|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Załącznik Nr 3 do Zarządzenia Nr VII/1611/2018  Prezydenta Miasta Rzeszowa z dnia 13 marca 2018r.  **FORMULARZ OFERTY KONKURSOWEJ NA REALIZACJĘ PROGRAMU POLITYKI ZDROWOTNEJ PN.:** | | | | | | | | | | | | | | | | **„PROGRAM BADAŃ PRZESIEWOWYCH W KIERUNKU WCZESNEGO WYKRYWANIA I LECZENIA POWIKŁAŃ OCZNYCH CUKRZYCY DLA OSÓB Z CUKRZYCĄ TYPU 2, POWYŻEJ 45 ROKU ŻYCIA”** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Podstawa prawna:** | | | **Art. 48 oraz art.48b ustawy z dnia z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz. U. z 2017 r., poz. 1938 z późn. zm.).** | | | | | | | | | | | | | **Składający ofertę1** | |  | **Publiczny zakład opieki zdrowotnej** | | | | | | | | | | | | |  | |  | **Niepubliczny zakład opieki zdrowotnej** | | | | | | | | | | | | |  | |  | **Osoba wykonująca zawód medyczny w ramach indywidualnej specjalistycznej praktyki lekarskiej** | | | | | | | | | | | | |  | |  | **Osoby wykonujące zawód medyczny w ramach grupowej specjalistycznej praktyki lekarskiej** | | | | | | | | | | | | | **Adresat:** | | | **Prezydent Miasta Rzeszowa** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **A. Dane ewidencyjne oferenta** | | | | | | | | | | | | | | | |  | **A1. Dane ewidencyjne i adres wnioskodawcy** | | | | | | | | | | | | |  | | **1. Pełna nazwa podmiotu2** | | | | | | | | | **2. Pieczęć podmiotu** | | | | | **3. Numer wpisu do rejestru3** | | | | | | | | | **4. Status prawny podmiotu** | | | | | **5. Województwo** | | | | | **6. Miejscowość** | | | | | | | | | **7. Kod pocztowy** | | | **8. Poczta** | | **9. Ulica** | | | | | | **10. Nr domu** | **11. Nr lokalu** | | **12. Telefon4** | | | | **13. Faks4** | | | **14. E-mail** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | **A2. Rachunek bankowy** | | | | | | | | | | | | |  | | **15. Nazwa banku** | | | | | | **16. Numer rachunku bankowego** | | | | | | | |  | | | | | | | | | | | | | | | |  | **A3. Osoby upoważnione do reprezentowania podmiotu5** | | | | | | | | | | | | |  | | **17. Imię i Nazwisko** | | | | | | | | **18. Funkcja** | | | | | |  | | | | | | | | | | | | | | | |  | **A4. Koordynator programu** | | | | | | | | | | | | |  | | **19. Imię i Nazwisko** | | | | | | | | | | **20. Telefon4** | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **B. Informacja o zasobach kadrowych i rzeczowych** | | | | | | | | | | | | | | | |  | **B1. Informacja o zasobach kadrowych i kompetencjach osób wykonujących program** | | | | | | | | | | | | |  | | **21. Liczba osób udzielających świadczeń zdrowotnych w ramach programu** | | | | | | | | | | | | | |  | **22. Kwalifikacje zawodowe** | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Objaśnienia:  1 W odpowiednich polach należy wstawić znak X.  2 Imię i nazwisko w przypadku składania oferty przez osobę wykonującą zawód medyczny w ramach indywidualnej specjalistycznej praktyki lekarskiej.  3 W przypadku podmiotu wykonującego działalność leczniczą – numer wpisu do organu prowadzącego rejestr podmiotów wykonujących działalność leczniczą. W pozostałych przypadkach – numer wpisu do właściwego rejestru i oznaczenie organu dokonującego wpisu.  4 Należy podać także numer kierunkowy.  