**COST ESTIMATION AND QUESTIONNAIRE**

**MARKET SURVEY**

**Supply of Demineralizers and Mobile Resin Transfer Cask**

**REF. IO/MS/23/JGO/TCWS/CT7**

We invite all potential companies, institutions or entities from ITER Member States to participate to this Market Survey by returning a completed cost estimation and questionnaire **no later than 5 May 2023**, to the following email address [Jingyu.Gao@iter.org](mailto:Jingyu.Gao@iter.org) .

The main purpose of this Market Survey is to get from potential suppliers a non-binding cost estimation for the supply in subject. The target uncertainty of the estimation should be within +/-15%.

Please note this is not a Call for Nomination request, and the purpose of this survey is not to access and evaluate the capacity of your company. Therefore, we would appreciate very much if you will provide open and frank feedback, which will help the IO to better understand the real situation of the industry.

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# General Information

***Company Name:*** ………………………………………………………………………………

***Country of Origin:*** ……………………………………………………………………………

## Representatives to be contacted:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Contact person*** | ***Name + Title*** | ***Email address*** | ***Telephone*** |
| ***Commercial Matters:*** |  |  | + |
|  |  |  |  |
| ***Technical Matters:*** |  |  | + |
|  |  |  |  |

***Main Products:***

|  |  |
| --- | --- |
| ***Main Products*** | ***Description*** |
|  |  |
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# Cost Estimation

***Please provide your non-binding cost estimation according to Arrangement 5 Equipment Summary (Annex II) in the following format. It is requested from the potential suppliers to segregate the costs related to design, manufacturing, contract management and transportation.***

***All prices shall be in Euros (€) net of all duties and taxes. As an international organization the ITER Organization is exempt from all taxes and duties. The Supply shall be delivered on the basis of DAP Incoterms 2020, Saint Paul les Durance-France.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Equipment Tag** | **Design Cost**  **€** | **Manufacturing cost**  **€** | **Contract Management cost**  **€** | **Transportation cost**  **€** | **Sub-total cost for each item**  **€** |
| Item 1 | 26CVNB-DE-5303 |  |  |  |  |  |
| Item 2 | 26CVBD-DE-5409 |  |  |  |  |  |
| Item 3 | Mobile Resin Transfer Cask |  |  |  |  |  |
| **Total cost estimation for the supply €** | | | | | |  |

***In alignment with above, please provide your tentative schedule for each activity in the following format.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Equipment Tag** | **Duration for Design** | **Duration for Manufacturing** | **Duration for Transportation** | **Tentative lead time for each item** |
| Item 1 | 26CVNB-DE-5303 |  |  |  |  |
| Item 2 | 26CVBD-DE-5409 |  |  |  |  |
| Item 3 | Mobile Resin Transfer Cask |  |  |  |  |

# General Questions

## Do you have mature products that can meet the technical requirements with reference to Arrangement 5 Equipment Summary (Annex II)?

***YES***

***NO***

If YES, please provide a brief overview:

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If NO, please indicate the aspects to be developed:

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## Do you see technical difficulties in the scope of this supply with reference to Arrangement 5 Equipment Summary (Annex II)?

***YES***

***NO***

If YES, please explain:

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## Have you considered commercial constraints or project risks in your cost estimation presented above?

***YES***

***NO***

If YES, please explain:

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## Please indicate any other information that may be relevant for this Market Survey?

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|  |  |
| --- | --- |
| Signature: | COMPANY STAMP |
| Name: |
| Position: |
| Tel: |
| Date: |