

# Grid for the assessment of technical bids for contracts above the EU threshold

Officer responsible for the commission:		Project:	<b>GIZ country office - Armenia</b>	Processing number:	<b>23.9232.2-001.00</b>
Assessor:		Services put out to tender:		Transaction number:	
Version (Delete as appropriate):		Tenderers 1 to 5 of 10			

(1) Criterion	(2) Weighting in %	Enter tenderer 1		Enter tenderer 2		Enter tenderer 3		Enter tenderer 4		Enter tenderer 5	
		(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)	(3) Points (max.10)	(4) Assessment (2)x(3)
<b>1</b>	<b>Assessment of technical-methodological design</b>										
<b>1.1</b>	<b>Strategy</b>										
1.1.1	All required documents were submitted as mentioned in the TOR	4%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.1.2	Description and justification with clear details are mentioned	10%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Interim total 1.1</b>		<b>14%</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>1.2</b>	<b>Strategy/approach for the benefits</b>										
1.2.1	Coverage of additional benefits (physiotherapy, simple dentures and crowns, Auxiliary materials hearing and vision aids, prostheses, orthopaedic auxiliary materials (for example crutches, special shoes, etc.) )	10%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.2	Coverage of additional terms and conditions - chronic diseases	10%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.3	Coverage of additional terms and conditions -Exclusions	10%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.4	Coverage of additional benefits	10%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.5	Policy benefit ceiling for each insured person per year	5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.2.6	Maximum number of doctor visits per person, per year	5%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Interim total 1.2</b>		<b>50%</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>1.3</b>	<b>Key processes and operational plan</b>										
1.3.1	service process - number of steps and timeline	4%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.3.2	level of freedom of the insured person to choose any doctor or clinic	4%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.3.3	number and area of the partner clinics and labs	4%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.3.4	Waiting period	4%									
1.3.5	Reimbursement mechanism in case staff member leaves the organisation within the medical insurance period (including family members)	4%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<b>Interim total 1.3</b>		<b>20%</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>1.4</b>	<b>Further Requirements</b>										
1.4.1	Further Requirements	1%									
1.4.2	Administration procedure with time frame	5%									
<b>Interim total 1.4</b>		<b>6%</b>									
<b>1.5</b>	<b>Staff and support</b>										
1.5.1	Contact person available 24 hours	4%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1.5.2	Account manager responsible and main contact person	6%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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<b>Interim total 1.5</b>	<b>10%</b>		<b>0.0</b>		<b>0.0</b>		<b>0.0</b>		<b>0.0</b>		<b>0.0</b>
<b>Overall total</b>	<b>100%</b>		<b>0.0</b>		<b>0.0</b>		<b>0.0</b>		<b>0.0</b>		<b>0.0</b>
<b>Assessment in %</b>			<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>
<b>Ranking</b>			<b>#REF!</b>		<b>#REF!</b>		<b>#REF!</b>		<b>#REF!</b>		<b>#REF!</b>

I hereby declare that I completed this assessment independently, to the best of my knowledge and in good faith.

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Date, name