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| **Project Name**: | **Strengthening Health System Resilience in Eastern Libya: Advancing the Expansion of Umm Al Rizam General Hospital** |
| **Tender Reference Number**: | 0001-2025-001-ICF-AM |
| **Project Location:** | Um Al Rizam with the following coordinates 32.53323, 23.00817 |
| **Bidder’s Name:** | [Company Name] |
| **Authorized Representative:** | [Representative’s Name] |
| **Position:** | [Position in Company] |
| **Visit Date:** | [Type here] |
| This form serves as confirmation that I, the undersigned representative of the bidding company have personally visited the site for the above-mentioned reconstruction project.  The visit was conducted to thoroughly understand the site conditions, project scope, and any logistical or technical considerations that may affect the implementation of the works.  **Site Visit Acknowledgment:**  I, the bidder have visited the site and I am fully aware of the location, existing conditions, and any potential challenges or constraints that may affect the execution of the project.  **No Objection to Submit Bid:**  I, the bidder do express no objection to submitting a bid based on the current project requirements, specifications, BoQs, and observed site conditions.  **Commitment to Project Implementation:**  In the event that I am awarded the contract, I undertake to carry out the implementation of the project in full compliance with the tender documents, project specifications, and within the designated timeframe.  **Acknowledgment:**  I, the bidder acknowledge that:   * ICF is the only and main party in charge of the tendering and selection process and awarding the contract. * ICF is in charge of the project’s implementation and supervision through the engineering office on site.   ***Nb.*** *Special notes - if any - to be recorded in this section:*  **Um Al Rizam Hospital/** **Authorized Signatory**  Name:  Position:  Date  Signature  **The Bidder**  Name:  Position:  Date  Signature | |