**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 services. This should include demonstrated experience with the delivery in the past, timeline of services, companies worked with and experience with same, management and communication style of the HMO. (**Please elaborate extensively to support evaluation)**

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

1. General information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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: | |  |
| 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).

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

1. Does the organisation have a relevant operations license as a health Management organisation in Nigeria? Is it attached to bid submission?

Yes  No

1. Does the organisation have a relevant company registration license as a health Management organisation in Nigeria? Is it attached to bid submission?

Yes  No

1. Does the organisation have availability of health coverage presence in MC states (See RFP)? Is your HMO Hospital list attached as proof?

Yes  No

1. Does the organisation have availability provide Services per MC requirement in RFP? Indicate how below

|  |
| --- |
|  |

1. Does the organisation have the ability to provide 24-hour services including emergency evacuation? Indicate how below

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| --- |
|  |

1. Will the organisation provide value added services to Malaria Consortium (outside minimum request margins? Indicate service expectations below if any

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**FINANCIAL CRITERIA**

1. What are the charges for sample minimum coverage as contained in the RFP doc? **(Please note that minimum coverage sample is not final award list and is provided for the basis of cost comparison)**

|  |  |  |
| --- | --- | --- |
| Package | Family | Single |
| Total cost per unit in NGN |  |  |

**ADDITIONAL INFORMATION**

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

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

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.

|  |  |  |
| --- | --- | --- |
| **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:

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

1. Detail the locations you have offices in the Country.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Office Location | Services offered by the Office | Total Number of Staff | Presence since (year) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**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
* 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.  I (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  am authorized to represent the above-detailed company and to enter into business commitments on its behalf.  Signature …………………………………………………………………………………………  Company ……………………………………………………………………...  Date …………………………………………………………………….. |