**Hiring Sub-Awardee (Ref: RFP# icddr,b/G&C/OTM/2022/001)**

**(Program for HIV’s Global Fund Project)**

**Grant name and number: BGD-H-ICDDRB & 2044**

**(icddr,b internal Grant number: GR-02061)**

**Title of Program:** Prioritized HIV Prevention and Treatment Services for Key Populations in Bangladesh

**Implementation Period**: From 1st January 2023 to 31st December 2023

**RFP FORMS**

## Form 4A1 Technical Proposal Submission Cover Letter

[*Date*]

To: [*Name and address of the Client*]

Dear Sir/Madam:

We, the undersigned offer to execute the services as mentioned in the Request for Proposal dated *[Insert date]* and also in our proposal. Our proposal is enclosed in accordance to the ITO clause 1.4 through 1.15.

We understand that the proposal is binding upon us and subject to modification based on contract negotiation. If contract negotiation takes place within the validity period of the proposal as mentioned in the proposal data sheet, it will be based on the services required and the staff proposed. If our proposal is accepted, it will be our responsibility to start the project activity within the date specified in the proposal data sheet.

Please note that we have submitted this proposal in association *[specify whether as consortium or as sub consultant]* with the following partners *[list full name and address of associate partners]*.

We confirm that we are eligible for submission of our proposal pursuant to the ITO clause 1.3A and none of us or any sub consultants has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for or executing a Contract as mentioned in the ITO clause 1.3A.

We understand that ICDDR, B reserves the right to reject any or all proposal and the organization selection process for service delivery without assigning any reason whatsoever.

Thank you.

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Organization:

Address:

## Form 4A2 Organizational Identity Form (Lead and Associates, if any)

Lead Applicant:

|  |  |
| --- | --- |
| Full legal name (business name): |  |
| Acronym (where applicable): |  |
| Legal status: |  |
| Nationality: |  |
| VAT registration number (where applicable): |  |
| TIN/BIN |  |
| Official address: |  |
| Contact person: |  |
| Telephone no: |  |
| Fax no: |  |
| E-mail address: |  |
| Official Bank Account |  |

Associate Partners, if any:

|  |  |
| --- | --- |
|  | Partner |
| Full legal name (business name): |  |
| Nationality: |  |
| Legal status: |  |
| VAT Registration Number if any |  |
| TIN/BIN |  |
| Official address: |  |
| Contact person: |  |
| Telephone no: |  |
| Fax no: |  |
| E-mail address: |  |
| Official Bank Account |  |

|  |  |  |
| --- | --- | --- |
| Form 4A3. Declaration of Minimum Eligibility Criteria Offerors need to circle the appropriate remarks by ensuring their minimum eligibility to participate in the RFP. Circling “No” to any of this criterion will make the offeror in eligible for the RFP. | | |
| **Ser** | **Required Eligibility for Screening** | **Remarks** |
| 1 | Existence as a legal entity for a minimum period of *03* years for both lead and associate organizations, if any. | Yes/ No |
| 2 | In case of a consortium, the associate organization(s) must have proven experience on HIV prevention services with most at risk populations (MARP) for a minimum period of *03* years; | Yes/ No |
| 3 | Audited financial reports of the past 03 financial years for both lead and associate organization(s) if any | Yes/ No |
| 4 | Legally binding MOUs with the consortium partners, defining roles, responsibilities and obligations of each member, if applicable. | Yes/ No |
| 5 | Not currently implementing the same project of icddr,b as another sub-recipient | Yes/ No |
| 6 | Not operated as commercial companies or other organizations or enterprises (including not-for-profit organizations) in which foreign governments or their agents or agencies have a controlling interest | Yes/ No |
| 7 | Submission of Tender Security in the form of Pay Order valued Tk. 100,000.00 | Yes/No |

### 

Authorized Signature:

Name and Title of Signatory:

Name of Organization:

Address:

## Form 4A4 Lead Agency and Consortium’s Organization and Experience

1. **Lead Agency and Consortium’s Organization**

*[Provide here a brief description (two pages maximum) of the background of the lead Agency and the organization of the Consortium]*

1. **Lead Agency and Consortium’s Experience**

*[using the format below, provide information on each assignment for which you were either lead agency or a consortium member and was legally bound for carrying out consulting services similar to the ones requested under this assignment.]*

