**BIDDER RESPONSE DOCUMENT**

**Request FOR PROPOSAL – GPA**

**Please provide information on 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 construction services or works. This should include demonstrated experience with the delivery in the past, and 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 |  | 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 4client references that 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:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 4** |  | Length of Contract |  | Monetary value of contract: |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of goods/services supplied:  |

The client organisation's response to this question will also act as your Referee. 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 your four largest customers, and indicate how much they contributed to your turnover over the past year:

|  |  |
| --- | --- |
| **Client organisation** | **% contribution to turnover** |
| 1. |   |
| 2. |   |
| 3. |   |
| 4. |  |

1. Please provide valid evidence and details of all relevant insurances held by the company. These must include General /Public liability, Professional indemnity, Worker’s Compensation, all risk insurance etc.

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| --- | --- | --- | --- |
| Insurance Type | A 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 insurance 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. Outline how you comply with environmental statutory and regulatory requirements

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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:

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| --- | --- | --- |
| **Subcontractor** | **Location** | **Operation**  |
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1. Please indicate here or attach an organization chart showing the company structure including Technical and Managerial Personnel.

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1. Outline any running framework agreements or strategic partnerships, including the company name.

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| --- | --- | --- | --- |
| Company | Framework Agreement in Place (yes/no) | Period (from-to ) | Category |
|  |  |  |  |
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1. Outline the number of personal that intend to work on this project including qualifications and work experience and equipment available to the company below.

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| --- | --- | --- | --- |
| Name  | Key Qualification | Years of experience  | Role |
|  |  |  |  |
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1. Do you have an indemnity policy? If yes, please provide details, confirming that this is available and the details of that below and how it will be applicable under this proposal.
2. Provide Service specification information as per your proposal.

**GPA/GL Performance Timeline**

|  |  |
| --- | --- |
| **Service** | **Agreed response time** |
| Amount Confirmed, Confirmed Premium debits for new entrants |  |
| Amount Confirmed, Premium credits for member withdrawals |  |
| Issuance of Policy Documents |  |
| Response to queries |  |
| Payment of Funeral Benefits |  |
| Advise in writing the claims documentation/requirements |  |
| Advise if claim not admissible |  |
| Payment of benefits |  |
| Medical acceptance terms |  |
| New entrants costing |  |
| Member withdrawal costing |  |
| Member movements confirmation |  |
| Premium Statements |  |

1. Detail any benefits or additional services your organisation can offer Malaria Consortium as part of the contract:

**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.*

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| 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 ……………………………………………………………………..  |