Section-4: Technical Proposal Form (TPF)

Please follow the below structure and answer all questions (Recommended font and size: Arial,11 pt)

**TPF-1: Occupation proposal form**

1. **General Information (Information of your organization including organogram – Maximum 2 pages)**

Name of the Institution:

Training Venue address:

Registration No.:

Registration Date:

Authorized representative of the institution and contact details:

Email: …………………………….. Contact no. ……………………………………

**Proposed Training Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Proposed Occupation/s** | **Proposed Number of trainees** | |
| **Women** | **Remarks** |
| **1.** | **Garment Machine Operator** |  |  |

*Above proposals must be reflected in financial proposal*

**Board of Directors of organization (please fill below table):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name** | **Designation** | **Contact no.** | **Responsibilities** |
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*Add rows if necessary. Do not change or format the table.*

**Organogram of the organization (include position & names):**

1. **Technical details**
2. **Description of methodology and workplan in response to terms of reference** (Max. 4 pages)
3. **Technical Approach and Methodology:** Please explain your understanding of the objectives of the assignment as outlined in the Terms of Reference (ToR), the technical approach, and the methodology you would adopt for implementing the tasks to deliver the expected output(s), and the degree of detail of such output. Please do not repeat/copy the ToR in here.
4. **Outreach and enrollment:** Please explain your strategy for advertising, motivation and enrolling trainees
5. **Linking Trainees to Foreign Employment:** Describe your strategy to link the trainees to foreign employment during and after the training (maximum 0.5 page) (describe how you will identify the demand for workers, link the trainees with potential recruiters, facilitate interviews and on-the job testing). *Please also provide evidence of collaboration with recruitment agencies*.
6. ***Opportunity, Challenges and Risks:*** Where do you see opportunities, challenges and potential risks in this assignment and how do you plan to deal with them?

**TPF-2: Work plan proposal form**

**Work Plan:**Please outline the plan for the implementation of the main activities/tasks of the assignment, targets to be achieved per month, employment linkage, and tentative delivery dates of the reports in the below table. The proposed work plan should be consistent with TPF-1, showing your understanding of the ToR and ability to translate them into a feasible working plan.

| SN | Activities | Jan, 2023 | Feb, 2023 | Mar, 2023 | Apr, 2023 | May,  2023 | Jun, 2023 |
| --- | --- | --- | --- | --- | --- | --- | --- |
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*\*Add rows according to your requirement*

**TPF-3: Consultant's relevant experience proposal form**

**Experience in skills training provision: (Maximum 1 page – table included)**

Please detail your experience in vocational skills trainings in the following table:

**List out organization’s relevant experiences of recent three years (recent first)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** | **Year implemented** | **Occupations** | **Duration of Course (hours /month)** | **Curriculum used (CTEVT or other-give name)** | **Total trainees** | **Funding Agency** | **Remarks** |
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*\*Add rows if necessary. Do not change or format the table.*

**Annexes:**

*1.* ***Copies of contract Agreements and experience letter/ certificates from clients to support the work experience mentioned in the above table (minimum three years' work experience and latest maximum 3 evidence documents)***

**TPF-4: Key Expert proposal form**

SUMMARY OF KEY EXPERTS – Lead instructor, assistant instructor and training coordinator information ***(include only two instructors with relevant expertise for each event of 20 trainees)*. List the instructor in a pair if you wish to conduct the training in multiple events simultaneously. Number of instructors should justify your workplan.**

*(Please mention the details of instructors (lead and assistant) and training coordinator against the proposed occupations and number. Also attach their CVs and relevant certificates as per format given below in next section)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SN | Name of the Instructor | Skills training qualification (including occupation) | TOT Preferable (TITI or Occupation Related) | Training experience in related field only (yrs) | Work experience in related field (yrs) in -foreign employment | Other | Proposed position (Lead or Assistant) |
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| --- | --- | --- | --- | --- |
| SN | Name of the Coordinator | Academic Qualification | Relevant work experience (yrs) | Remarks |
|  |  |  |  |  |

***Format of CV to be included as follows:***

**Description of the key experts (instructors and training coordinator) to be mobilized for the mandate** (Note: The CV of personnel should have annexes with relevant training certificates and work experience letters.)

**Curriculum Vitae (CV) for Proposed Personnel (Human Resource)**

Strictly use this structure to present the CV of the proposed experts (CVs are to be placed as annexes to the technical proposal). MAXIMUM LENGTH = 3 pages.

Please be selective in the information provided and highlight the information and experiences that are particularly relevant for the assignment. Avoid copy-pasting former job descriptions.

