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:

Assessment Venue address:

Company Registration No.:

Company Registration Date:

CISRS Affiliation No. & Date:

Authorized representative of the institution and contact details:

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

**Proposed target number for the assessment and certification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.N.** | **Occupation** | **Proposed Number of trainees (target)** | | | **Dalit out of Total** |
| **Men** | **Women** | **Total** |
| **1.** | **Scaffolding (CISRS Level 1)** |  |  |  |  |

*Above proposals must be reflected in financial proposal*

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Name** | **Designation** | **Contact no.** | **Responsibilities** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*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. (max. one page)
4. **Outreach and enrollment:** Please explain your strategy for advertising, motivation and enrolling trainees (max. half page)
5. **Linking Trainees to Foreign Employment:** Describe your strategy to link the trainees to foreign employment after the assessment certification (describe how you will identify the demand for workers, link the trainees with potential recruiters, facilitate interviews). (max. half page) *Please also provide evidence if there is any collaboration with recruitment agencies/employers*.
6. ***Monitoring mechanism and quality assurance of the assessment:*** How will you ensure the quality of the orientation and skills assessment? How does CISRS ensure the quality of the assessment conducted by your organization? (max. half page)
7. ***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? (max. half page)

**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, 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 | Mid of Feb 23 | Mar 23 | Apr 23 | May 23 | Jun 23 |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*\*Add rows according to your requirement*

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

**Experience in CISRS assessment & certification: (Maximum 1 page – table included)**

Please detail your experience in CISRS assessment and certification in the following table:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Year implemented** | **Total CISRS certified number** | **Funding Agency or Self Pay by the candidates** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |

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

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

SUMMARY OF KEY EXPERTS – Assessor/s and coordinator information *(include only assessors with relevant expertise)*

*(Please mention the details of assessors and a coordinator against the proposed target. Consultant must attach CVs, CISRS assessor certificate and other mandatory certificates as per format given below)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SN | Name of the Assessor/s | Academic Qualification | CISRS certification level | Years of experience in CISRS certification | Others |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SN | Name of the Coordinator | Academic Qualification | Work experience (yrs) | Remarks |
|  |  |  |  |  |

**TPF-5 Eligibility criteria related all documents As per ITC (2.1.4)**

Consultant shall make sure the submission of below mandatory document.

|  |  |
| --- | --- |
| Description | Is submitted ? |
| Authorization letter to represent the company for this RFP *(Format given in Section 7)* |  |
| Registration Certificate and renewal if applicable |  |
| VAT Certificate |  |
| Valid CISRS accreditation certificate till 15 July 2023 |  |
| Tax clearance certificate of FY. 2078/79 or previous certificate and time extension letter. |  |
| Audit Report of 2076/077, 2077/78 |  |
| Letter of self-declaration by board of directors of non-involvement in proven corruption cases and neutrality from the political parties/affiliation *(Format given in Section 7)* |  |

**TPF-6 Average CISRS Level 1 certification proposal form**

|  |  |  |
| --- | --- | --- |
| **SN** | **CISRS Certification Record** | **No. of certified** |
| 1 | Year1 …………. |  |
| 2 | Year2………….. |  |
| 3 | Total certification record (y1+y2) |  |
| 4 | Average certification in CISRS L1 |  |

*Consultant must fill up the above form according to the recent record.*

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

**Description of the key experts (Assessor/s and coordinator) to be mobilized for the mandate** (Note: The CV of assessor/s should have annexes with relevant CISRS certificates for assessment 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 Assessment Experience** [*Indicate relevant assessment received. Indicate the name of the institute, name of the assessment, 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 proposer 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*

**9. Annex:** *Certificates - Academic, Certified Assessor, and relevant Work Experience*

Section-5: Financial Proposal Form (FPF)

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

***A. Details of Assessment Center:***

1.1 Name of the Institution:

1.2 Address:

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

**FPF-1: Details break-down of Financial Proposal:**

(Please provide details of the per participant budget in line with the format proposed below / this format serves as a basis. It can be adapted to the specificities of the consultants’ strategy and applied in an excel sheet).

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Description** | **In Figure** | **In Words** |
| 1 | Per participant propose rate including food and accommodation (exclusive of VAT) (A) |  |  |
| 2 | Proposed target number (B) |  |  |
| 3 | Total propose cost (exclusive of VAT) (A\*B) |  |  |

Section-7: Forms and formats templates

(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) …………… ……………………… (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:

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:

**(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)