

Standard Request for Proposal

**For Implementation of Training with OJT Program
ON
Professional Cook (Level 2 with 1696 hrs.)**

Procurement of Consulting Services National Competition Bidding

Project: Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE) Project-II

Financing Agency: Swiss Agency for Development and Cooperation (SDC)

Issued by:
Omsatiya Rural Municipality, Hatifarsatikar 3
Rupandehi
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Abbreviations

CV	-	Curriculum Vitae
CTEVT	-	Council for Technical Education and Vocational Training
DO	-	Development Partner
EA	-	Executive Agency
ENSSURE	-	Enhanced Skills for Sustainable and Rewarding Employment
EOI	-	Expression of Interest
GON	-	Government of Nepal
OJT	-	On-the-job Training
NSTB	-	National Skill Testing Board
PAN	-	Permanent Account Number
PPA	-	Public Procurement Act
PPR	-	Public Procurement Regulation
RfP	-	Request for Proposal
TNA	-	Training Need Assessment
TOR	-	Terms of Reference
TOT	-	Training of Trainers
TSLC	-	Technical School Leaving Certificate
VAT	-	Value Added Tax
TPs	-	Training Providers

Instructions to Bidders:

1. Any unclear points regarding this proposal submission process can be discussed and agreed on the pre-bid meeting. The clarification from Palika shall be published in the Palika's website or will be informed to all the bidders using appropriate means of communication within 5 days of the meeting so held.
2. All copies (every page) of the evidence documents should be duly notarized.
3. The bidders are supposed to submit the documents mentioned as the Mandatory requirements only in the ToR with this proposal.
4. Request for proposal should be submitted by a sole firm. Sub-contracting, Joint Venture, and franchising shall not be allowed.
5. The Bidders are requested to submit the documents in an appropriate order, duly compiled with a perfect hard binding copy. The proposal formats shall be in a serial order from TECH – A to TECH – I, CVs, and other required documents. We strongly advise not to attach unnecessary documents.
6. The Bidders shall be responsible for the consequences of any submitted fraudulent documents.

Technical Proposal - Standard Forms

- TECH A. TECHNICAL PROPOSAL SUBMISSION LETTER.
- TECH B. CONSULTANT'S REFERENCES.
- TECH C. SPECIFIC EXPERIENCE OF THE CONSULTANTS RELATED TO THE ASSIGNMENT
- TECH D. AVAILABLE INFRASTRUCTURE AND EQUIPMENT (SUBJECT TO FIELD VERIFICATION)
- TECH E. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM THE ASSIGNMENT.
- TECH F. TEAM COMPOSITION AND TASK ASSIGNMENTS.
- TECH G. FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF.
- TECH H. ACTIVITY (WORK) SCHEDULE.
- TECH I. PROFESSIONAL PERSONNEL PLAN

TECH A : TECHNICAL PROPOSAL SUBMISSION LETTER

Date:

..... **Rural Municipality/Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE)-II**

Subject: Submission of the Technical Proposal

Dear Sir:

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on Professional Cook 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:

Eligibility Assessment Criteria for Bidder

To be eligible in the bidding process, the training provider along with its consortium must meet the following criteria. **Please submit the eligibility assessment documents separately according to the following order.**

S.N.	Particulars	The Documents to be Attached	Attached? (Yes or No)
1	Firm's registration and updated in the office of the Company Registrar indicating at least three years standing of the firm/s	Notary certified copy of company registration	
2	VAT registration	Notary certified copy of VAT registration.	
3	Valid CTEVT affiliation to conduct 1400-1696 hours training in related occupation with letter of renewal or Valid CTEVT affiliation to conduct the pre/diploma course in related occupation.	Notary certified copy of CTEVT affiliation letter	
4	Tax clearance certificate for the last three fiscal years (2078/079, 2079/080 & 2080/081) or Time extension letter of Inland Revenue Department in case of not taken tax clearance certificate.	Notary certified copy of tax clearance certificates of FY (2078/079, 2079/080 & 2080/081)	
5	Audit report of the last three fiscal year (2078/079, 2079/080 & 2080/081)	Notary certified copy of copy of audit report of FY (2078/079, 2079/080 & 2080/081)	
6	At least NRs. 9 million turnovers of last three fiscal years (2078/079, 2079/080 & 2080/081)		
7	Self-Declaration made in writing by the training provider/s that it is not disqualified for taking part in the procurement proceedings, that it has no conflict of interest in the proposed procurement proceeding and that it has not been punished for an offence relating to the concerned profession or business	Original declaration Letter in the Letter Head of the TPs	

TECH B : BIDDER'S REFERENCES**B1. Background information****B1.1 General Information of Training Provider (TP)**

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 Organization (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 Training Provider (Please submit the copy of financial documents in ANNEX)

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

B2. Understanding of the objective and expected output/outcome of the assignment.

B3. Comments and suggestion on Terms of Reference.

