

**BIDDER RESPONSE DOCUMENT FOR SUPPLY OF BASELINE AND MALARIOMETRIC SURVEY CONSUMABLES**

**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 |  | | | 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: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. Please provide details of all relevant insurances held by the company where applicable.

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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 if any.

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 statutory and regulatory requirements

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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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**PRICING PROPOSAL**

1. Give a summary of prices for the items/equipment to be supplied and delivered to Malaria Consortium (prices must be included in table below)

**Note: Please note that awards for supply will be made per line item**

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | **Specification** | **Unit** | **Quantity** | **Unit Cost (Naira)** |
| 1 | mRDT Kit – Antigen Pf | * mRDT P.f HRP- II (25 tests per pack) (WHO PQ) | pack | 440 |  |
| 2 | Sterile Lancets, spring-loaded | * Plastic retractable safety Lancets 28G (100 pieces per pack ) | pack | 110 |  |
| 3 | Alcohol swabs 70% | * Alcohol swabs 70% alcohol content (100 pieces per pack) | pack | 150 |  |
| 4 | HemoCue HB micro-cuvettes (301) | * HemoCue HB micro-cuvettes (301) (100 pieces per pack) | Pack | 110 |  |
| 5 | Automatic HemoCue HB analyser machine (301) | * Automatic HemoCue HB analyser machine (301 model) | Each | 2 |  |
| 6 | Sharp-boxes | * Medical waste collection safety boxes, 5.0L, cardboard sharps container (Sharp Box) | Each | 55 |  |
| 7 | TOTAL COST | | | |  |

DELIVERY INFORMATION

All items/equipment are to be delivered in Malaria Consortium Office in Abuja

**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.*

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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.  Sign:……………………………………………………………………...  Company:…………………………………………………………………  Date:…………………………………………………………………….. |