

Technical Proposal - Standard Forms

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TECH A : TECHNICAL PROPOSAL SUBMISSION LETTER

Date:

Damak Municipality/ENSSURE II

Damak Municipality, Jhapa

Subject: Submission of the Technical Proposal

Dear Sir:

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on Professional in accordance with your Request for Proposal dated..... and our Proposal. We are hereby submitting our technical proposal sealed under a separate envelope to serve 20 trainees.

Our proposal is binding upon us and subject to the modifications resulting from contract negotiations. We hereby confirm that our proposal is in accordance with the Standard Formats provided in the Request for Proposal (RFP).

We understand you are not bound to accept any Proposal you receive.

Sincerely Yours,

Authorized Signature:

Name and Title of Signatory:

Name of Bidder:

Address:

Stamp of the Bidder:

TECH B : BIDDER'S REFERENCES

B1. Background information

B1.1 General Information of Bidder

S.N.	Description		Remark
1	Name of the TP/Institute		
2	Address	District	
		Municipality/RM	
		Ward No.	
3	Contact Detail	Office Phone No.	
		Email Address	
4	Contact Person	Name	
		Designation	
		Mobile No.	
		Email address	

B1.2 Legal Information

1	Main Shareholders and Their Holding	Name	Shared Percentage	Remark
2	Head of Organization			
		Name		
		Home Address		
		Mobile		
		Email Address		
3	Company Registration Status	Registration Number		
		Registered Date		
4	CTEVT Affiliation (Related to the proposed training)	Affiliation No.		
		Date of Affiliation		
		Affiliated level and occupation/s		
		Validity Date		
5	VAT/PAN Registration	Registration No.		
		VAT No.		

B1.3. Brief Information of the Bidder *(Please provide brief information of the organization including, vision, mission, goal, areas of expertise, geographical experiences and Organizational Charts (Maximum 2 pages).*

Introduction		
Vision		
Mission		
Goal		
Areas of Expertise	Trade	Occupation
Main Geographical Regions of Experience		
Organizational Chart including the full name of the Board of Directors		

Please provide information on the legally established branch offices, if applicable.

Information	Branch 1	Branch 2
District		
Municipality/RM		
Ward Number		
Office Telephone No.		
Contact Person's Name		
Contact Person's Designation		
Contact Person's Mobile Number		
Email		

(Please add more in this table if you have more than 2 branches in operation.)

B1.4. Financial Information of Bidder (Please submit the copy of financial documents in ANNEX)

Description	FY 2078/079	FY 2079/080	FY 2080/081	Total	Remarks
Annual turnover (NRs.) <i>(As per the audited financial statement)</i>					
Net profit (NRs.) <i>As per the audited financial statement)</i>					

B2. Understanding the objective of the assignment.

B3. Comments and Suggestions on the Terms of Reference

B4. Expected output/outcome of the assignment.

TECH C : WORKING EXPERIENCES IN TRAINING PROGRAM

C1. General working experience of training programs (e.g., L-1, L-2, L-3, 1400-1696 hours & pre/diploma etc.) imparted in last five years. (Please provide the information based on the record provided by NSTB only)

S.N.	Name of Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed in Skill test or exam	Training location	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1							
2							
3							
4							
5							
Total							

(Please attach copies of experiences provided by NSTB and funding organizations only. Do not attach the copy of agreement)

C2. Specific experience in related occupation (e.g., L-1, L-2, L-3, 1400-1696 hours & pre/diploma etc.) imparted in last five years. (Please provide the information based on the record provided by NSTB only)

S.N.	Name of Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed in Skill test or exam	Training location	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1							

2							
3							
4							
5							

(Please attach copies of experiences provided by NSTB and funding organizations only. Do not attach the copy of agreement)

C3. Working experience in Professional training courses (1696 hours with Level II) imparted in the last five years. (Please provide the information based on the record provided by NSTB only)

S.N.	Name of Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed in Skill test or exam	Training location	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1							
2							
3							
4							
5							
Total							

(Please attach copies of experiences provided by the NSTB and funding organizations only. Do not attach the copy of agreement)

TECH D : AVAILABLE INFRASTRUCTURE AND EQUIPMENT

Availability of Infrastructure: Office Building, Classrooms, Practical Workshops, Lab, Library, Hostels for male and female, Toilets for man and woman, furniture etc.