TECH C : WORKING EXPERIENCES IN TRAINING PROGRAM

C1. General working experience in training program (e.g., L-1, L-2, L-3, 1400-1696 hours or pre/diploma etc.) imparted in last three fiscal years (2078/079, 2079/080 and 2080/081)
(Please provide the information based on the record provided by NSTB only)

S.N.	Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed Skill test or exam	Employment rate (%)	Training Location (Please mention the name of Palika, District and Province)	In which Fiscal Year training was conducted?
1							
2							
3							
4							
5							

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

C2. Specific training experience in same occupation (e.g., L-1, L-2, L-3, 1400-1696 hours or pre/diploma etc.) imparted in last three fiscal years (2078/079, 2079/080 and 2080/081)
(Please provide the information based on the record provided by NSTB only)

S.N.	Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed Skill test or exam	Employment rate (%)	Training Location (Please mention the name of Palika, District and Province)	In which Fiscal Year training was conducted?
1							
2							
3							
4							
5							

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

TECH D : AVAILABLE INFRASTRUCTURE AND EQUIPMENT

Availability of Infrastructure: Office Building, Classrooms, Practical Workshop/labs, Library, Hostels for male and female, Toilets for male and female, furniture's, Safety Equipment/Provisions etc.

D1. Office space and training facilities

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

D2. Safety Equipment

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

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		

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	In-company trainer/s confirmed (yes/no)	MOU signed (yes/no)

TECH E : DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM THE ASSIGNMENT

(Please mention for both center-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 (center-based and industry-based)
- Work plan and personnel schedule
- Management of center-based
- Allocation of trainees and management of industry-based training
- Monitoring and performance evaluation methodology (center-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 FOR PROPOSED ASSIGNMENT**3F1. Provide information on proposed staff for the program under this assignment.**

S. N.	Proposed Position	Name	Qualification	ToT /instructional skills	Years of Experience
Key Experts:					
1	Training Coordinator				
2	Instructor 1				
3	Instructor 2				
....				
Additional Human Resources:					
1	Database Operator				
2	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 : FORMATS OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF

Proposed Position: _____

Name of Training Institute: _____

Name of Staff: _____

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

Date of Birth: _____

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

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	13 th	14 th	15 th

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:

..... Municipality / Enhanced Skills for sustainable and Rewarding
Employment (ENSSURE)-II

Subject: Submission of the Financial Proposal

Dear Sir/Madam;

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on 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., ----/----/ 2024.

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[PROPOSED NO.]..... TRAINEES

Costs	Amount(s)	Amount in Figure (Mandatory)
Sub-total Training Cost (A. 1)		
Value Added Tax (VAT) (A. 2)		
Total Training Cost Including VAT (A. 3)		
Total Amount of Financial Proposal (A.3+B.1)		

FIN C : DETAILED BREAKDOWN OF COST

Financial Proposal for Training Courses with OJT

Name of Service Provider:

Address:

Occupation:

Training Duration: 1696 hrs (10 months)

Proposed number of participants = 20

Occupation:(Training with OJT) Course						
Duration: 1696 Hrs.						
Number of Participant: 20						
S.N.	Particulars	Unit	Quantity	Rate (NPR)	Amount (NPR)	Remarks
A.	Direct Training Cost					
1	Training Delivery Cost					
1.1	Training Coordinator	Day				Center- based training costing for per day
1.2	Instructor (Officer Level)	Hour				Center- based training costing for theory and practical session
1.3	Assistant Instructor	Hour				Center- based training costing for practical hours only
1.4	Teaching Aide/Store Management	Hour				Center-based training costing for practical hours only
			Sub total 1			
2	Teaching Materials Cost		20			
2.1	Consumable materials	Trainee	20			
2.2	Non-consumable materials	Trainee	20			
			Sub total 2			
3	Training Supports Cost(Miscellaneous)					
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)					
	Per trainee direct cost (without VAT) = A/20					
	VAT (13 %)					

	Total direct cost for 20 trainees (with VAT)					Applicable only for private training providers
	Per trainee direct cost (with VAT)					
	Total per unit cost	Unit	Quantity	Rate (NPR)	Amount (NPR)	
B	Indirect Cost (Reimbursable Cost)					
1	Transportation allowance for trainee-Trainee Day (20 trainees *260 days)	Trainee day	5200			
2	Material cost for skill test	Trainee	20			
3	Group personal accidental Insurance (Min. 7 Lakhs/person)	Trainee	20			
	Total indirect cost for 20 trainees =B					
	Per trainee indirect cost = B/20					
	Total cost (Direct and Indirect) without VAT = C					
	Per trainee cost (Direct and indirect)-without VAT					

Note:

1. Local Government will recommend the skill test to NSTB based on the provided list of technical school/TP
2. The cost of the skill test will be paid directly to the NSTB by the local government.

Authorized Signature

Date:

Office Stamp