**1. Proposed Position of the key expert:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Name of Expert** [*Insert full name*]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Contact address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mobile** *(mandatory)***:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_ **Citizenship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:**\_\_\_\_\_\_\_

**5. Education/Academic Qualification** [*Indicate college/university and other specialized education of expert, giving names of institutions, degrees obtained, and dates of obtainment*]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Relevant Trainings** [*Indicate relevant training received. Indicate the name of the institute, name of the training, certification obtained and the dates of obtainment]* : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Relevant Employment Record** [*Starting with present position, list in reverse order every employment held by expert since graduation, giving for each employment (see format here below): dates of employment, name of employing organization, positions held.*]:

From [*Year*]:  to [*Year*]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:

Positions held:

Tasks Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Certification:**

I, the undersigned, certify to the best of my knowledge and belief that

(i) This CV correctly describes my qualifications and my experience

(ii) I am committed to undertake the assignment within the validity of Proposal.

(iii) I have not submitted my CV to other bidders except for this organization.

I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

Date:

*[Signature of expert]* *Day/Month/Year*

**Annex:** *Certificates - Academic, Training, ToT and relevant Work Experience*

Section-8: Forms and formats templates (in organization’s letter head)

**(i) Authorization letter to represent the company for this RFP**

I, the undersigned, in my capacity of (position in Firm for e.g. Executive Director) …………… ……………………… of (Firm’s/organization’s name) ……………………………………………… authorize Mr/Ms ………………………………. (name of the authorized person) working in the capacity of ………………………………. (position of the authorized person) to represent the company for this RfP. S/he will be the focal person of communication and responsible for program implementation. Timely communication will be made to the client if the authorized person is changed.

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature of the authorized person

Name: Name:

Designation: Designation: Email:

Contact no.: Contact no.:

Seal:

***\*In case the owner is the authorized person, s/he will authorize her/himself.***

(in organization’s letter head)

**(ii) Letter of self-declaration by board members of non-involvement in proven corruption cases in the last 10 years and neutrality from the political parties/affiliation**

I, the undersigned, in my capacity of (position in Firm for e.g. Executive Director) …………… ……………………… (Firm’s/organization’s name) ……………………………………………… declare that our Firm has not been convicted of any offence concerning its professional conduct nor has been the subject of any judgment which has the force of judicata for fraud, corruption, involvement in a criminal activity, money laundering or any other illegal activity. The directors/firm does not have any affiliation with the political parties and are neutral.

…………………………………..……………………………….. (Firm’s/Organization’s name) has always fulfilled obligations relating to the payment of social security contributions and the payment of taxes in accordance with the legal provisions of the country in which it is established or with those of the country where it has so far performed. …………………………..…………………… (Firm’s name) has never been a subject to any administrative penalty by any of its client.

In principle, …………………..………… (Firm’s/Organization’s name) does not accept to be involved in corruption, any form of irregularities and neutral from the political parties/affiliations. Our approach is to always prevent corruption by appropriate means and keep vigilant of any form of irregularities and misconduct.

With full confidence in our strictly pursued policy of non-involvement in any form of corruption and irregularity, I hereby solemnly confirm that we are absolutely immune of involvement in any proven corruption case and there has been no change in our situation during the last 10 years.

Yours faithfully,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name:

Designation:

Firm’s name:

Seal:

**(iii) Performance Security**

Bank's letter head

Date: [insert date]

Beneficiary: SaMi/Helvetas Nepal

Dhobighat-3, Lalitpur

Date: …………………………………….

Performance Guarantee No.:

We have been informed that . . . …………. . name of the consultant. ……………………. . . . (hereinafter called “the Consultant”) has entered into Contract No. . . …………… . . reference number of the contract. . …………. . . dated . . . . ………………………… . . .with you, for the execution of . . ………………………………… . . . name of contract and brief description of goods and related services. …………………… . . . (hereinafter called “the Contract”).

Furthermore, we understand that, according to the conditions of the Contract, a performance guarantee is required.

At the request of the consultant, we . …………………………………………… . . . name of the bank. . …………………………………………. . . hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of . . . ……………….. . . . . . name of the currency and amount in words ………………………………………. . . . . (. ………………………………... . . . amount in figures…………………………. . . . . ) such sum being payable in the types and proportions of currencies in which the Contract Price is payable, upon receipt by us of your first demand in writing accompanied by a written statement stating that the consultant is in breach of its obligation(s) under the Contract, without your needing to prove or to show grounds for your demand or the sum specified therein.

This guarantee shall expire, no later than the . ………………………. . . . day of . . . . …… . . . . . , and any demand for payment under it must be received by us at this office on or before that date.

. . . . . . . . . . . . . . . . . . . . . . . . . . . .

Signature(s) and seal of bank (where appropriate)