**Major Three HIV and AIDS interventions undertaken during the last Ten Years to demonstrate organizational capacity to implement interventions with MSM and *hijra***

|  |  |  |
| --- | --- | --- |
| Name of the assignment: | Start date: | End date: |
| Implementing organization: | Fund source: | Total budget: |
| Client name: | Name of the associate partners, if any: | |
| Number of the professional staff provided by the organization:  Total professional staff month: | Number of the professional staff provided by associate partners, if any:  Total professional staff month: | |
| Responsibilities of the key staff members involved: | | |
| Brief description of the project (Maximum 1 page): | | |
| Actual services provided by the implementing organization (Maximum 1 page): | | |
| Relevant additional information, if any (Maximum 15 lines): | | |

Authorized signature:

Name and designation:

Name of the Organization:

Date:

## Form 4A5 Technical Proposal Submission Format

(Please follow the format below along with the associated instructions and information provided in the RFP. This part will reflect bidders’ understanding of the proposed project in the RFP. All attached forms must be completed and submitted with the proposals. Proposals must be in English, typed on A4 size page, font-Times New Roman, font size-12, line space- 1.15, margins -1” on all sides).

**a).** **Title of the Project:**

**b). Technical Package #**:

**c).** **Location of the Project**: (Divisions/Districts/Upazillas/Unions where interventions will be carried out-information are available in the RFP).

**d).** **Project Summary** (maximum 15 lines-information available in RFP):

**e).** **Justification of the project** (maximum 1 page): Gap and risk analysis, reasons for the proposed intervention design and activity etc.

**f).** **Technical Approach to Intervention (Methodology)** (maximum 5 pages): Description of the problems with support of relevant literature, goals and objectives of the project, detail methods of proposed interventions with justifications, description of process and output indicators with expected outcomes, analysis of the strength and weakness of the proposed approach of interventions and innovative plan to overcome any known problems in similar interventions in line with ToR, major activities and deliverables. Any modification of the TOR proposed by you should be reflected in this section.

**g).** **Description of Project Activities** (maximum 3 pages): Detail description of the major activities (information available in RFP).

**h).** **Assumptions and Risks** (maximum 1 page): Describe assumptions of various risks which could potentially threat project implementation and also describe how these threats can be mitigated.

**i).** **Sustainability of the Activity After Completion of the Project Funding** (maximum 1 page): describe how the intervention may continue at the end of project funding.

**j).** **Monitoring and Evaluation Plan** (maximum 3 pages): Describe a detail M&E plan which may include definition of specific M&E indicators (process, output, outcome and impact), source, frequency and methods of data collection.

**k). Expected Results** (maximum 2 pages): Description of the expected results and how proposed interventions will bring changes in the lives of the target population

**l).** **Work Plan** (maximum 3 pages): Main activities of the project with duration, phasing, milestones, reporting etc. should be included. This should be consistent with the proposed technical approach and with the work schedule Form 4A6. Understanding of the TOR must be reflected in this work plan.

**m).** **Organization and Staffing** (maximum 3 pages): This should include the organizational structure and the proposed team composition from the organization itself. Major domains of the project identified and technical/professional expert proposed for each of the identified domain. The roles and responsibilities of the technical/professional and support staff should be summarized. The roles and responsibilities of the associate organizations, if there is any should be explained. An organizational chart showing the team composition and its interfaces with the client and other relevant stakeholders should be provided. This should be consistent with the Team Composition and Task Assignments Form 4A7.

## Form 4A6 Work Schedule

|  |  |
| --- | --- |
| **Ser** | **Activity1** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **n** |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Indicate all main activities of the assignment, and other benchmarks such as Client approvals etc.
2. Duration of activities shall be indicated in the form of a bar chart. Months are counted from the start of the assignment.

## Form 4A7 Staffing Plan for Project Supervision (from the Organization/consortium)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Professional Staff | | | | |
| Name of the Staff | Organization | Area of Expertise | Position Assigned | Task Assigned |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### 

## Form 4A8 Curriculum Vitae (CV) for each Staff

## (Key Population & top management of the organization/consortium)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details:

Phone: Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member in Professional Societies (If any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State the strengths of the staff member for the position held (Maximum ½ page):**

**Is the applicant currently engaged with the lead or associate organization? If yes, with whom and for how long?**

**Academic Qualification:**

*[Starting with the highest degree obtained list in reverse order the name of the degree, college/university/institute, class/ division/ CGPA/Grade obtained and the year of passing].*

**Employment Record:**

*[Starting with the present position list in reverse order all positions held by the staff member, name and address of the employer, title of the position held, duration of working, locations of assignments, main duties with the degree of responsibility].*

**Training Received:**

*[Starting with the most recent training received list in reverse order the title of the training received, name of the training provider, topics covered and training duration].*

**Languages:** *[For each language indicate proficiency in the order of fluent, moderate and not fluent in speaking, understanding, reading and writing].*