D1. Office space and training facilities

S.N.	Particular	Description	Unit (Number)	Size	Remark
1					
2					
3					
4					
5					

(Please add row as per the requirements)

D2. Safety Equipment

S.N.	Particular	Description	Unit (Number)	Size	Remark
1					
2					
3					
4					
5					

(Please add row as per the requirements)

D3. List of tools, equipment and training materials available (Please mention the list of available teaching learning materials for those occupations in which you are intended to apply. You can add more rows where necessary.)

SN	Description	Quantity (No. Pieces, etc.)	SN	Description	Quantity (No. Pieces, etc.)
1			6		
2			7		
3			8		
4			9		
5			10		

(Please add row as per the requirements)

D4. List of industries/companies accepting trainees for industry-based practices (OJT) (Please mention the list of industries/companies who have accepted for providing industry-based practices in the proposed occupation. You can add more rows where necessary)

SN	Name of Company	Number of Trainees accepted for OJT	In-company trainer/s confirmed (yes/no)	MOU signed (yes/no)

(Please add row as per the requirements)

TECH E: DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM THE ASSIGNMENT (Please mention for both institute-based training and industry-based training.)

E1. Preparation methodology

- Selection of industry and collaboration
- MoU sign with OJT providing industries
- Outreach strategy/social marketing
- Application collection and Orientation to applicants
- Selection of trainees
- Venue Management, Human resources management, Safety Measures/ Emergency Preparedness

E2. Implementation methodology

- Training implementation method (institute-based and industry-based)
- Work plan and personnel schedule
- Management of institute-based
- Allocation of trainees and management of industry-based training
- Monitoring and performance evaluation methodology (institute-based and industry-based)

E3. Post Implementation methodology

- Skill test preparation and appear in NSTB skill test
- Job placement strategy
- Communication and reporting mechanism

TECH F : TEAM COMPOSITION AND TASK FOR PROPOSED ASSIGNMENTS

3F1. Provide information on proposed staff for the program under this assignment.

S. N.	Proposed Position	Name	Qualification	ToT /instructional skills	Years of Experience	Contact No.
Key Experts:						
1	Training Coordinator					
2	Instructor 1					
3	Instructor 2					
....					
Additional Human Resources:						
4	Database Operator					
5	Placement and Monitoring Officer					

(Please add row as per the requirements)

Note:

CVs of the proposed staff, duly signed by the proposed professional staff and the authorized representative of the bidder must be attached for the evaluation. CV must be in the format given below in TECH G.

Please submit copies of the following certificates. If the same expert's CV is submitted by more than one bidder such a CV will not be evaluated in any bidder's favor.

- 1. Highest qualification certificate*
- 2. TOT/ instructional skills/managerial skills certificates and*
- 3. Evidence of relevant experiences and similar tasks performed; based on the submitted CV.*

TECH G : FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: _____

Name of Training Institute/Technical School: _____

Name of Staff: _____

Valid Phone/Mobile No. of Staff (Mandatory): _____

Date of Birth: _____

Membership in Professional Societies: _____

Education:

[Summarize the degrees obtained, college and university and year of education completion of a staff member.]

Qualification	Institute/School/College	Year of Completion

Employment Record:

[Starting with present relevant position, list in chronological order every employment held. List all dates and positions held, names of employing organizations and major tasks performed,]

Position and Duration	Employer	Major tasks performed
Example: (Instructor from 2015 to till date)	XYZ

Training:

[Summarize relevant training (TOT or Management and Supervision) successfully completed by staff member, giving names of training institution and duration.]

Training	Institute	Duration and Date

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe my qualifications, my experience, and myself.

