**BIDDER RESPONSE DOCUMENT**

**Please provide information against each requirement.**

Additional rows can be inserted for all questions as necessary.

**Section 1 - Bidder’s Company Information**

* 1. General information

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| --- | --- | --- | --- | --- | --- | --- |
| Company name: | | | | | | |
| Number of years in Operation: | | | | | | |
| 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 details of all relevant insurances held by the company where applicable.

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| --- | --- | --- | --- |
| Insurance Type | 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 insurances 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 |  |  |
| Safeguarding Policy |  |  |
| Health & Safety Policy |  |  |

* 1. Outline how your firm would comply with necessary safeguarding requirements during the survey

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**Section 2 - Bidder’s Experience**

1. Please outline the company’s experience in delivering the required services or works. This should include demonstrated experience with the delivery in the past, any value-added services.

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| **Year** | **Study / Survey (title)** | **Client** | **Location(s)** | **Description**  **(Including methodology)** |
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* 1. Please provide the following details forat least 3client references which Malaria Consortium can contact (preferably INGOs / Humanitarian Organisations with similar requirements).

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| --- | --- | --- | --- | --- | --- |
| **Name of client 1** |  | Length of Contract |  | Approximate value of contract (NGN): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of similar services supplied: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 2** |  | Length of Contract |  | Approximate value of contract (NGN): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of similar services supplied: | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of client 3** |  | Length of Contract |  | Approximate value of contract (NGN): |  |
| Contact Name |  | Phone Number |  | Email address |  |
| Outline of similar 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. Will you be subcontracting any activities in order to provide the services to 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/task to be assigned** |
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* 1. List key staff who will be directly involved in the provision of services *(ensure CVs are attached as part of BRD submission).*

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| --- | --- | --- | --- |
| Name | Title | Role within offered services | Years of experience with supplier |
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**Section 3 – Service-Specific Questions**

1. How will you secure the appropriate ethical approvals and conduct stakeholder engagement for the survey?
   1. Outline basic planning activities and tasks that will be carried out in preparation for the survey before data collection.
   2. How will you adapt the Malaria Consortium specification on the prevention and control of infection (Coronavirus disease COVID-19, etc.) as outlined in Annex 3 (SMC Coverage Research Amid COVID transmission) in all the survey activities especially for the protection of survey team and respondents?
   3. Please explain your experience by giving examples of how you have used electronic data collection platforms in the past and which applications. Please highlight any experiences using SurveyCTO or ODK.
   4. Please give details on how recruitment and training of research assistants will be conducted by the Firm, including objectives and schedules
   5. Please outline how field activities will be organized and coordinated. Describe the size and composition of your survey teams, including how survey team individuals are selected. Give details of supervision, data quality control and accountability approaches.
   6. Give details of your expertise in data analysis and interpretation. Provide examples of reports analysis that you would produce under this project.
   7. Kindly present a comprehensive work-plan and timeline using a Gantt chart and highlight the expected timelines to provide Malaria Consortium with the following documents:
2. cleaned data files
3. preliminary analyses/reports
4. full narrative and financial reports

**Section 4 – Financial bid: (FILL TABLE BELOW)**

1. Provide/attach a detailed budget for central personnel shared equally amongst the nine implementing states.
2. Provide/attach Detailed budget for joint/central activities and charges shared equally amongst the nine implementing states.
3. Provide/attach detailed budget for field activities for each state

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| States | Central personnel cost on each State (NGN/USD) | Central-level budgets and charges on each State (NGN/USD) | State-level activities (NGN/USD) | Total (NGN/USD) |
| Bauchi |  |  |  |  |
| Borno |  |  |  |  |
| FCT |  |  |  |  |
| Kebbi |  |  |  |  |
| Kogi |  |  |  |  |
| Nasarawa |  |  |  |  |
| Oyo |  |  |  |  |
| Plateau |  |  |  |  |
| Sokoto |  |  |  |  |
| Total | | | |  |

**Section 5 - 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 ……………………………………………………………………...  Signature ………………………………………………………………………  Date …………………………………………………………………….. |