**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 fill the below details forat least 3client references which Malaria Consortium can contact (preferably INGOs / Humanitarian Organisations with similar requirements). MC referee questionnaire is available for relevant clients to fill.

Are the client referee questionnaires 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 you are providing 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 evidence of previous similar Purchase Orders (POs) or Service Contracts with corresponding delivery notes/proof of delivery (Minimum of 3)

Are they attached to submission?

Yes  No

1. Provide Company Registration Certificate and Tax Clearance Certificate (from 2020-2022)

Are they attached to submission?

Yes  No

1. Provide a proposal on the technical deliverables (refer on section 18 in RFP)

Is this attached to submission?

Yes  No

1. Provide certifications of key personnels showing skills/expertise in the design, development, and deployment of accounting software

Is this attached to submission?

Yes  No

1. Submit a training module or manual for the proposed accounting software to be deployed

Is this 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. 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, with a cost breakdown only on Malaria Consortium Bidder Response Document (BRD).

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Full Product Description** | **Quantity** | **Unit** | **Estimated Unit Cost (NGN)** | **Estimated Total Cost (NGN)** |
| 1 | Software (QuickBooks) installation and customization for 5 states | 5 | Each |  |  |
| 2 | Support fees for 5 states | 5 | Each |  |  |
| 3 | Training of users for 5 states | 5 | Each |  |  |
| 4 | Licence and subscription cost for 5 states | 5 | Each |  |  |

**Section 4 - 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 ………………………………………………………… |

Signature: …………………………………