_____ Date: _____

[Signature of staff member and authorized representative of the consultant]Day/Month/Year]

Full name of staff member: _____

Full name of authorized representative: _____

Stamp of the bidder provider: _____

TECH H : ACTIVITY (WORK) PLAN

SN	Activity	<i>[1st, 2nd, etc. are months from the start of assignment.]</i>														
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th

Signature: _____

(Authorized representative)

Full Name: _____

Title: _____

Address: _____

Cell no : _____

TECH I : PROFESSIONAL PERSONNEL PLAN

SN	Name	Position	Responsibility	<i>[1st, 2nd, etc. are months from the start of assignment.]</i>														
				1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13 TH	14 th	15 th

Signature: _____

(Authorized representative)

Full Name: _____

Title: _____

Address: _____

Cell no : _____

Financial Proposal - Standard Forms

FIN A : FINANCIAL PROPOSAL SUBMISSION FORM

FIN B : SUMMARY OF COSTS

FIN C : DETAILED BREAKDOWN OF COST

FIN A : FINANCIAL PROPOSAL SUBMISSION LETTER

Date:

Damak Municipality/ENSSURE II

Damak Municipality, Jhapa

Subject: Submission of the Financial Proposal

Dear Sir/Madam;

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on occupation in accordance with your Request for Proposal dated and our Proposal. Our attached Financial Proposal is for the sum of NRs..------(Amount in words-----). to serve 20 trainees.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to the expiration of the validity period of the Proposal, i.e., ----/----/

We understand you are not bound to accept any proposal you receive.

Sincerely Yours,

Authorized Signature:

Name and Title of Signatory:

Name of the Bidder:

Address:

Stamp of the bidder:

FIN B : SUMMARY OF COST FOR 20 TRAINEES

Costs	Amount(s)	Amount in Figure (Mandatory)
Total direct cost for 20 trainees without VAT = A		
Total Value Added Tax (VAT)		
Total direct cost for 20 trainees with VAT = B		
Total indirect cost for 20 trainees =C	610.000.00	
Total Amount of Financial Proposal (Direct cost with VAT and Indirect cost) = D		

FIN C : DETAILED BREAKDOWN OF COST

Name of Bidder:

Address:

Occupation:

Training Duration: 1696 hrs (10 months)

Important Note:

- Proposed number of participants = 20
- Ceiling (Upper limit) of direct cost for training per participants (Excluding VAT):

S.N.	Particulars	Unit	Quantity	Rate (NPR.)	Amount (NPR.)	Remarks
A.	Direct Training Cost					
1	Training Delivery Cost					
1.1	Training Coordinator	Day	188			
1.2	Instructor (Officer Level)	Hour	1120			
1.3	Assistant Instructor	Hour	889			
1.4	Teaching Aide/Store Management	Day	889			
	Sub-Total_1					
2	Teaching materials Cost					
2.1	Consumable materials	Trainee	20			
2.2	Non-consumable materials	Trainee	20			
	Sub-Total_2					
3	Training Support Cost					
3.1	Training announcement and selection	LS	1			
3.2	Office management (Monitoring, Utilities, Supplies, Communication, Transportation, Supporting staff etc.) cost	Month	10			
3.3	Agreement/OJT placement/management and/or coordination with industries and associations	LS	1			
	Sub-Total_3					
	Total direct cost for 20 trainees without VAT = A (1+2+3)					
	Total VAT (13%)					
	Total direct cost for 20 trainees with VAT = B					
	Per trainee direct cost (without VAT) = A/20					
	Per trainee direct cost (with VAT) = B/20					
	Total Training Cost Including VAT					
B.	Indirect Cost (Reimbursable Cost)					
1	Transportation allowance for trainees-Trainee day (20 trainees X 260 days)	Trainee day	5200	100.00	520,000.00	
2	Material cost for skill test	Trainee	20	3,500.00	70,000.00	
3	Group personal accidental insurance (Min. 7 lakhs/person)	Trainee	20	1,000.00	20,000.00	
	Total indirect cost for 20 trainees = C				610,000.00	
	Per trainee indirect cost = C/20				30,500.00	
	Total training cost (Direct cost with VAT and Indirect cost: B+C) = D					
	Per trainee cost (Direct cost with VAT and Indirect cost)					

Authorized Signature

Date:

Office Stamp

