**BIDDER RESPONSE DOCUMENT**

**RFP REF NO.: MC-UK-014 INTERNATIONAL FREIGHT**

**Please provide information against each requirement.**

Additional lines can be inserted for all questions as necessary.

**Section 1 - Bidder’s Experience**

1. Please outline the company’s experience in providing freight services. This should include demonstrated experience with the charity sector and with international deliveries of pharmaceutical supplies to Africa, pharmaceutical quality assurance (QA) management, GDP compliance, customs clearance and formalities management, main shipping/air lines and local agents with which you have agreed rates.

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

1. General information

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| Organisation name: | | | | | | |
| Registered name of company (if different): | | | | | | |
| Any other trading names of company: | | | | | | |
| Contact Name: | | | Job title : | | | |
| Phone: | | | Fax: | | | |
| Email: | | | Website: | | | |
| Principal Address: | | Registered Address: | | | Payment Address: | |
| Registration number |  | | | | Country of registration |  |
| VAT/Tax registration number: |  | | | | Date of registration |  |
| Legal status of company (i.e. sole trader, partnership, private limited company, other) | | | | | | |
| Primary services provided by your company | | | | | | |
| Date of audited accounts | | | | If this is more than 12 months ago, please explain why: | | |
| Duration of audited accounts | | | | If this is more than 12 months, please explain why: | | |
| Annual turnover | | | | Total net assets | | |
| Net profit | | | | Total current assets | | |
|  | | | | Total current liabilities | | |
| Names of directors | | | | | | |
| Names of shareholders having more than 10% stakes | | | | | | |
| Names of any major subsidiary companies | | | | | | |

1. Information relating to parent or holding company (if applicable)

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| Registered name of parent or holding company | |
| Registration number | Date of registration |
| Country of registration | Legal status |

*Please note that all further details provided after this question should relate to the company that will be the contractual partner if this tender is successful.*

1. Please complete the following table, adding additional rows where you have more than 1 location per country.

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| Country | Office Location - city (clarify if it is within a port and if yes which port) | Contracted Partner or Company office | Number of Company staff in the office per location | Company or contracted partner warehouse capacity per location (m2) | Number of pharmaceutical quality assurance experts per location | Company or partner customs clearing agent per location |
| Uganda |  |  |  |  |  |  |
| Mozambique |  |  |  |  |  |  |
| South Sudan |  |  |  |  |  |  |
| Ethiopia |  |  |  |  |  |  |
| Nigeria |  |  |  |  |  |  |
| Togo |  |  |  |  |  |  |
| Burkina Faso |  |  |  |  |  |  |
| Chad |  |  |  |  |  |  |
| Myanmar |  |  |  |  |  |  |
| Thailand |  |  |  |  |  |  |
| Cambodia |  |  |  |  |  |  |
| China |  |  |  |  |  |  |
| India |  |  |  |  |  |  |
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1. Please provide details of your five largest customers, and indicate how much they between them contributed to your turnover over the past year:

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| **Client organisation** | **Overall % contribution to turnover (USD)** |
| 1. |  |
| 2. |
| 3. |
| 4. |
| 5. |

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 |  | Estimated contract value (USD): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied: | | | | | |
| Performance targets and achievement against them: | | | | | |
| Service Level Agreements and how they were met: | | | | | |
| Approach to service delivery and how any challenges were overcome: | | | | | |

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| **Name of client 2** |  | Length of Contract |  | Estimated contract value (USD): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied: | | | | | |
| Performance targets and achievement against them: | | | | | |
| Service Level Agreements and how they were met: | | | | | |
| Approach to service delivery and how any challenges were overcome: | | | | | |

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| **Name of client 3** |  | Length of Contract |  | Estimated contract value (USD): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods / services supplied: | | | | | |
| Performance targets and achievement against them: | | | | | |
| Service Level Agreements and how they were met: | | | | | |
| Approach to service delivery and how any challenges were overcome: | | | | | |

The client organisations’ responses 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 outline any major changes (e.g. mergers, acquisitions, partnerships) planned in your organisation over the next two years):

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1. Please provide details of the freight insurance you offer, including for product recovery and replacement costs for international and national/inland legs of the supply chain. Please clarify if these insurances are valid in Nigeria, Chad, Burkina Faso, Mozambique and Uganda and highlight any limits and exclusions.

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1. Please give details of the levels and kinds of insurance held by your organisation that are relevant to freight agent services, describe to which areas of the service/organisation the insurance applies, and state the maximum value:

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1. Do you conform to any relevant Health and Safety and/or Green Logistics legislation and best practices for your industry?

Yes No

If yes, please provide details:

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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. Please outline how you check staff, suppliers and sub-contractors against the following sanctions list:

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| **List** | **Bidders response** |
| UK Treasury list |  |
| EC list |  |
| OFAC list |  |
| US treasury list |  |

1. What quality standards does your organisation adhere to, e.g. ISO?

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1. Did any NGO/UN agency or any independent organisation conduct a site visit for an accountability audit in the past 3 years?

Yes No

If yes, please provide the name of the organisation (optional), the year the audit was completed and if you currently have a formal contractual relationship with that agency?

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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. How do you assess your subcontractors in terms of quality, compliance with environmental and legal statutory requirements, competitiveness, ethical sourcing standards and capacity to supply?

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1. Outline your internal purchasing processes for sourcing freight and customs clearance services in a fair and transparent manner while delivering value for money.

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1. Outline your ability to support with product sample testing and customs clearance in Malaria Consortium countries (with a focus on Burkina Faso, Chad, Mozambique, Nigeria, Uganda)

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1. Do you have a system for tracking order readiness and shipments? If yes, please describe.

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1. What management information and KPI information can you provide to Malaria Consortium on a regular basis?

