**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. Company Experience: range and depth of organization’s experience in providing required products /services according to Malaria Consortium’s standards (Please give feedback in detail)

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

1. 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  (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. Provide below evidence of previous similar Pruchase Orders (POs) or Service Contracts with corresponding delivery notes/proof of delivery (Minimum of 2)

Is it attached to submission?

Yes  No

1. Provide company’s registration certificate from CAC and Tax Identification Number (TIN).

Are they attached to submission?

Yes  No

1. Are you willing to accept 100% payment after full delivery of services?

Yes  No

1. Please provide details on the number of guestrooms you have within your facility

|  |  |
| --- | --- |
| **Type of guestroom** | **Number of guestroom(s)** |
| Single room |  |
| Double room |  |
| Suite |  |

1. Please provide details on the capacity of conference halls you have with conformance with COVID 19 protocols (please fill the table below)

|  |  |  |
| --- | --- | --- |
| **Conference room size** | **Capacity of conference hall** | **Number of conference hall(s)** |
| Small conference room |  |  |
| Medium conference room |  |  |
| Large conference room |  |  |

1. Do you have air conditioner(s) in guestrooms and conference halls?
   1. Room - Yes  No
   2. Conference rooms - Yes  No
2. Do you have Internet Access /Wi-Fi in guestrooms and conference halls.
   1. Room - Yes  No
   2. Conference rooms - Yes  No
3. Do you provide projector/screen and public address system while using any of your conference hall?
   1. Projector/screen - Yes  No
   2. Public address system - Yes  No
4. Do you provide catering services (tea breaks and lunch)?

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. 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** |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 3 - Pricing proposal**

Give a summary of your rates for the services to be provided to Malaria Consortium. Indicate the location for your operations. If your organization wishes to provide required services in more than one of the States, kindly replicate the table below and fill accordingly, indicating location for each table showing costs. **Ensure that all costs are inclusive of complementary services offered (e.g., Wi-fi/internet, breakfast, projector, public address system, plates, cutlery, etc).**

Bidders may include a more detailed breakdown of their rates, other than that provided in the table below

**Locations:** Bauchi, FCT, Oyo, Kebbi, Kogi, Nasarawa, Plateau, Sokoto, Niger, Yobe, Kano, Kaduna, Jigawa, Osun, Ondo and Anambra.

**Bidder is expected to indicate the location they are bidding** in the subject of the email: **‘MC-NG-FWA-ABJ-2024-006-HH’,** followed by the location **i.e. MC-NG-FWA-ABJ-2024-006-HH/Abuja**

**Please indicate your location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Service description** | **Quantity** | **Unit cost (NGN)** |
| **Accommodation** | | | |
| 1 | Hotel accommodation (single room) | **1** |  |
| 2 | Hotel accommodation (double room) | **1** |  |
| 3 | Hotel accommodation (Suite) | **1** |  |
| **Conference rooms** | | | |
| 4 | Small conference room (refer to the RFP for requirement) | **1** |  |
| 5 | Medium conference room (refer to the RFP for requirement) | **1** |  |
| 6 | Large conference room (refer to the RFP for requirement) | **1** |  |
| **In-door catering services** | | | |
| 7 | **Morning tea break**   1. Tea with Sachet milk, coffee and Lipton with sugar. 2. Boiled yam with egg sauce, chips with fried egg 3. Water – (1 bottled water, 75cl) | **1** |  |
| 8 | **Lunch (plated)**   1. Rice - (Jollof and fried) with salad/coleslaw 2. Swallow- (Eba/wheat/semo) with soup (Egusi/okro/ogbono/vegetable) 3. Protein - 1/4 Chicken, sizeable beef, or sizeable Fish 4. Water - 1 bottled water, 75cl | **1** |  |
| 9 | **Evening Tea break**   1. Snacks – (2 pastries and 1 protein) 2. 1 apple 3. Water – (1 bottled water, 75cl) 4. 50cl Soft drink – Coke/Fanta/Sprite | **1** |  |
| 10 | Buffet with 1 bottled water (75cl) – Breakfast | **1** |  |
| 11 | Buffet with 1 bottled water (75cl) - Lunch | **1** |  |

**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 ……………………………………………………………………...  Sign…………………………………………………………………………….  Date ……………………………………………………………………........ |