5 Należy podać imiona i nazwiska osób upoważnionych do reprezentowania i dokonywania zobowiązań finansowych (zawierania umów) w imieniu podmiotu. | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | **B2. Informacja o zasobach rzeczowych** | | | | | | | | | | | | |  | | **23. Miejsce realizacji programu – warunki lokalowe; wyposażenie w aparaturę i sprzęt medyczny oraz w środki transportu i łączności** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | | **C. Realizacja Programu** | | | |  | **C1. Cel programu** |  | | **24. Informacje o celach działań planowanych w ramach programu** | |  | | | |  | **C2. Termin i miejsce realizacji programu** |  | | **25. Okres realizacji programu** | |  | | | |  | **C3. Adresaci programu** |  | | **26. Informacja o docelowej liczbie adresatów programu** | |  | | | |  | **C4. Szczegółowy sposób realizacji programu** |  | | **27. Dokładny opis realizacji programu** | |  | | | |  | | | | **C5. Harmonogram działań w zakresie realizacji programu⁶** | | | |  | | | |  | | | | |  |  | | --- | --- | | **28. Rodzaj działania z uwzględnieniem realizatorów - personelu medycznego (liczba i sposób zaproszeń do Programu, rodzaj badań, forma edukacji zdrowotnej, itp.)** | **Miejsce i czas realizacji** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | |  | | | | Objaśnienia:  6 Należy wymienić poszczególne działania Programu – rodzaj działania, proszę podać miejsce i czas ich realizacji ,np. liczbę spotkań, liczbę badań, wykaz osób biorących udział w realizacji poszczególnych działań i ich kompetencje oraz wykaz aparatury i sprzętu medycznego.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **D. Kosztorys** | | | | | |  | **Lp.** | **Rodzaj kosztu / wydatku7** | **Kwota** |  | |  | **1** |  |  |  | |  | **2** |  |  |  | |  | **3** |  |  |  | |  | **4** |  |  |  | |  | **5** |  |  |  | |  | **6** |  |  |  | |  | **7** |  |  |  | |  | **8** |  |  |  | |  | **9** |  |  |  | |  | **10** |  |  |  | |  | **11** |  |  |  | |  | **12** |  |  |  | |  | **13** |  |  |  | |  | **14** |  |  |  | |  | **15** |  |  |  | |  | **16** |  |  |  | |  | **17** |  |  |  | |  | **18** |  |  |  | |  | **19** |  |  |  | |  | **20** |  |  |  | |  | **Razem**  **Cena świadczenia w przeliczeniu na 1 osobę objętą programem w etapie I - wstępnym Programu** | |  |  | |  | **Koszty programu - ogółem** | |  |  | |  | | | | |  |  |  |  | | --- | --- | --- | |  | | | |  | **Załączniki:**   1. **właściwy dokument stanowiący o podstawie działalności podmiotu – aktualny odpis z odpowiedniego rejestru oraz inne dokumenty informujące o statusie prawnym podmiotu składającego ofertę i umocowaniu osób go reprezentujących (ważny 3 miesiące od daty uzyskania);** 2. **oświadczenie potwierdzające, że w stosunku do podmiotu składającego ofertę nie stwierdzono niezgodnego z przeznaczeniem wykorzystania środków publicznych;** 3. **dokumenty potwierdzające posiadanie specjalizacji w dziedzinie medycyny odpowiadającej rodzajowi i zakresowi wykonywanych świadczeń zdrowotnych oraz dokumenty potwierdzające prawo do wykonywania zawodu, w odniesieniu do lekarzy mających świadczyć usługi medyczne w ramach programu objętego ofertą konkursową.** |  | |  | **Oświadczam, że zapoznałem się z treścią ogłoszenia Prezydenta Miasta Rzeszowa z dnia  13 marca 2018 r. o konkursie ofert na realizację programu polityki zdrowotnej pn.: ”Program badań przesiewowych w kierunku wczesnego wykrywania i leczenia powikłań ocznych cukrzycy dla osób z cukrzycą typu 2, powyżej 45 roku życia”** |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **29. Data podpisania** | | | | | | | | | | **30. Podpis osób upoważnionych do składania oświadczeń woli w imieniu składającego  ofertę** |  | | **D** | **D** | **-** | **M** | **M** | **-** | **R** | **R** | **R** | **R** | |  | | | | | | | | | | | | | |  | |  | | |  |  | | --- | | Objaśnienia:  7 Należy podać koszty osobowe, rzeczowe oraz pozostałe (wymienić jakie), stanowiące podstawę wyliczenia ceny świadczenia w przeliczeniu na 1 osobę objętą programem. | | | | |
|  |
|  |