

BIDDER RESPONSE DOCUMENT



Please provide information against each requirement.
Additional rows can be inserted for all questions as necessary.

Section 1 - Bidder's Experience

- a. 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

- a. 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:			

- b. 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.

c. Please provide details of all relevant insurances held by the company.

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.

d. 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		

e. Outline how you comply with environmental statutory and regulatory requirements, if applicable

f. 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

g. Give a summary of your rates for the items to be supplied to Malaria Consortium Location in: Bauchi, Kebbi, Kogi, Nasarawa, Plateau and Sokoto States.

Please note that award will be made on Line-by-Line Basis, with the below table showing the Items specification and the total quantities to be printed. Delivery costs should be separate and clearly documented for each line.

S/N	PPEs and other Materials	Bauchi	Plateau	Nasarawa	Kogi	Kebbi	Sokoto	Total Units	Unit Costs NGN	Delivery Cost NGN	Total Cost NGN
1	Surgical face mask	754,542	481,785	301,560	281,485	508,974	551,863	2,880,209			
2	Hand sanitizer (100ml)	99,806	66,310	41,606	30,206	38,227	74,206	350,361			
3	Infrared Thermometer (per HF)	553	960	800	468	36	22	2,839			
4	Sealable plastic bags	79,823	61,004	37,570	27,568	52,639	38,479	297,083			
5	Serviette	2,581	1,651	1,011	745	1,783	2,006	9,777			
6	Bleach	16,575	13,057	9,056	6,067	11,851	10,032	66,638			
7	Spray bottles (1 litre pce)	1,952	1,920	1,600	936	1,565	1,260	9,233			
8	Household gloves	976	960	800	468	790	669	4,663			
								Total Costs			

h. Kindly state how long it will take to complete the deliveries of these items after contract award.

i. Malaria Consortium requires that the exact quantity of tools is pre-packed by location before delivery. 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 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

Date

Signature

