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| Part 1 | Representative Identification | | |  |
|  | Representative Name | | |  |
|  | Last Name | Given Name | Middle Name |  |
|  |  |  |  |  |
|  | Identification Number | E-mail Address | |  |
|  |  |  | |  |
|  | Phone Number | Fax Number | |  |
|  |  |  | |  |
|  | Company's Name and CAGE CODE |  | |  |
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The company mentioned above, makes a proposal of the LOWEST UNIT PRICEper relocation, according to terms, quantities, price limits and other applicable requirements established in the Bid Announcement, and the BASIC PROJECT, Annex I of the BIDDING PROCESS, for the contracting of a specialized company for the services of **relocation of UNACCOMPANIED BAGGAGE hereafter referred as Household Effects (HHE), door-to-door, by sea**, for the MILITARY PERSONNEL of the Brazilian Aeronautical Command when returning to Brazil at the end of their missions overseas.

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| Part 2 | Statements | Initial of the representative |  |
| 1 | The amount presented as an ESTIMATED AMOUNT does not indicate any future commitment by BACW and was obtained from estimated values.  The Global Prices quoted for each moving service shall include all costs arising from the performance of the service, whether direct or indirect, not being limited to what it is described below: all inputs such as packing, padding, wrapping, documentation fees, dock and terminal handling charges, ocean freight, destination services, port charges/storage, demurrage, customs clearance, delivery and unpacking, fees and/or taxes and expenses associated therewith, social contributions, expenses, transportation door-to-door, warehousing, labor, customs clearance, social security, fiscal, administration fees, consumption materials, etc. and all other fees necessary for full compliance with the object of the contract. The BACW will only pay the amount set forth on the proposal and the insurance. | (place initial) |  |
| 2 | We hereby acknowledge the content of BIDDING PROCESS and its Annexes, fully and irrevocably accepting its terms and requirements, as well as all relevant legislation.  This price proposal shall be valid for **60 (sixty)** days starting on the date on which proposals are opened, after which time it shall be subject to confirmation by our Company. | (place initial) |  |
| 3 | The Company declares that it will meet all of the requirements listed in the Bid Announcement, and Basic Project, Annex I of the BIDDING PROCESS, and will continue to meet said requirements for the duration of the services to be provided thereunder. | (place initial) |  |
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| Part 3 | Bank Information | |  |
|  | Bank Name: | |  |
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|  | Branch: | Checking Account: |  |
|  |  |  |  |
|  | Other: | |  |
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| Part 4 Price Proposal | | | | |
| **ITEM** | **OBJECT** | **HHE UNIT PRICE (A)** | **INSURANCE PERCENTAGE (B)** | **TOTAL AMOUNT (T=A + 103,747.70\*B)** |
| 1 | ORIGIN ADDRESS: Montgomery, AL (full address on Annex A of BP);  DESTINATION CITY: Brasilia - DF (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 5/20/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 2 | ORIGIN ADDRESS: Prattville, AL (full address on Annex A of BP);  DESTINATION CITY: Rio de Janeiro - RJ (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 06/08/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 3 | ORIGIN ADDRESS: Monterey, CA (full address on Annex A of BP);  DESTINATION CITY: Brasilia - DF (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 06/26/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 4 | ORIGIN ADDRESS: Monterey, CA (full address on Annex A of BP);  DESTINATION CITY: Guarulhos, SP (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 07/03/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $77,810.78;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 5 | ORIGIN ADDRESS: Chevy Chase, MD (full address on Annex A of BP);  DESTINATION CITY: Rio de Janeiro - RJ (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 06/26/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 6 | ORIGIN ADDRESS: Bethesda, MD (full address on Annex A of BP);  DESTINATION CITY: Rio de Janeiro - RJ (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 06/28/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 7 | ORIGIN ADDRESS: Bethesda, MD (full address on Annex A of BP);  DESTINATION CITY: Brasilia - DF (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 06/27/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 8 | ORIGIN ADDRESS: Rockville, MD (full address on Annex A of BP);  DESTINATION CITY: Brasilia - DF (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 07/01/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 9 | ORIGIN ADDRESS: North Bethesda, MD (full address on Annex A of BP);  DESTINATION CITY: Rio de Janeiro - RJ (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 07/23/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 10 | ORIGIN ADDRESS: New York, NY (full address on Annex A of BP);  DESTINATION CITY: Brasilia - DF (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 08/24/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $155,621.55;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 11 | ORIGIN ADDRESS: Washington, D.C. (full address on Annex A of BP);  DESTINATION CITY: Campo Grande - MS (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 07/24/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 12 | ORIGIN ADDRESS: Arlington, VA (full address on Annex A of BP);  DESTINATION CITY: Brasilia - DF (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 07/18/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |
| 13 | ORIGIN ADDRESS: San Antonio, TX (full address on Annex A of BP);  DESTINATION CITY: Rio de Janeiro - RJ (Brazil);  ESTIMATED DATE FOR THE RELOCATION: 09/11/2023;  CONTAINER SIZE: XXXXX (provide the size after inspection);  MAXIMUM HHE VALUE ALLOWED FOR INSURANCE COVERAGE: $103,747.70;  MAXIMUM INSURANCE PERCENTAGE 2.50% | $XXXX | XX% | $XXXX |

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| Part 5 | Authentication | |  |
|  | Representative Printed Name | |  |
|  |  | |  |
|  | Representative Signature | Date of Signature |  |
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