**About this Bidder Response Document:**

The questions in this BRD will be used to evaluate your suitability to supply the product/service/work you are bidding for. The following BRD scoring matrix will be used to evaluate your responses, therefore we expect detailed answers to assess your bid in a fair and accurate way. Please give your answers directly in the document (no handwriting).

|  |  |
| --- | --- |
| **Assessment Score** | **Score** |
| Question not answered | 0 |
| **Very poor**: fails to demonstrate required capacity, capability, experience and track record. | 1 |
| **Poor:** limited evidence of required capacity, capability, experience and track record. | 2 |
| **Satisfactory**: provides sufficient evidence of required capacity, capability, experience and track record to undertake the services. | 3 |
| **Good**: shows good evidence of required capacity, capability, experience and track record that meets the service requirements. | 4 |
| **Very good**: shows considerable evidence of capacity, capability, experience and track record in all areas. | 5 |

**Section 1 - Bidder’s Experience**

1. Please outline the company’s experience in delivering the required products, services or works. This should include demonstrated experience with the delivery in the past, any value-added services.

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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 the Country: | | | | | | |
| 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: | |
| Company Registration number |  | | | Date of registration: | |  |
| VAT/Tax registration number: |  | | | Annual Turnover (add currency): | |  |
| Names of Company Directors: | | | | | | |
| Name of any Parent company: | | | | | | |
| Location of Registered Office of the Parent Company: | | | | | | |
| Legal relationship with Parent Company: | | | | | | |

Has your company ever had a contract ended early by breach of performance?

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| --- |
| Yes/No  If Yes, please give any details: |

Has your organisation?

|  |  |
| --- | --- |
| a) been convicted of a criminal offence relating to the conduct of your business or profession; | Yes/No |
| b) committed an act of grave misconduct in the course of your business or profession; | Yes/No |
| c) failed to fulfil obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which you are established; | Yes/No |
| d) failed to fulfil obligations relation to the payment of taxes under the law of any part of the United Kingdom or of the relevant country in which you are established; or | Yes/No |
| e) been guilty of serious misrepresentation in providing any information required of you under the Laws and Regulations of your country | Yes/No |

Is your business registered with a trade or professional register(s)?

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| --- |
| Yes/No  If Yes, please give any details: |

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 response to this question 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.

Does your organisation pay taxes in the country of residence (VAT, income tax, corporation tax, national insurance)? Please attach evidence of tax remittance for the last 3 years.

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| --- |
| Yes/No  Comment: |

**Section 3 – Governance**

Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account (Ethics, risk management, compliance, and administration)

Do you operate the following policies within your company? If yes, please provide a copy with your bid.

|  |  |  |
| --- | --- | --- |
| **Policies & Procedures** | **Yes / No** | Outline how these policies are embedded and adhered to within your organisation |
| Code of Conduct |  |  |
| Whistleblowing procedure |  |  |
| Fraud & Bribery Policy |  |  |
| Equality & Diversity Policy |  |  |
| Environmental Policy |  |  |
| Quality Management Policy |  |  |
| Health & Safety Policy |  |  |
| Safeguarding Policy |  |  |
| Recruitment Policy |  |  |
| Corporate Social Responsibility Policy |  |  |

Does your organisation recognise and understand the conventions of the International Labour Organisation (ILO)?

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| --- |
| Yes/No  Comment: |

How does your organisation deal with Conflicts of Interests?

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| --- |
| Comments: |

Does the organization have formal written HR policies and procedures on Remuneration, Staff Development, Job Performance Appraisal?

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| --- |
| Yes/No  Comment: |

**UK General Data Protection Regulation (UK GDPR)**

How does your organisation manage the storage and processing of confidential information?

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| --- |
| Comment: |

**Safeguarding**

Do you have a named, designated person(s) in the organisation responsible for any issues relating to safeguarding?

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| --- |
| Yes/No  Comment: |

Do you have clear accountability structure to ensure that all personnel understand their place in the organisation and how they receive support and guidance on safeguarding issues?

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| --- |
| Yes/No  Comment: |

Do you have a safeguarding policy that is checked annually and reviewed every three years and ensure it reflects changes in legislation and guidance?

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| --- |
| Yes/No  Comment: |

Do you include statement that reflects a clear commitment to safeguarding in job descriptions for those with access to vulnerable groups?

|  |
| --- |
| Yes/No  Comment: |

Please confirm if induction for all personnel does include information on safeguarding and how to report abuse, and please include policies you have for reporting allegations made and whistleblowing?

|  |
| --- |
| Yes/No  Comment: |

Do you ensure all personnel know where to access information on safeguarding and who to contact for advice and guidance?

