

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

2. General information

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:			

3. Please provide the following details for at least 3 client 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.

4. 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.	

5. Please provide details of all relevant insurances held by the company. These must include vehicle accident to cover any accidents, as well as goods in transit which must cover any kind of losses or damage to goods which may occur during all transport operations.

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.

6. 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		

7. Outline how you comply with environmental statutory and regulatory requirements

8. 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

9. Give a summary of your rates for the items to be supplied to Malaria Consortium

	Item	Quantity to supply	Unit Price	Total Price	Currency
1	T- Shirts and Caps				
2	Hijabs				
3	Aprons				
4	Hand Bags				
5	Child Record Cards				
6	Tally Sheets				
7	Referral Form Booklets				
8	Job Aids				
9	Daily summary Forms				
10	End of Cycle Form Booklets				
11	Pharmacovigilance Form Booklets				
12	Supervisory Checklist				
13	Pre Test				

14	Post Test				
15	Inventory Control Cards				
16	Trainer's Guide				
17	Teaching Aids				
18	Attendance Register				
19	Training Agenda				

10. Will the rates provided be discounted based on an increase in the quantities to be supplied?

Items to be supplied	Rate: 1,000 units	Rate: 10,000 units	Rate: 100,000 units	Rate: 1,000,000 units
T- Shirts and Caps				
Hijabs				
Aprons				
Hand Bags				
Child Record Cards				
Tally Sheets				
Referral Form Booklets				
Job Aids				
Daily summary Forms				
End of Cycle Form Booklets				
Pharmacovigilance Form Booklets				
Supervisory Checklist				
Pre Test				
Post Test				
Inventory Control Cards				
Trainer's Guide				
Teaching Aids				
Attendance Register				
Training Agenda				

11. 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 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