**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 items or supplies. 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).

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

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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. 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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**Cost proposal**

1. Give a summary of your rates for the items to be supplied to Malaria Consortium Location inAkure South of Ondo state as specified in the table below.

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| --- | --- | --- | --- | --- | --- |
| **Line item #** | **Item Requested** | **Item Specification** | **Quantity** | **Unit price (Naira)** | **Amount (Naira)** |
| 1 | Facemask(cloth facemask) | WHO specification as per annex 1 below | 6874 |  |  |
| 2 | Infrared Thermometer | The thermometer measuring time is 1s and measurement range is 34oC to 42.9oC (93.2oF to 109.2oF) | 982 |  |  |
| 3 | Non-surgical Hand Gloves | Non-surgical Hand Gloves , 50 pairs per pack each. | 5892 |  |  |
| 4 | Total |  |  |  |  |

1. Will other complementary services, such as after sales support, be provided cost free? If yes, please state them.

**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.*

|  |
| --- |
| 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 …………………………………………………………………….. |