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1. Please describe any improvements you are planning for the future including electronic system enhancements and in what timeframe?

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1. Please outline your procedures for the management of Good Distribution Practice (GDP) of medicine products for human use, including compliance to UK MHRA and/or European Union Guidelines of 5 November 2013 on Good Distribution Practice of medicinal products for human use (2013/C 343/01).

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1. Please provide details of your out of hours services.

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1. Malaria Consortium will need to have full confidence that the selected forwarding agent is able to provide a sustained level of service and rapid response that meets the demands of a situation which may be fast-changing. Please outline the maximum response times, within normal working hours, that you would commit to for the following

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| **Request Type** | **Maximum Response time (hours / days)** |
| Request Acknowledgement |  |
| Request for quotation |  |
| Request status update |  |
| Request for collection |  |
| Customer Service Assistance requests |  |

1. Please outline any statistics you have on your adherence to SLAs with key customers

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1. Please confirm which languages your customer service can operate in. Malaria Consortiums operating language is English; French is a distinct advantage.

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1. Please clarify the locations and team size of Malaria Consortiums key focal points for this contract.

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1. Please confirm if you agree to participate in the following review calls and provide information against the following key performance indicators

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| Monthly Operations call  KPI review:   * On-Time pickup/Delivery rate * Delivery on time in full * Transit delays |  |
| Quarterly Business Review  KPI review:   * Quote to invoice accuracy * Response time * Quality of service scores * Planned time in- transit versus actual * Adherence to SOP and improvements |  |

**Section 2 – Pricing proposal**

1. Please provide an explanation of your costing methodology and charge structure so that it is transparent. Include all potential charges including your fees, insurance charges, management fee, line rental, port and shipping liner fees, etc. Please also clarify how you work to ensure that additional port, demurrage, detention fees remain minimised for each shipment.
2. Please provide a detailed example of a cost estimate for the following four (4) freight scenarios. Please ensure it is broken down by line item, with all costs and potential penalties clearly and transparently outlined. You can use your own quotation template.

In these scenarios, all 4 shipments would be ready for collection from January 1st 2021 and Malaria Consortium already has a relevant import duty exemption approval.

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| **1** | **From (collection FCA):**  Guilin Pharmaceutical Co., Ltd.  Address: No 43 Qilidian Road, Guilin, Guangxi, 541004, China  **To (delivery DAP):**  CENTRALE PHARMACEUTIQUE D’ACHAT (CPA)  ANGLE RUE CORNICHE ET AVENUE MOBUTU  BP : 1517 NDJAMENA, CHAD  **Cargo:**  3 x 40’ Reefer containers containing keep cool pharmaceuticals (product value of $1,166,640) **by sea freight**.  Estimated volume = 147.23 M3  Estimated weight = 23,083 KG |  |
| **2** | **From (collection FCA):**  Guilin Pharmaceutical Co., Ltd.  Address: No 43 Qilidian Road, Guilin, Guangxi, 541004, China  **To (delivery DAP):**  CENTRAL MEDICAL STORES, DUTSE  ADJACENT RASHEED SEKONI SPECIALIST HOSPITAL  JIGAWA STATE  **Cargo:**  20 x 40’ Reefer containers containing keep cool pharmaceuticals (product value of $7,819,350) **by sea freight.**  Estimated volume = 979 M3  Estimated weight = 153,500 KG |  |
| **3** | **From (collection FCA):**  Guilin Pharmaceutical Co., Ltd.  Address: No 43 Qilidian Road, Guilin, Guangxi, 541004, China  **To (delivery DAP):**  CENTRALE D’ACHAT DES MEDICAMENTS ESSENTIELS GENERIQUES ET CONSOMMABLES MEDICAUX (CAMEG)  Siège social : 01 BP 4877 Ouagadougou 01  **Cargo:**  7 x 40’ Reefer containers containing keep cool pharmaceuticals (product value of $2,548,980) **by sea freight.**  Estimated volume = 318 M3  Estimated weight = 49,852 KG |  |
| **4** | **From (collection FCA):**  Guilin Pharmaceutical Co., Ltd.  Address: No 43 Qilidian Road, Guilin, Guangxi, 541004, China  **To (delivery DAP):**  Pamela Achii  PSM Specialist/ Health Products  Ministry Of Health  Plot 6, Lourdel Road, Kampala  B.O Box 7272  **Cargo:**  7 x 40’ Reefer containers containing keep cool pharmaceuticals (product value of $2,548,980) **by air freight.**  Estimated volume = 13 M3  Estimated weight = 2,043 KG |  |

1. Please outline your validity period of price estimates for individual shipments.

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1. Can you fix these prices for the duration of the contract?

Yes  No

If not, please provide details of how long they will remain fixed for, and how often you expect to review the rates you charge for your services?

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1. If prices cannot be fixed for the duration of the contract, please specify factors that would affect the price and indicate how changes in these factors would affect the price of the stated services:

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1. How will you ensure we always receive the best price for freight for any given route and lead time?

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1. What financial penalties could apply to Malaria Consortium under your service agreement, if any, and why?

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1. Can Malaria Consortium make all payments from the United Kingdom in GBP by bank transfers within 30 days of proof of delivery and final invoice? If you cannot accept these payment terms, please detail what currency and payment method is preferred.

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**Section 3 – confirmation of bidder’s compliance**

We, the Bidder, hereby confirm compliance with:

* Malaria Consortium Terms and Conditions of Purchase
* Malaria Consortium’s Safeguarding policy
* Malaria Consortium’s Anti-Fraud and Anti-Corruption policy
* Malaria Consortium’s anti-bribery policy

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 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The terms & conditions and policies can be found at the end of the RFP document.*