**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: | | | | | |

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

**THIS BID IS LIMITED TO YOBE STATE SERVICE PROVIDERS ONLY WHO ARE RESIDENT IN STATE**

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 two from individual Organizations)
3. Please provide CAC Certificate and Tax Clearance documents
4. Insert any related document supporting process as required

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. 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. Give a summary of your rates (production delivery to the LGAs) for the items to be supplied to Malaria Consortium Location in**:** Yobe States.

**Please note that award will be made per line item, with the below table showing the required menu and the total quantities to be supply. Ensure delivery costs are built in your quote and ensure to provide a grand total.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***LGA Cluster information for provision of service*** | ***Specification of Catering Service for meals expected*** | ***Number of units to be provided*** | ***Unit Price*** | ***Total Price*** |
| **Cluster 1 (Damaturu, Tarmuwa, Busari & Geidam LGA)** | **Provision of Tea break- Cluster 1**   * Snacks – (Meat Pie) * Protein - (One piece of beef) * Drink - (Soft drink- 35cl bottle of Coke/Fanta | 1,408 |  |  |
|  | **Provision of Lunch- Cluster 1**   * Rice (Jollof or fried) 80% * Swallow (Eba and Semo) with 2 kinds of soups (Egusi and Ogbono) 20% * Protein - (Two pieces of beef) * Drink - (One 60cl bottled water) | **1,921** |  |  |
| **Cluster 2 (Gujiba and Gulani LGAs)** | **Provision of Tea break- Cluster 1**   * Snacks – (Meat Pie) * Protein - (One piece of beef) * Drink - (Soft drink- 35cl bottle of Coke/Fanta | **736** |  |  |
|  | **Provision of Lunch- Cluster 1**   * Rice (Jollof or fried) 80% * Swallow (Eba and Semo) with 2 kinds of soups (Egusi and Ogbono) 20% * Protein - (Two pieces of beef) * Drink - (One 60cl bottled water) | **1,006** |  |  |
| **Cluster 3 ( Potiskun, Fune and Fika LGAs)** | **Provision of Tea break- Cluster 1**   * Snacks – (Meat Pie) * Protein - (One piece of beef) * Drink - (Soft drink- 35cl bottle of Coke/Fanta | **1,697** |  |  |
|  | **Provision of Lunch- Cluster 1**   * Rice (Jollof or fried) 80% * Swallow (Eba and Semo) with 2 kinds of soups (Egusi and Ogbono) 20% * Protein - (Two pieces of beef) * Drink - (One 60cl bottled water) | **2,250** |  |  |
| **Cluster 4 (Nangere and Jakusko)** | **Provision of Tea break- Cluster 1**   * Snacks – (Meat Pie) * Protein - (One piece of beef) * Drink - (Soft drink- 35cl bottle of Coke/Fanta | **793** |  |  |
|  | **Provision of Lunch- Cluster 1**   * Rice (Jollof or fried) 80% * Swallow (Eba and Semo) with 2 kinds of soups (Egusi and Ogbono) 20% * Protein - (Two pieces of beef) * Drink - (One 60cl bottled water) | **1,072** |  |  |
| **Cluster 5 (Bade, Yusufari and Yunusari LAGs)** | **Provision of Tea break- Cluster 1**   * Snacks – (Meat Pie) * Protein - (One piece of beef) * Drink - (Soft drink- 35cl bottle of Coke/Fanta | **1,132** |  |  |
|  | **Provision of Lunch- Cluster 1**   * Rice (Jollof or fried) 80% * Swallow (Eba and Semo) with 2 kinds of soups (Egusi and Ogbono) 20% * Protein - (Two pieces of beef) * Drink - (One 60cl bottled water) | **1,530** |  |  |
| **Cluster 6 (Karasuwa, Nguru and Machina)** | **Provision of Tea break- Cluster 1**   * Snacks – (Meat Pie) * Protein - (One piece of beef) * Drink - (Soft drink- 35cl bottle of Coke/Fanta | **1,010** |  |  |
|  | **Provision of Lunch- Cluster 1**   * Rice (Jollof or fried) 80% * Swallow (Eba and Semo) with 2 kinds of soups (Egusi and Ogbono) 20% * Protein - (Two pieces of beef) * Drink - (One 60cl bottled water) | **1,377** |  |  |
|  | **Grand Total** |  |  |  |

*\*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\**

1. Malaria Consortium requires that the exact quantity of materials 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 …………………………………………………………………….. |