirectly have an ownership interest in any company or entity that you listed in response to i) above.

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4 Relationships with Governments and Public International Organizations.

a) Definition: "Official" means any agent, officer, or employee (elected, appointed, or career) of (1) a government or any department or agency of a government at the national, regional or local level; (2) a political party or candidate for political office; (3) any company that is majority-owned or controlled by a government, such as a national oil company; or (4) a public international organization such as the World Bank, the United Nations or the International Monetary Fund.

b) Are any of the persons listed anywhere in the responses to Question 3 above:

i. Officials? \_\_\_\_\_

- ii. Close relatives of Officials? \_\_\_\_\_
- iii. Prior Officials? \_\_\_\_\_
- iv. Involved in any business relationship, including acting as an agent or consultant for, or holding common ownership of any business enterprise or partnership with, any Official or close family member of an Official? \_\_\_\_\_

c) If the answer to any part of Question 4 b) is yes, provide details for each such person, including:

i) full name of Official:

\_\_\_\_\_  
 \_\_\_\_\_

ii) official responsibilities:

\_\_\_\_\_  
 \_\_\_\_\_

iii) dates of service (current or past):

\_\_\_\_\_  
 \_\_\_\_\_

iv) for relatives, the relationship:

\_\_\_\_\_  
 \_\_\_\_\_

v) for common business interest, the type of business relationship, including the name of any enterprise or partnership, and the nature of any agency agreement:

\_\_\_\_\_  
 \_\_\_\_\_

2 References

a) Please list two references (Company name and contact information) for the work for which you are being considered by [ExxonMobil affiliate]

\_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

[Printed Name and Title] \_\_\_\_\_

**IMPORTANT NOTICE:**

PERSONAL INFORMATION:

- ExxonMobil<sup>1</sup> collects personal information directly from you through the above questionnaire.
- ExxonMobil also collects personal information about you and about your employees, owners and/or business associates. By completing this questionnaire, you consent to the information you have provided being used by ExxonMobil for the purposes described below. You should also obtain the written consent of anyone whose information you have included in this questionnaire for its use and transfer as appropriate.

PURPOSES & DISCLOSURES:

- The information is used by ExxonMobil for legitimate business purposes and in connection with a potential business relationship with your company. In particular, it is used to evaluate potential risks which ExxonMobil may be exposed to under the U.S. Foreign Corrupt Practices Act and other anti-bribery laws as a result of entering into a commercial relationship with your company or associated third parties. For this purpose, ExxonMobil<sup>1</sup> shares your information with other ExxonMobil Affiliates if necessary.
- Any ExxonMobil Affiliate<sup>1</sup> receiving and processing this information is expected to do so consistently with the purposes and disclosures description set out in this notice and they will protect such data consistent with applicable policies and laws.
- This processing may occur in another country that may not have been deemed by your country to provide adequate data privacy protection
- **By signing at the bottom of this document, you declare that you have the proper authority to disclose the relevant information and that you consent to the processing as described above accepting that such collection, storing or other processing may be conducted by a third party or may occur in another country.**

HOW TO REACH US:

For any questions contact your Procurement contact as provided in the Bidding Document.

I understand how the personal information content in this questionnaire will be used and I consent to the use, transfer and disclosure of the information for the purposes and disclosures described above.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

*[Name and Title]* \_\_\_\_\_

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<sup>1</sup> ExxonMobil and/or ExxonMobil Affiliates mean (a) Exxon Mobil Corporation or any parent of Exxon Mobil Corporation, (b) any company or partnership in which Exxon Mobil Corporation or any parent of Exxon Mobil Corporation now or hereafter, directly or indirectly (1) owns or (2) controls, more than fifty percent (50%) of the ownership interest having the right to vote or appoint its directors or functional equivalents ("Affiliated Company"), and (c) any joint venture in which Exxon Mobil Corporation, any parent of Exxon Mobil Corporation, or an Affiliated Company has day to day operational control.

Bidder's/Association Partner's Legal Name: *[insert full name]*

Bidder's Party Legal Name: *[insert full name]*

**Form D.3      Average Annual Specific Turnover**

Date: *[insert day, month, year]*

Contract name: *[insert contract name]*

Annual turnover data (specific only)		
Year	Amount and Currency	EUR equivalent
<i>[indicate year]</i>	<i>[insert amount and indicate currency]</i>	<i>[insert amount in EUR equivalent]</i>
Average Annual Specific Turnover *		

Average annual specific turnover calculated as total certified payments received for activities in progress or completed, divided by the number of years specified in *Part A, Section A.2 - "Selection and Evaluation Process Requirements and Assessment"*.

Signature

*[a person or persons authorized to sign on behalf of the Bidder]*

Bidder's/Association Partner's Legal Name: *[insert full name]*

**Form D.4      Quality Management System**

Date: *[insert day, month, year]*

Bid No. and title: *[insert bid number and title]*

*[The following information shall be provided by the Bidder, each partner of an Association]*

Description of the Quality Management System implemented and maintained or any other proof, such as Quality Management Manual, certificates issued by third party against ISO 9001:2015.

Bidder's/Association Partner's Legal Name: *[insert full name]*

**Form D.5      Quality assurance measures – accreditation issued by officially recognized national accreditation body**

Date: *[insert day, month, year]*

Bid No. and title: *[insert bid number and title]*

*[The following information shall be provided by the Bidder, each partner of an Association]*

Copy of the certificate issued by an appropriate accreditation body, including reference to the information available on the webpage of the accreditation body issuing the certificate.