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| --- |
| Yes/No  Comment: |

Do you have in place a training and development strategy that includes relevant safeguarding policies and procedures, individual’s responsibilities for safeguarding, how to recognise and report abuse and any specialist training required relevant to their position?

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| --- |
| Yes/No  Comment: |

Do you follow safer recruitment principles, with interviews that include questions designed to test attitudes and motivation towards safeguarding?

|  |
| --- |
| Yes/No  Comment: |

Do you have a code of conduct that promotes safer working practice, with clear expectations of staff behaviour?

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| --- |
| Yes/No  Comment: |

Does the organisation commit to the principle of ‘zero tolerance’ on bullying, harassment and sexual exploitation, abuse, harassment? If yes, please describe what the organisation has in place to address these behaviours.

|  |
| --- |
| Yes/No  Comment: |

**Insurance**

Please provide details of all relevant insurances held by the company. The evidence should include the name of the insurers, policy numbers, expiry dates and limits for any one incident and annual aggregate caps and the excesses under the policies.

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Type | Brief description of what the insurance covers | Maximum claim value | Any relevant restrictions on the insurance |
|  |  |  |  |
|  |  |  |  |
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Please confirm that if your insurance cover does not currently meet the requirements of Malaria Consortium as stated in the Contract Terms and Conditions, you will be prepared to increase the levels accordingly if your organisation is awarded the Contract

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| --- |
| Comment: |

**Disputes**

Is there any material pending or threatened litigation or other legal proceedings connected with similar projects against your company, its parent company and/or any of its named supply chain members (subcontractors)?

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| --- |
| Yes/No  Comment: |

Has there been any material litigation or other legal proceedings connected with similar projects against your company, its parent company and/or any of its named supply chain members (sub-contractors) in the last three years?

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| --- |
| Yes/No  Comment: |

**Health and Safety**

How are the company’s health and safety policies and procedures conveyed to the staff?

|  |
| --- |
| Comment: |

Do you monitor your company’s health & safety performance?

|  |
| --- |
| Yes/No  Comment: |

**Environmental Issues**

Does your organisation have a sustainability and/or environmental management policy?

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| --- |
| Yes/No  Comment: |

Does your organisation’s sustainability and/or environmental management policy meet the standards in the EcoManagement & Audit Scheme (EMAS), ISO14001, EN16001 or equivalent?

|  |
| --- |
| Yes/No  Comment: |

Does your organisation have a carbon, climate change or energy efficiency strategy, policy or action plan?

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| --- |
| Yes/No  Comment: |

Does your organisation have a sustainable procurement strategy?

|  |
| --- |
| Yes/No  Comment: |

Does your organisation dispose of the waste generated during the manufacture or provision of your product or service?

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| --- |
| *If yes, please give specific details of the different types of waste and how they are disposed of and reference relevant section / page number of your internal SOP.* |

Does your organisation use any recyclable or reusable materials?

|  |
| --- |
| Yes/No  Comment: |

Does your organisation monitor and regulate the following areas within its operations?

|  |  |
| --- | --- |
| a) Energy usage / Carbon emissions | Yes/No |
| b) Water usage | Yes/No |
| b) Solid waste | Yes/No |
| If yes to any of the above, please submit documentary evidence. Indicate if enclosed and reference relevant section / page number. | Yes/No |

Has your organisation been prosecuted in relation to environmental Legislation?

|  |
| --- |
| If yes, please provide evidence of corrective action taken and reference relevant section / page number of your SOP. If no, please state “not applicable”. |

**Subcontracting**

How does your organisation carry out due diligence for on boarding suppliers (Please describe vetting process)?

|  |
| --- |
| Comment: |

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** |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 4 – Additional queries about the product/service/work**

Detail the locations you have offices in the Country (expand table if required).

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

1. How will you ensure we always receive the best price for the products/services you would supply?

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1. Can Malaria Consortium make all payments from the United Kingdom in Metical MZN by bank transfers within 30 days of proof of delivery and final invoice? (For insurance, on the 5th of every month) If you cannot accept these payment terms, please detail what currency and payment method is preferred.

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**Section 5 – Declaration by the Bidder:**

We, the Bidder, hereby confirm compliance with:

* Malaria Consortium Terms and Conditions of Purchase
* Malaria Consortium’s Safeguarding policy
* Malaria Consortium’s Anti-Fraud and Anti-Corruption policy
* Malaria Consortium’s Anti-Bribery Policy

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

|  |
| --- |
| We also confirm that Malaria Consortium may in its consideration of our offer, and subsequently, rely on the information provided in this document and have the right to arrange a site visit and any audit if deemed necessary.  I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  am authorized to represent the above-detailed company and to enter into business commitments on its behalf.  Company……………………………………………………………………...  Date……………………………………  Stamp……………………………………. |