**Appendix no. 1**

……………………………………………………………

*Name and surname of the Contractor*

*…………………………………………………………..*

*Name and address of the institution*

*specializing in the area of geriatric care,*

*where the study visits are to take place*

*……………………………………………………………*

*phone no., email*

……………………………………………………….

*(place and date)*

**OFFER**

**For Medical University of Białystok**

**ul. Jana Kilińskiego 1**

**15-089 Białystok**

**BID PROPOSAL FORM**

Replying to the Request for proposals no. **……………………** dated …………….. concerning the selection of a Contractor who, as a supervisor, will prepare and perform, in the city of Pamplona and its vicinity (Navarre region, Spain), two study visits for 24 MUB students (divided into two groups of approx. 12 students) as determined in item 2 of the Detailed Description of the Subject of the Contract (Appendix 2) as part of the implementation of the project entitled **“We have POWER – investing in the competences of the region”** co-financed by the European Union within the framework of the European Social Fund under the Operational Program Knowledge Education Development 2014-2020:

I am offering the performance of the service in question for the gross price per working didactic hours (1 didactic hour = 45 min.): …………EURO **[[1]](#footnote-1)\***

**in words** price per 1 working hour: ……………………………………………………………………………….. EURO

The **Contractor’s** bank account number, to which the funds for the performance of the service shall be transferred:……………………………………………………………………………………………………………………………………………………

1. I declare that I meet the conditions specified in items 8 and 9 of the Detailed Description of the Subject of the Contract (Appendix no. 2).
2. I declare that I will perform the study visits in the following institution(s) specializing in the area of geriatric care *(name(s))*:
3. ……………………………………………………………………………………………………………….
4. ……………………………………………………………………………………………………………….
5. ……………………………………………………………………………………………………………….
6. ………………………………………………………………………………………………………………
7. I declare that I will perform the study visits in the city of Pamplona and its vicinity (Navarre region, Spain) for students of the courses in medicine, pharmacy, physiotherapy, and nursing at MUB on the dates agreed on beforehand with the Orderer, specified in the Detailed Description of the Subject of the Contract (Appendix no. 2).
8. I declare that:

* I have full knowledge and at least 2 years’ experience concerning the functioning and organization of the institution where the two study visits will be performed (item 2, Appendix no. 2),
* I am available on the dates of the two planned visits,
* my knowledge of the English language is at a level sufficient for smooth communication, including in matters concerning the functioning and organization of the institutions where the visits will take place (item 2, Appendix no. 2),
* I have four years’ experience in the organization of study visits in institutions specializing in geriatric care for students of medicine and related courses.

1. I undertake the obligation to submit to the Orderer, at each request, documents confirming the performance of study visits.
2. I declare that the price of the offer includes all the costs associated with the contract and shall be binding throughout the whole duration of the agreement.
3. I declare that I have acquainted myself with the Detailed Description of the Subject of the Contract (Appendix no. 2) and the model agreement (Appendix no. 3) and I do not raise objections, accepting the terms contained therein.
4. I declare that I consider myself bound by this offer for a period of 30 days from the date of submission.
5. In the event of being awarded the contract, I undertake the obligation to enter into an agreement in the place and at a date specified by the Orderer.
6. In the event of being awarded the contract, I undertake the obligation to perform it within the offer price.
7. I accept the condition that payment of the reimbursement for the performance of the contract shall be made in accordance with the rules determined in the model agreement.
8. I declare that I have read and accepted the information of Art. 13 of RODO concerning the processing of the personal data of persons participating in the tender procedure, available at: [www.zamowienia.umb.edu.pl](http://www.zamowienia.umb.edu.pl)
9. I declare that I have fulfilled the information obligations of Art. 13 or Art. 14 of RODO[[2]](#footnote-2)1 concerning natural persons whose personal data were directly and indirectly obtained for the purpose of participating in the award of the contract in this tender procedure.[[3]](#footnote-3)2

Appendices:

1. Declaration on No Personal or Capital Relations with the Orderer (Appendix no. 4)

………………………………………………………………

(signature and stamp of the Contractor)

1. \* in the case of a Bidder who submits their proposal bid as a natural person, the gross value specified in the bid proposal form constitutes the total cost on the part of the Orderer, i.e. the gross remuneration as well as the part of the possible insurance premiums paid by the employer in accordance with the submitted Insurance Statement, Note: In the case of an offer submitted by a natural person, the gross value of the agreement shall be determined on the basis of the Insurance Statement submitted by the Bidder. [↑](#footnote-ref-1)
2. 1 Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) (UE L 119 of 04.05.2016, page 1) [↑](#footnote-ref-2)
3. 2 in the case when the contractor does not transfer personal data other than those related directly to them or if the application of the information obligation is excluded, pursuant to Art. 13 item 4 or Art. 14 item 5 of RODO, the contractor does not submit the declaration (its contents are deleted, e.g., by crossing out). [↑](#footnote-ref-3)