**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 the required hotel and hospitality services. 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(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: |

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

**Has the referee filled MC referee questionnaire? is it attached to submission**?

 Yes [ ]  No[ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.

**This bid is limited to only hotels resident in Nasarawa State**

1. Provide below evidence of Previous Similar POs/Contracts (Minimum of 3 from individual Organizations)

Is it attached to submission?

Yes [ ]  No [ ]

1. Provide CAC Certificate and Tax Clearance documents for the last two years.

Is it attached to submission?

Yes [ ]  No [ ]

1. Please provide details of required security considerations in your facility (see evaluation criteria).

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1. Please provide details on the type, number of halls you have and their respective capacity in conformance with COVID 19 protocols (please fill the table below)

|  |  |  |  |
| --- | --- | --- | --- |
| Hall Size | Quantity (in number) | Air Conditioning (Yes/No) | Public Address System and Projector (Yes/No) |
| 50-Seater-  |  |  |  |
| 80-Seater-  |  |  |  |
| 100-Seater-  |  |  |  |
| 150-seater and above |  |  |  |

1. Kindly provide more information on your facility. Please tick the check boxes applicable.
2. Availability of internet service (rooms and halls) - Yes [ ]  No [ ]
3. Availability of Air Conditioners in all available rooms - Yes [ ]  No [ ]
4. Multiple toilets within the facility - Yes [ ]  No [ ]
5. 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. 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**  |
|  |  |  |
|  |  |  |
|  |  |  |

**PRICING PROPOSAL**

1. Give a summary of your rates for the items to be supplied to Malaria Consortium Location inNasarawa State in table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Service Request*** | ***Specification of services to be provided*** | ***Quantity*** | ***Unit*** | ***Tentative Delivery Dates*** | ***Unit price in Naira*** | ***Total price in Naira*** |
| **Accommodation for facilitators** | **Accommodation (standard room)- bed and breakfast.** | 14 | 1 | 14th May 2023 |  |  |
| **Facilitators Preparatory meeting meals**  | **Provision of Morning Tea breaks for 16 participants** * Tea, Coffee, Sugar, and sachet of Milk
* Snacks – (1 snack and 1 Protein)
* Drink - (50cl bottled water)
 | 21 | 1 | 15th of May 2023 |  |  |
| **Provision of Buffet Lunch- 16 participants** * Rice (Jollof or fried) 80%
* Swallow (Pounded yam, wheat and Semo) with 2 kinds of soups (Egusi and Ogbono or vegetable) 20%
* Protein - (Two pieces of beef, goat or Chicken)

Drink - (One 60cl bottled water) | 21 | 1 | 15th May 2023 |  |  |
| **Preparatory meeting Hall**  | **Hall for Training- Hall size (30-seater capacity)** | 1 |  1 | 15th May 2023 |  |  |
| **Accommodation for participants**  | **Accommodation (standard room)- bed and breakfast.**130 participants for 3 nights. | 130 | 3 | 15th to 17th of May  |  |  |
| **NTOT Training Meals for participants** | **Provision of Morning Tea breaks for 148 participants X 2 day*** Tea, Coffee, Sugar, and sachet of Milk
* Snacks – (1 snack and 1 Protein)
* Drink - (50cl bottled water)
 | 148 | 2 | 16th and 17th of May 2023 |  |  |
| **Provision of Buffet Lunch- 148 participants X 2 day** * Rice (Jollof or fried) 80%
* Swallow (Pounded yam, wheat and Semo) with options for soups (Egusi, vegetable or Ogbono) 20%
* Protein - (Two pieces of beef, goat or Chicken)
* Drink - (One 60cl bottled water)
 | 148 | 2 |  |  |
| **Provision of Evening Tea breaks for 148 participants X 2 day*** Tea, Coffee, Sugar, and sachet of Milk
* Snacks – (1 snack and 1 Protein)
* Drink - (50cl bottled water)
 | 148 | 2 |  |  |
| **Hall for NTOT Training** | **Halls for Training- Hall size (Four, 50-seater capacity for 2 Days)*** 4 individual halls per day for 2 days
 | 4 | 2 | 16th and 17th of May 2023 |  |  |

1. Malaria Consortium requires that the exact quantity of goods and services are delivered. Do you have a means of ensuring that the actual quantities are supplied? If so, please provide details.

**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

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

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| --- |
| 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 business commitments on its behalf.Company: ………………………………………………………………...Date: ……………………………………………………………………. Sign: …………………………………………………………………….  |