

TENDER RESPONSE**Vehicle Hire services****REF NO: MC/VEHICLE HIRE/2019/005**

Please provide information against each requirement.

Additional rows can be inserted for all questions as necessary.

Section 1 - Bidder's general business details

1. General information

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:	
Date of registration:	VAT/Tax registration number:	
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 15 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% stake:		
Names of any major subsidiary companies:		

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

Registered name of parent or holding company:	
Registration number:	Date of registration:
Country of registration:	
Legal Status (i.e. sole trader, partnership, private limited company, other):	

Please note that all further details provided after this question 2 should relate to the company that will be the contractual partner if this tender application is successful.

3. Please list the main employees who would be involved with Malaria Consortium (include out of hours contact details for those persons nominated as key contacts out of hours)
Attach CVs of key individuals proposed for the assignment.

Name	Job title	Role for Malaria Consortium account	Direct telephone number	E-mail Address
1.				
2.				
3.				

4. Please provide address details for all sites: branches or offices.

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5. Please provide the following details for at least 3 client references which Malaria Consortium can contact (preferably INGOs / Humanitarian Organisations with similar services).

Name of client 1	Length of Contract	Monetary value of contract:
Contact Name	Phone Number	Email address
Outline of services supplied:		
Service Levels agreed (SLA's) and how these were met:		

Name of client 2	Length of Contract	Monetary value of contract:
Contact Name	Phone Number	Email address
Outline of services supplied:		
Service Levels agreed (SLA's) and how these were met:		

Name of client 3	Length of Contract	Monetary value of contract:
Contact Name	Phone Number	Email address

Outline of services supplied:
Service Levels agreed (SLA's) and how these were met:

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.

6. Please confirm that you have sufficient insurance cover to provide for all your potential liabilities under the agreement for supply of services and that you will maintain an adequate level of insurance cover throughout the term of the agreement

Yes No

If yes to the above please provide a copies with your bid.

7. Please provide proof and details of the levels and kinds of insurance policies (third party only, product liability, Third Party, Fire & Theft) held by your company, describe to which areas of the service / organisation that the insurance applies, and state the maximum value: Attach copies of current policies

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Please include details of any other insurances for freight that you hold, outside of any insurance that would be offered by third party freight companies.

8. Please provide details of your five largest customers, and indicate how much they contributed to your turnover over the past year:

Client organisation	% contribution to turnover
1.	
2.	
3.	
4.	
5.	

11. Do you operate the following policies?

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		

If yes to any of the above please provide a copy with your bid.

12. Confirming that the applied vehicles are having Insurance a comprehensive insurance (Full risk, total lost fire, theft, etc.) obligatory, passenger health & life, third party insurance policy: Yes/ No.

If yes, provide copies of valid insurance

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13. Do you have your own mechanical workshop either fixed workshops or remote workshops?

Yes No

If yes, give details of the workshop:

Name	Location	contact

14.

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Section 2: Bidder capacity

1. Please specify a minimum of ten vehicles (all types as indicated in the RFP) you have in your fleet in company names, and what is the lead time (more than 72 hours, within 48-72 hours, less than 48 hours) upon receiving an official request from Malaria Consortium.

Type of vehicle	Registration numbers	Year of manufacture	Engine Capacity	Qty

2. Names of Drivers (at least 6 Drivers).

Name	Class of Driver's License	Experience (years
1.		
2.		
3.		
4.		
5.		
6.		

3. What quality standards does your company adhere to e.g. ISO UNBS?

If yes to any of the above please provide a copy with your bid.

4. How fast a response time can you guarantee to provide services from the time of receipt of a purchase order?

5. What are your standard working hours and what out of hours' services do you provide, either at normal times or in the event of an emergency? Is there any additional cost related to the out of hours' assistance?

6. Are your drivers equipped with defensive driving skills?
Yes/No. _____. If yes attach proof.

7. Do you have a system for tracking your vehicles? If so, please describe.

8. Do you operate 7 days a week?

Yes No

Section 3: Pricing proposal

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, and how often you expect to review the rates you charge for your products/services?

2. 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 products/services:

3. How can you ensure we get the best price?

4. What added value is your company able to offer? What makes your company stand out from the competition within this specific client request? (please provide details as relevant)

5. What are your payment terms?

Section 4: Price Schedule

Date: *[insert date (as day, month and year) of bid submission]*
 Procurement Reference No: *[insert Procurement Reference number]*

VEHICLE INVENTORY & PRICE SCHEDULE

No.	Make	Engine Capacity	Sitting Capacity	Measure of unit	Quantity	Cost/day rate exclusive taxes (Ugx)
				Day	1	

Prices include:

- Comprehensive third-party Insurance
- Maintenance and repair charges
- Unlimited mileage
- Administrative Formalities
- Replacement vehicle in case of accident
- Driver salary / allowances based

Signed: *[signature of person whose name and capacity are shown below]*

Name: *[insert complete name of person signing the bid]*

In the capacity of *[insert legal capacity of person signing the bid]*

Duly authorized to sign the bid for and on behalf of: *[insert complete name of Bidder]*

Dated on _____ day of _____, _____ *[insert date of signing]*

Section 5: Confirmation of Bidder's compliance

We, the Bidder, hereby confirm compliance with:

- The required specification for the products
- Malaria Consortium's 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
- The IAPG Code of Conduct

The following documents and items are included in our bid:

- Section 1: Bidder's general business details
- Section 2: Bidder capacity
- Section 3: Pricing proposal

We confirm that Malaria Consortium may in its consideration of our offer, and subsequently, rely on the statements made herein.

Acceptance by the Bidder:

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Signature

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Name

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Job Title

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Company

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Date