**Referees (Two only):**

*[Mention name, designation, contact address with telephone number and email address].*

**1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_

**Notice to the applicant:**

I understand that, as part of employment procedure, a routine inquiry may be made with respect to applicable information concerning my education, my prior employment history, performance and references. I understand that any omissions, false answers, statements made by me in this application or any other required documents shall be considered sufficient cause for denial of employment or termination. Also, I certify that I have not submitted this CV to other organization for the assignment under consideration.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature of the staff member] Day/Month/Year

Fill name of the staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature of the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: CV submitted against any professional staff should not exceed 5 pages**

## Form 4A9. Evidence of Responsibility Statement

**1. Authorized Negotiators**

The Offeror will confirm their official negotiator and signatory for who is authorized to represent the Offeror in the negotiation of this offer in response to this RFP.

List Names of Authorized signatories:

* + 1. (Name & Designation):
    2. (Name & Designation):

These individuals can be reached at:

Address :

Telephone/Fax :

Email address :

**2. Adequate Financial Resources**

The Offeror will submit evidence to prove their adequate financial resources to manage this contract, as established by audited financial statements for the most recent three years (OR equivalent) with the proposal.

**3. Adequate Human Resources**

The Offeror will submit evidence to prove their adequate human resources to manage this contract.

**4. Record of Performance, Integrity, and Business Ethics**

The Offeror should confirm that they have no allegations of lack of integrity or questionable business ethics.

**5. Equipment and Facilities**

The Offeror should state they have the necessary facilities and equipment to carry out the contract with specific details as appropriate per the contract SOW.

**6. Eligibility to Receive Award**

The Offeror should state that they are qualified and eligible to receive an award under applicable laws and regulations and that they are not blacklisted in any list maintained by any regulatory body. The Contractor should state whether they have performed work of similar nature under similar mechanisms for icddr,b.

**7. Cognizant Auditor**

The Offeror should provide the Name, address, phone of their auditors – whether it is a government audit agency or an independent firm.

**8. Acceptability of Contract Terms**

The Offeror should state its acceptance of the proposed contract terms.

**9. Organization of Firm**

The Offeror should explain how their firm is organized on a corporate level and practical implementation level, for example regionally or by technical practice.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Form 4A10. Documents for capacity/experience assessment of an organization or a consortium including its associates, if any

|  |  |  |
| --- | --- | --- |
| **Ser** | **Supporting Documents to be Submitted** | **Attached (Circle as appropriate)** |
| 1 | Technical approach and methodology write up (Filled in Form 4A5) | Yes/No |
| 2 | Work Plan and Schedule (List of major activities-Filled in Form 4A6) | Yes/No |
| 3 | Constitution of the organization | Yes/No |
| 4 | Certificate of incorporation/registration | Yes/No |
| 5 | Procurement Policy | Yes/No |
| 6 | Financial Policy | Yes/No |
| 7 | Human Resource Policy | Yes/No |
| 8 | Sexual Harassment policy | Yes/No |
| 9 | Occupational Safety and Health Administration Policy | Yes/No |
| 10 | Child Abuse or Child Labor Policy | Yes/No |
| 11 | Description of the organizational monitoring and evaluation systems including MIS | Yes/No |
| 12 | Organization brochure/write-up, must include: | Yes/No |
|  | i. Location of head office | Yes/No |
|  | ii. Number of offices and their locations | Yes/No |
|  | iii. Number of employees | Yes/No |
| 13 | List of Clients worked with | Yes/No |
| 14 | List of Donors worked for | Yes/No |
| 15 | Audited Financial Reports of last 03 years | Yes/No |
| 16 | Evidence of 3 years’ experience on HIV prevention services with most at risk populations (Work order/agreement etc.) | Yes/No |
| 17 | Evidence of 3 years’ experience of intervention and implementation with MSM and/or *hijra* for HIV (work order/agreement.) | Yes/No |
| 18 | Evidence of experience *in years* in implementation of development project (registration/license/certificate of incorporation) | Yes/No |
| 19 | Evidence of number of projects implemented in last 5 years in the development sector (list with work order/agreement ref) | Yes/No |
| 20 | Synopsis of highest value 03 similar projects implemented in HIV preferably with MSM and/or hijra during last ten years (Filled in vide Form 4A4) | Yes/No |
| 21 | Three Performance Certificates for projects mentioned at ser 20 | Yes/No |
| 22 | CVs of top management and key personnel of the offeror | Yes/No |
| 23 | Staffing Plan (Filled in Form 4A7) | Yes/No |
| 24 | Pay Order valued BDT 100,000.00 as TS in the name of “icddr,b” | Yes/No |