**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 supplies 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  (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).

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

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

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

1. Provide below three relevant client references for similar contracts submitted as written recommendations on letter headed paper from three individual Organisations.
2. Provide below evidence of Previous Similar POs/Contracts (Minimum of four from individual Organizations)
3. Provide below Letter of sound financial standing within request period
4. 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 |  |  |
| Health & Safety Policy |  |  |

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

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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:

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| **Subcontractor** | **Location** | **Operation** |
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1. Give a summary of your rates for the items to be supplied to Malaria Consortium Location in**:** Bauchi, FCT, Oyo, Kebbi, Kogi, Nasarawa, Plateau and Sokoto States.

**Please note that award will be made per line item, with the below table showing the Items specification and the total quantities to be printed. Ensure delivery costs are included per line item and ensure to provide a grand total. Please input delivery lead-time per line item.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Item** | **Specification** | **Total for All Locations** | **Unit Cost NGN** | **Delivery Cost NGN** | **Total Cost NGN** | **Delivery Leadtime** |
| **1** | SMC training flip book (HFW) | 250mg full colour, Art card with spiral binding and Hard bond paper. Instructional materials arranged to show same page between instructor on one side and participant on the flip side. See provided sample for additional details.  78 Sheets, 155 Pages |  |  |  |  |  |
| **2** | SMC training flip book (CDD) | 250mg full colour, Art card with spiral binding and Hard bond paper. Instructional materials arranged to show same page between instructor on one side and participant on the flip side. See provided sample for additional details. From Modules 1 - 6. For CDD training only  38 Sheets, 76 Pages |  |  |  |  |  |
| **3** | Child record card | A6 Size 210X255grms/250 grams/Art card/black printing on one side  1 Sheet |  |  |  |  |  |
| **4** | Tally sheet | A4 Portrait, 250 grams- white card, black and white printing on both sides.  1sheet, 2 pages |  |  |  |  |  |
| **5** | LM Tally Sheet | A4 Portrait Front only, white card  1 page |  |  |  |  |  |
| **6** | Referral booklet | A4 Portrait in a Booklet Form Duplicate/carbonized/ white paper and carbon copy/stitched/cardboard cover/60grams/numbered/perforated/trimmed/ A4 size black and white printing.  60 grams carbonized Duplicate (white and pink colour)  50 sheets (x2) |  |  |  |  |  |
| **7** | Job Aid | A2 size folded into A3, Art card; printing on both sides, White card, Full colour printing and laminated.  1 sheet |  |  |  |  |  |
| **8** | Daily summary forms | A3 Paper in register format (Landscape).  The 2 Pages to be printed front & back at 50 pages per booklet.  Cover- 250 grams front and back cover |  |  |  |  |  |
| **9** | End-of-Cycle booklet (20 sheets in duplicate) | A4 Paper, duplicate (white and pink colour)/carbonized/20 Sheets (x2) white paper and carbon/stitched/cardboard cover/numbered/perforated/trimmed/ black and white printing |  |  |  |  |  |
| **10** | Pharmacovigilance booklet | Triplicate, carbonised/ 50 sheets (x3)/stitched/inner carbonised/ cover bristle card/numbered/perforated/trimmed/ A4 size |  |  |  |  |  |
| **11** | Inventory control card | A4 Size Green thick and manila card, printing on both sides with black and white printing. |  |  |  |  |  |
| **12** | FAQs leaflet | A4, Gloss, 80grams leaflet full colour, back and front printing |  |  |  |  |  |
| **13** | End-of-Cycle forms (single sheets for training) | A4 size 80 grams, portrait, Black and White printing, white paper  1 page |  |  |  |  |  |
| **14** | Referral forms (single sheets for training) | A4 size 80 grams, portrait, Black and White printing, white paper  1 page |  |  |  |  |  |
| **15** | Pharmacovigilance forms (single sheets for training) | A4 size 80 grams, portrait, Black and White printing, white paper  1 page |  |  |  |  |  |
| **16** | IRV Sheets | A4 size 80 grams, portrait, Black and White printing, white paper |  |  |  |  |  |
| **17** | IRV Booklets (CMS) (Triplicate Sheets for LMD) | A4 (21 x 29.7cm)/Portrait Print/Triplicate (Set of 3sheets - White, Blue, Yellow paper)/Carbonless (60 GSM)/Black & White Print/150 Sheets (50Sets) per booklet/Stitched/Cardboard Cover/Numbered/Perforated/Trimmed. |  |  |  |  |  |
| **18** | IRV Booklets (HF) (Triplicate Sheets for Reverse Logistics | A4 (21 x 29.7cm)/Portrait Print/Triplicate (Set of 3sheets - White, Blue, Yellow Paper)/Carbonless (60 GSM)/Black & White Print/30 Sheets (10Sets) per booklet/Stitched/Cardboard Cover/Numbered/Perforated/Trimmed. |  |  |  |  |  |
| **19** | Bank details sheets | A4 80 grams paper size, Landscape original, Black and white printing, white paper |  |  |  |  |  |
| **20** | Attendance sheets | A4 80 grams paper size, Landscape original, Black and white printing, white paper |  |  |  |  |  |
| **21** | SMC Daily Work Plan | A4 size 80 grams, portrait, Black and White printing, white paper |  |  |  |  |  |

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*\*Please note that delivery timeline means period from receipt of contract to supply in location\**

1. Malaria Consortium requires that the exact quantity of tools is pre-packed by location before delivery. 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 into business commitments on its behalf.  Company ……………………………………………………………………...  Date ……………………………………………………………………..  Sign ……………………………………………………………………. |