**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).

Is it attached to submission?

Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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, if applicable.

|  |  |  |  |
| --- | --- | --- | --- |
| Insurance Type | Brief description of what the insurance covers | Maximum claim value | Any relevant restrictions on the insurance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please provide a copy of all insurances with your bid.

1. Provide two relevant client **reference letters** for provision of printing services addressed to Malaria Consortium and after release date of this RFP.

Is it attached to submission?

Yes  No

1. Provide below evidence of Previous Similar printing POs/Contracts (Minimum of two from individual Organizations)

Is it attached to submission?

Yes  No

1. Do you operate the following policies within your company? If yes to any of the above, please provide a copy with your bid.

|  |  |  |
| --- | --- | --- |
| **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, if applicable.

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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:

|  |  |  |
| --- | --- | --- |
| **Subcontractor** | **Location** | **Operation** |
|  |  |  |
|  |  |  |
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**PRICING PROPOSAL (TO BE FILLED COMPULSORILY IN TABLE BELOW)**

1. Give a summary of your rates for the items to be supplied to Malaria Consortium Location in Niger, Kaduna, Kano, Jigawa and Yobe State

**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.**

**TABLE 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Item** | **Specification** | **Total Qty to be delivered** | **Unit Cost of Production**  **NGN** | | **Total Cost NGN** |
| **1** | **ANC Register** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 60 sheets (front & back printing) 120 Pages, Black and White print.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **20,580** |  | |  |
| **2** | **Immunization Tally Sheet** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 52 sheets (front & back printing) 104 pages Black and White print**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **9,952** |  | |  |
| **3** | **General Attendance Register** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 60 sheets (front & back printing) 120 pages, Black and White.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **20,908** |  | |  |
| **4** | **OPD Register** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 60 sheets (front & back printing) 120 pages, Black and White Print.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **21,521** |  | |  |
| **5** | **Monthly Summary Form [MSF]** | **Printed: Portrait A3**  **Inner: Carbonized paper (65gsm), Triplicate, 65 white, 65 blue and 65 Pink Colour, 195 sheets (Printed front only), Black print, Top Perforated for all sheets.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **9,952** |  | |  |
| **6** | **IPC Register** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 62 sheets (front & back printing) 120 pages, Black and White.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **1,572** |  | |  |
| **7** | **Immunization Register** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 62 sheets (front & back printing) 120 pages, Black and White.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **9,952** |  | |  |
| **8** | **Severe Malaria Register** | **Printed: Landscape A3**  **Inner: Bond paper (80gsm), 62 sheets (front & back printing) 120 pages, Black and White.**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **1,572** |  | |  |
| **9** | **NHMIS MSF for Secondary and Tertiary Health Facility** | **Printed: Portrait A3**  **Inner: Carbonized paper (65 grams, Duplicate, 50 white and 50 Pink Colour, 100 sheet (Printed front only), Black print, Top Perforated for all sheets**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **160** |  | |  |
| **10** | **Health Facility Monthly Data Triangulation Form** | **Printed: Portrait A3**  **Inner: Carbonized paper (65 grams, Duplicate, white and Pink Colour, 100 sheet (Printed front only), Black and White print, Top Perforated for all sheets**  **Cover: Front & Back, 300gsm card, full colour print**  **Finishing: Gloss Lamination, stitching, Stapled & Taped** | **9,952** |  | |  |
|  |  |  |  | |

**DELIVERY COST BREAKDOWN AND TIMELINE**

1. **Please insert delivery costs and delivery lead-time (in days) for each line item to the respective locations (Niger, Kaduna, Kano, Jigawa and Yobe State).**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Items** | **Qty** | **Delivery cost** | **QTY** | **Delivery cost** | **QTY** | **Delivery cost** | **QTY** | **Delivery cost** | **QTY** | **Delivery cost** | **Total** | **Total delivery cost** | **Delivery Lead-Time** |
| Niger | Kaduna | Kano | Jigawa | Yobe | QTY |
| 1 | ANC Register | 5,404 |  | 4,504 |  | 5,112 |  | 3,040 |  | 2,520 |  | 20,580 |  |  |
| 2 | Immunization Tally Sheet | 2,652 |  | 2,188 |  | 2,474 |  | 1,472 |  | 1,166 |  | 9,952 |  |  |
| 3 | General Attendance Register | 5,504 |  | 4,632 |  | 5,300 |  | 3,020 |  | 2,452 |  | 20,908 |  |  |
| 4 | OPD Register | 5,504 |  | 4,632 |  | 5,300 |  | 3,020 |  | 3,065 |  | 21,521 |  |  |
| 5 | Monthly Summary Form [MSF] | 2,652 |  | 2,188 |  | 2,474 |  | 1,472 |  | 1,166 |  | 9,952 |  |  |
| 6 | IPC Register | 300 |  | 384 |  | 528 |  | 180 |  | 180 |  | 1,572 |  |  |
| 7 | Immunization Register | 2,652 |  | 2,188 |  | 2,474 |  | 1,472 |  | 1,166 |  | 9,952 |  |  |
| 8 | Severe Malaria Register | 300 |  | 384 |  | 528 |  | 180 |  | 180 |  | 1,572 |  |  |
| 9 | NHMIS MSF for Secondary and Tertiary Health Facility | 30 |  | 40 |  | 50 |  | 20 |  | 20 |  | 160 |  |  |
| 10 | Health Facility Monthly Data Triangulation Form | 2,652 |  | 2,188 |  | 2,474 |  | 1,472 |  | 1,166 |  | 9,952 |  |  |

1. Malaria Consortium requires that the exact quantity of tools 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.*

|  |
| --- |
| 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 business commitments on its behalf.  Company ……………………………………………………………………...  Date ……………………………………………………………………..  Signature ………………………………………………………………………. |