Bidder's/Association Partner's Legal Name: *[insert full name]*

**Form D.6      Quality assurance measures – accreditation issued by official national enablement institutes**

Date: *[insert day, month, year]*

Bid No. and title: *[insert bid number and title]*

*[The following information shall be provided by the Bidder, each partner of an Association]*

The economic operator must demonstrate that it has obtained the right/ability to carry out HIA studies, by means of the enablement for the preparation of studies issued by the Commission for the Registration of Health Impact Assessment Studies. The notice of enablement must be valid on the date of submission of bid. The link to the Register of Health Impact Assessment Studies should also be included in the information provided to demonstrate compliance with the requirements.

Bidder's/Association Partner's Legal Name: [insert full name]

**Form D.7 Similar Experience**

Date: [insert day, month, year]

Bid No. and title: [insert bid number and title]

[The following table shall be filled in for contracts performed by the Bidder, each partner of an Association]

Similar Contract No. [insert number of similar contract]	Information		
Contract Identification	[insert contract name and number, if applicable]		
Award date	[insert day, month, year, i. e., 15 June, 2019]		
Completion date	[insert day, month, year, i.e., 03 October, 2019]		
Total Contract Amount	[insert total contract amount in local currency]		EUR [insert total contract amount in EUR equivalent]
If partner in an association, specify participation in total contract amount	[insert a percentage amount]	[insert total contract amount in local currency]	[insert total contract amount in EUR equivalent]
Beneficiary's Name:	[insert full name]		
Address:	[indicate street / number / town or city / country]		
Telephone/fax number	[insert telephone/fax numbers, including country and city area codes]		
E-mail:	[insert e-mail address, if available]		
Description of the similarity			
Description of Scope of Work performed	[insert description of activities]		

Attachment [where existing]:

Certificates, recommendations, reports or any other documents from the following beneficiaries:

1. ....
2. ....
3. ....

Signature

[a person or persons authorized to sign on behalf of the Bidder]



Bidder's/Association Partner's Legal Name: *[insert full name]*

## Form D.8 Technical Proposal

Date: *[insert day, month, year]*

Bid No. and title: *[insert bid number and title]*

*[Comments in brackets [ ] provide guidance to the Bidders for the preparation of their Technical Proposals; they should not appear on the Technical Proposals to be submitted.]*

### 1. Proposed methodology for performing the tasks required in the SoW and of the manner in which the requirements are fulfilled

*[Provide here information about the manner in which minimum requirements included in the Scope of Work are fulfilled, structuring the information under the following headlines:*

- a. Description of the activities to be performed during the contract for elaboration of the study,*
- b. Presentation of the approach, flow and timing of all activities between Contractor and EMEPRL*
- c. Description of the methods proposed for performing the services and achieving the expected result*

This information will be used to assess the suitability and strength of the proposal as measured against the requirements of the tasks in terms of the technical content, completeness and proposed effort. The degree to which the methodology shows the capacity to resolve the questions underlying in the service request in a realistic and well-structured way, as well as whether the methods proposed are suited to the needs set out by the Company].

### 2. Organisation of the activities and allocation of resources

*[Provide here information about the manner in which proposed resources will be used to perform the activities included in the Scope of Work are fulfilled, structuring the information under the following headlines:*

- a. Description of the equipment allocated to each activity to be performed during the contract, as included in the methodology,*
- b. Personnel assigned to each role and a description of the role, including the organization chart and responsibilities for each Key Personnel,*
- c. Description of the Personal Protective Equipment (PPE) ,*
- d. Project Management and Progress Reporting*

*The Bidder will present CVs for each proposed key personnel.*

[This information will be used to assess how the roles and responsibilities of the proposed team and of the bidder (in case of joint bids, including subcontractors if applicable are distributed for each task. It also assesses the allocation of time and resources, including equipment to each task or deliverable, and whether this allocation is

adequate for the work. The bid should provide details on the allocation of time and resources to the tasks in the form of time schedule/working program].

### 3. Quality control measures

*[Provide here information about the manner in which quality control is used in relation to the activities included in the Scope of Work to ensure the quality of the deliverables (result of the performed tests)]*

[This information will be used assess the quality control system applied to the service foreseen in the tasks concerning the quality of the deliverables, the language quality check, and continuity of the service in case of absence of a member of the team. The quality control system should be detailed in the bid and specific to the tasks at hand].

Signature

*[a person or persons authorized to sign on behalf of the Bidder]*

Bidder's/Association Partner's Legal Name: *[insert full name]*

**Form D.9 Financial Proposal**

Date: *[insert day, month, year]*

Bid No. and title: *[insert number and title]*

**Total Price**

Item	Total
Total price of services for Health impact analysis (HIA) Study	EUR <i>[insert the Total Value of the Financial Offer from the excel file]</i>
<b>VAT</b>	EUR <i>[insert value]</i>
<b>TOTAL</b>	EUR <i>[insert value]</i>

The Bidder will detail in excel file FIN 1 Financial Proposal the unit prices and the total cost for performing the services under the contract.

Signature

*[a person or persons authorized to sign on behalf of the Bidder]*

Bidder's/Association Partner's Legal Name: *[insert full name]*

**Form D.9.1 Financial Proposal - Commitment Regarding the Commercial Conditions – Section C of the Bidding Documents**

Date: *[insert day, month, year]*

Contract name: *[insert contract name]*

The undersigned *[insert the name of the authorized representative]*, duly authorized representative of *[insert name/address of the Bidder]*, I declare on my own responsibility that we have assimilated the form and the content of the Contract included in the Bidding Documents, published by EMEPRL and we hereby demonstrate our full acceptance and commitment to the terms and conditions of the respective documents **without any kind of objections.**

The name of the signatory .....

The capacity of the signatory .....

The signature .....

*[person or persons authorized to sign on behalf of the Bidder]*