**TENDER RESPONSE**

(Please provide information against each requirement, additional rows can be inserted for all questions as necessary)

**ESSENTIAL CRITERIA**

In order to qualify as a bidder, you must be able to answer ‘Yes’ against all of the Essential Criteria. after passing the essential criteria you will be scored against Capability and Commercial criteria.

1. Do you have a legitimate business/official address OR are you registered for trading or tax purposes with the authorities: Yes/ No
2. Do you agree to comply with our standard policies and procedures as stated in RFQ or Invitation to Tender (ITT) document: Yes/No
3. Do you confirm that you are not any prohibited parties or on Government blacklists : Yes/ No

**Section 1 - Bidder’s general business details**

1. General information

|  |
| --- |
| Organisation Name:  |
| Contact Name:  |
| Phone:  | Fax:  |
| Email:  | Parent company (if applicable): |
| Principle Address: | Registered Address: | Payment Address: |
| Registration number:  | Tax number:  |
| Legal status ( Sole Proprietor /Partnership/Company) : |
| Year of registration:  | Annual Turnover: |

1. Please provide details of the type of your organisation (manufacturer, distributor, etc):
2. Please provide details of the primary products/services of your organisation:
3. Please list your employees who would be involved with Save the Children. One employee should be the key point of contact for Save the Children:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Job title** | **Role for Save the Children account** | **Direct telephone number** | **Email address** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Please detail what your insurance cover provides and what the maximum value is ( if any) :

 **CAPABILITY CRITERIA**

***All questions listed below are examples. Questions should be adapted, deleted and created as appropriate in line with the Capability Criteria stated in the Invitation to Tender or RFQ (*** *For e.g. Capacity 20 %, , Quality 20 % Coverage 20 % etc)*

**Section 2: Bidder capacity**

1. Detail the product you are intending to supply with any variations/notes to the specification if your product differs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Pricing (USD)****For Male, Single Female & Child** | **Pricing (USD)****For Female (Maternity)**  | **Insurance Card Type/class (Should all be one type/class)** |
| Premium  |  |  |  |
| Ceiling per person  |  |  |  |
| Sub Ceiling: accidents & emergencies  |  |  |  |
| Sub Ceiling: Outpatient treatment including consultation, lab, imaging, medication, outpatient surgical procedures and services |  |  |  |
| Sub Ceiling: Outpatient dental treatment including relief of dental pain, accidental damage to natural teeth, restoration of natural teeth including extraction, surgical procedures including x-rays, examination, semi-precious & composite fillings, root canal treatment & gum treatment |  |  |  |
| Sub Ceiling: inpatient & day-care treatment including accommodation, inpatients consultation, investigation, medication, nursing, medical procedures. The benefit includes the admission for flow up of disclosed & accepted pre-existing chronic conditions.  |  |  |  |
| Sub Ceiling: inpatient & day-care surgery including theatre, surgeon, anaesthetist, intra-operative medications & consumables, day-care endoscopic & laparoscopic therapeutic procedures  |  |  |  |
| Sub Ceiling: clinical illness |  |  |  |
| Sub Ceiling: Optic & Ophthalmic Care  |  |  |  |
| Sub Ceiling: Obs & Gyn including pre-natal treatments & examinations, complications of pregnancy, medical conditions that arise during childbirth, including up to 10 antenatal care visits & U/S scans per pregnancy. |  |  |  |
| Extra benefits; Bidder to specify. Example: inpatient Covid services, Pool fund, special coverage (HIV, Cancer etc) |  |  |  |
| Admission class |  |  |  |
| Total Cost for one year: (USD) |  |  |  |

1. Number of years of relevant experience to provide similar services?
2. What warranties and guarantees can you offer as part of this contract?
3. How quickly can you guarantee a response time to quotation requests?
4. What are your standard working hours and what after-hours services do you provide in the event of an emergency?
5. Detail any benefits or additional services your organisation can offer Save the Children as part of the contract:
6. Details of Geographic coverage in Country / outside
7. What quality standards does your organisation adhere to e.g. ISO?
8. Please provide details ofat least2client references whichSave the Children may contact (preferably NGOs):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Client Organisation**  | **Contact** | **Phone no.** | **E-mail address** | **Details of contract** |
|  |  |  |  |  |
|  |  |  |  |  |

**COMMERCIAL CRITERIA**

**Section 3: Commercial proposal (Pricing)**

1. Please indicate here the prices including taxes you are offering to Save the Children as part of this contract, including the currency. Please refer to specification for details of what must be included.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Pricing (USD)****For Male, Single Female & Child** | **Pricing (USD)****For Female (Maternity)**  | **Insurance Card Type/class (Should all be one type/class)** |
| Premium  |  |  |  |
| Ceiling per person  |  |  |  |
| Sub Ceiling: accidents & emergencies  |  |  |  |
| Sub Ceiling: Outpatient treatment including consultation, lab, imaging, medication, outpatient surgical procedures and services |  |  |  |
| Sub Ceiling: Outpatient dental treatment including relief of dental pain, accidental damage to natural teeth, restoration of natural teeth including extraction, surgical procedures including x-rays, examination, semi-precious & composite fillings, root canal treatment & gum treatment |  |  |  |
| Sub Ceiling: inpatient & day-care treatment including accommodation, inpatients consultation, investigation, medication, nursing, medical procedures. The benefit includes the admission for flow up of disclosed & accepted pre-existing chronic conditions.  |  |  |  |
| Sub Ceiling: inpatient & day-care surgery including theatre, surgeon, anaesthetist, intra-operative medications & consumables, day-care endoscopic & laparoscopic therapeutic procedures  |  |  |  |
| Sub Ceiling: clinical illness |  |  |  |
| Sub Ceiling: Optic & Ophthalmic Care  |  |  |  |
| Sub Ceiling: Obs & Gyn including pre-natal treatments & examinations, complications of pregnancy, medical conditions that arise during childbirth, including up to 10 antenatal care visits & U/S scans per pregnancy. |  |  |  |
| Extra benefits; Bidder to specify. Example: inpatient Covid services, Pool fund, special coverage (HIV, Cancer etc) |  |  |  |
| Admission class |  |  |  |
| Total Cost for one year: (USD) |  |  |  |

1. Can you fix these prices for the duration of the contract?

 Yes [ ]  No [ ]

If not, please provide details of how long they will remain fixed?

1. If prices cannot be fixed for the duration of the contract, please specify factors that would affect the price and indicate how changes in these factors would affect the price of the stated products:

**Section 4: Confirmation of Bidder’s compliance**

We, the Bidder, hereby confirm compliance with:

* The required specification for the service
* The Conditions of Tendering
* Save the Children’s Terms and Conditions of Purchase
* Save the Children’s Child Safeguarding policy
* Save the Children’s Anti-Bribery and Corruption policy
* Save the Children Human Trafficking and Modern Slavery policy
* The IAPG Code of Conduct

The following documents and items are included in our bid:

* Section 1: Bidder’s general business details
* Section 2: Bidder capacity
* Section 3: Pricing proposal

We confirm that Save the Children may in its consideration of our offer, and subsequently, rely on the statements made herein.

|  |
| --- |
| **Acceptance by the Bidder:** …………………………………………………………………….Signature …………………………………………………………………….Name……………………………………………………………………..Job Title……………………………………………………………………..Company……………………………………………………………………...Date  |