**BIDDER RESPONSE DOCUMENT**

**RFP REF NO.: MC-NG-001**

**Please provide information against each requirement.**

Additional lines can be inserted for all questions as necessary.

**Section 1 - Bidder’s Experience**

1. Please outline the company’s experience in distribution operations in Nigeria. This should include demonstrated experience with nationwide deliveries in the past, any value added services and the bidder’s demonstrated capabilities of sourcing and organizing transport from Lagos port/airport to Sokoto, Zamfara, Jigawa and Katsina states.

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**Section 2 - Bidder’s Company Information**

1. General information

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| --- |
| Company name: |
| Number of years in Operation in Nigeria:  |
| Registered name of company (if different): |
| Any other trading names of company: |
| Primary Contact Name: | Job title :  |
| Phone: | Fax: |
| Email: | Website:  |
| Principal Address: | Registered Address: | Payment Address: |
| Nigeria Company Registration number |  | Date of registration: |  |
| VAT/Tax registration number: |  | Annual Turnover: |  |
| Names of Nigeria Company Directors: |
| Name of any Parent company:  |
| Location of Registered Office of the Parent Company: |
| Legal relationship with Parent Company: |

1. Please provide the following details forat least 3client references which Malaria Consortium can contact (preferably INGOs / Humanitarian Organisations with similar requirements).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 1** |  | Length of Contract |  | Monetary value of contract: |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 2** |  | Length of Contract |  | Monetary value of contract: |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 3** |  | Length of Contract |  | Monetary value of contract: |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied:  |

The client organisations’ responses will also act as your Referees. If any of the information supplied is deemed false following reference checks, your response to this RFP will be disqualified.

1. Please provide details of insurances held by the company for the period January 1st to December 31st, 2018. These must include vehicle accident insurance to cover any accidents, as well as goods in transit insurance which must cover any losses or damage to goods which may occur during all transport operations.

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Type | Brief description of what the insurance covers | Maximum claim value | Any relevant restrictions on the insurance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide a copy of all the above insurances with your bid.

1. Please provide details of your three largest customers, and indicate how much they contributed to your turnover over the past year:

|  |  |
| --- | --- |
| **Client organisation** | **% contribution to turnover** |
| 1. |   |
| 2. |   |
| 3. |   |

1. Do you operate the following policies within your company? If yes to any of the above please provide a copy with your bid.

|  |  |  |
| --- | --- | --- |
| **Policies** | **Yes / No** | Outline how these policies are embedded and adhered to within your organisation |
| Fraud and Bribery |  |  |
| Equality & Diversity Policy |  |  |
| Environmental Policy |  |  |
| Quality Management Policy |  |  |
| Health & Safety Policy |  |  |

1. Outline how you comply with environmental statutory and regulatory requirements

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1. Detail the locations you have operations in Nigeria

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Office Location | Services offered by the Office | Total Number of Staff | Presence since (year) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. Will you be subcontracting any activities in order to supply Malaria Consortium?

Yes [ ]  No[ ]

If yes, give details of relevant subcontractors and what operations they would carry out:

|  |  |  |
| --- | --- | --- |
| **Subcontractor** | **Location** | **Operation**  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Outline the number and size of trucks available to the company below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 MT – 5 MT | 5 MT – 10 MT | 10 MT – 20MT | 20 MT + |
| Number of trucks Owned by the company |  |  |  |  |
| Number of trucks available to the company by way of renting/leasing |  |  |  |  |

For any trucks that would be available to you by way of renting or leasing, please outline how you would go about checking the safety and quality of the vehicles and the owner.

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1. Do you have a system for tracking your vehicles? If so, please provide details, confirming of this is available for both owned and rental vehicles.
2. Please outline the processes you have in place to manage the volatile safety and security context in Nigeria

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**Section 3 - Declaration by the Bidder:**

We, the Bidder, hereby confirm compliance with:

* Malaria Consortium Terms and Conditions of Purchase
* Malaria Consortium’s Child Protection policy
* Malaria Consortium’s Anti-Fraud and Anti-Corruption policy

We also confirm that Malaria Consortium may in its consideration of our offer, and subsequently, rely on the information provided in this document.

I, (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am authorized to represent the above-detailed company and to enter into business commitments on its behalf.

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The terms and conditions and policies can be found at the end of the RFP document.*