**BIDDER RESPONSE DOCUMENT**

**Please provide information against each requirement.**

Additional rows can be inserted for all questions as necessary.

**Section 1 - Bidder’s Company Information**

* 1. General information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name: | | | | | | |
| Number of years in Operation: | | | | | | |
| 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 details of your three largest customers, and indicate how much they contributed to your turnover over the past year:

|  |  |
| --- | --- |
| **Client organisation** | **% contribution to turnover** |
| 1. |  |
| 2. |  |
| 3. |  |

* 1. 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

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**Section 2 - 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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| --- | --- | --- | --- |
| **Year** | **Study / Survey (title)** | **Client** | **Description**  **(including methodology)** |
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* 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 |  | Approximate value of contract (MZN/USD): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 2** |  | Length of Contract |  | Approximate value of contract (MZN /USD): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 3** |  | Length of Contract |  | Approximate value of contract (MZN /USD): |  |
| 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. 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. List key staff who will be directly involved in the provision of services.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Role within offered services | Years of experience with supplier |
|  |  |  |  |
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**Section 3 – Service-Specific Questions**

3.1. Outline basic planning activities (preceding data collection) and tasks that will be carried out in preparation for the survey

* 1. How will you ensure the prevention and control of infection (Coronavirus disease COVID-19) transmission in all the survey activities especially for the protection of survey team and respondents?
  2. What experience do you have in using an electronic data collection platform for data collection? If yes, please explain how and outline your experience by giving examples of how you have used electronic data collection platform in the past, and which applications. Please highlight any experiences using SurveyCTO or ODK.
  3. What training activities will you carry out? Give details, including objectives and schedules
  4. How will you go about coordinating field activities? Please, describe the size and composition of your survey teams, including how survey team individuals are selected. Give details of supervision, data quality control and accountability approaches.
  5. Give details of your expertise in data analysis and interpretation. Provide examples of reports analyses that you would produce under this project.
  6. Describe how you will manage the budget and ensure accountability and value for money in all the transactions for the survey
  7. Kindly present a comprehensive workplan and timeline using the Gantt chart.
  8. Share a detailed timeline for your deliverables. At what point do you expect to provide Malaria Consortium with:

1. cleaned data files
2. preliminary analyses/reports
3. full narrative and financial reports

**Section 4 – Financial bid:**

1. Detailed budget for central personnel.
2. Detailed budget for joint/central activities and charges
3. Detailed budget for field activities for each district

**Section 5 - 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.  Company ……………………………………………………………………...  Date …………………………………………………………………….. |