**BIDDER RESPONSE DOCUMENT**

**Please provide information against each requirement.**

Additional rows can be inserted for all questions as necessary.

**Section 1 - Bidder’s Experience**

1. Please outline the company’s experience in delivering data protection audit services. This should include demonstrated experience with the delivery in the past and any value-added services.

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

a. 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(Attach CAC certificate) |  | Date of registration: |  |
| VAT/Tax registration number: |  | Annual Turnover: |  |
| Names of Company Directors: |
| Name of any Parent company:  |
| Location of Registered Office of the Parent Company: |
| Legal relationship with Parent Company: |

b. 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 services provided:  |

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

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

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 EOI will be disqualified.

c. Please provide details of all relevant insurances held by the company.

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| --- | --- | --- | --- |
| Insurance Type | Brief description of what the insurance covers | Maximum claim value | Any relevant restrictions on the insurance |
|  |  |  |  |
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Please provide a copy of all insurances with your bid.

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

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| --- | --- | --- |
| **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 |  |  |
| Data Protection Policy |  |  |
| Health & Safety Policy |  |  |

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**  |
|  |  |  |
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1. Provide a narrative explanation of the necessary services to be provided to MC including CVs of the key members of the team. The narrative should not be longer than three (3) pages. (Insert in the box below)

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1. What are the common observations and lessons from your past audit assessment of third-party engagement compliance with data regulation to an organization? Please insert a minimum of 3 examples

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1. Have you ever supported an organisation in the development of a Data privacy policy and framework document? If so, kindly give a brief outline on steps or approach

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1. Provide a work plan and anticipated timelines for service based on the proposed output and deliverables provided (insert below)

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1. Provide evidence of Previous Similar POs/Contracts- Minimum of two from individual Organizations

1. Provide a full Price proposal and the costing principles for the proposed audit service (insert in the box below)

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I understand that this contract in reference to this bid may be awarded in Part or full and that Malaria consortium reserves the right to award contracts to multiple service providers if deemed to be in its best interest

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

We, the Bidder, hereby confirm compliance with:

* Malaria Consortium Terms and Conditions of Purchase
* Malaria Consortium’s Anti-Fraud and Anti-Corruption policy
* Malaria Consortium’s Anti-Bribery Policy
* Malaria Consortium’s Safeguarding Policy
* Malaria Consortiums Data Protection 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.I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am authorized to represent the above-detailed company and to enter into business commitments on its behalf.Company ……………………………………………………………………...Date ……………………………………………………………………..  |