Section-4: Technical Proposal Form (TPF)

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

**TPF-1: Technical proposal guideline form**

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

Name of the Institution:

Assessment Venue address:

Registration No.:

Registration Date:

Authorized representative of the institution and contact details:

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

**Description of methodology and workplan in response to terms of reference** (Max. 4 pages)

1. **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 the output.
2. ***Ensuring quality of the review:*** How will you ensure the quality of data collection method with different SaMi’s National Partners? (max. half page)
3. ***Challenges and Risks:*** Where do you see challenges and potential risks in this assignment and how do you plan to deal with them? (max. half page)

**TPF-2: Consultant's specific (relevant) experience proposal form**

**Experience in research study: (Maximum 1 page – table included)**

List out specific experiences about performance review conducted (related to migration) - recent three research studies in below table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Description of performance review conducted** | **Year conducted** | **Funding Agency** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*Add rows if necessary. Do not change or format the table.*

**TPF-3: Key expert proposal form**

TEAM COMPOSITION OF KEY EXPERTS – *(include the name of key researcher/s with relevant expertise along with their CV (not more than 3 pages) and proof of conducting the research)*

**At least two teams composition should be proposed.**

**Team-1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SN | Name of the Researcher/s | Academic Qualification | Years of work experience | Research studies conducted |
| 1 | Team Leader |  |  |  |
| 2 | Research Officer |  |  |  |

**Team-2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SN | Name of the Researcher/s | Academic Qualification | Years of work experience | Research studies conducted |
| 1 | Team Leader |  |  |  |
| 2 | Research Officer |  |  |  |

***Note:***

***The CV of the key expert/s must be duly signed mentioning below points***

(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 proposal 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*

**TPF-4: 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, 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 | 1st Month | 2nd Month |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Add rows according to your requirement*

Section-5: Financial Proposal Form (FPF)

**Fill the following format (Recommended font and size: Arial; 11pt)**

***A. Details of Consultant:***

1.1 Name of the Institution:

1.2 Address:

1.3 Name of the representative of the institution and contact number:

**FPF-1: Detail break-down of financial proposal:**

(Please provide details budget breakdown in line with the proposed activities. ***Add rows as required***)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Description** | **Quantity** | **Month** | **Rate** | **Total amount in NPR** |
| 1 | Remuneration |  |  |  |  |
| 1.1 | Team leader | 2 |  |  |  |
| 1.2 | Research officer | 2 |  |  |  |
| 2 | Transportation |  |  |  |  |
| 3 | Communication and Stationery |  |  |  |  |
| 4 | Overhead |  |  |  |  |
|  | **Total Cost Exclusive of VAT** |  |  |  |  |

***Total in words:***

Section-7: Forms and formats templates

(i) Authorization letter to represent the organization for this RFP

I, the undersigned, in my capacity of (position in Firm for e.g. Executive Director) …………… ……………………… (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 organization 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:

Designation:

Firm’s name:

Seal:

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

**(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: