

# REQUEST FOR PROPOSAL (RfP) DOCUMENT FOR IMPLEMENTION OF 1696 HOURS TRAINING WITH OJT PROGRAM ON Building Electrician/Light Vehicle Mechanic

### Issued by

Shivraj Municipality for Enhanced Skills for Sustainable and Rewarding Employment Project

.....May 2022

# NOTICE OF REQUEST FOR PROPOSAL (RFP) (First published on 5<sup>th</sup> June 2022)

#### FOR IMPLEMENTION OF 1696 HOURS TRAINING WITH OJT PROGRAM

Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE)-II is a bilateral initiative of the Government of Nepal(GoN) and the Government of Switzerland implemented by 3 tiers of government at Federal, Provincial and Local level with technical assistance from Helvetas Nepal. The overall goal of the project is to contribute for improved living standard of Nepalese workers particularly from disadvantaged groups to benefit from continuous employment.

In this connection, under ENSSURE -II, Shivraj Municipality invites proposals from interested and competent Training Institutes/Technical Schools/Industry having training facilities with adequate physical infrastructures and Human resources, to implement the training Program on the abovementioned occupation/s as per the CTEVT's curricula

The interested bidders can download bid documents from <a href="https://www.shirajmunicipality.gov.np">https://www.shirajmunicipality.gov.np</a> or can collect from the following address during 10:00am - 5:00pm, Sunday to Friday:

### **Shivraj Municipality**

#### Tel: 076540147

The bid documents must be submitted in one sealed envelope containing 2 separate envelops of the following documents:

- i. Technical Proposal and Documents for eligibility,
- ii. Financial Proposal,

The consultants will be selected following the Quality and Cost based Selection (QCBS) method. The minimum score to pass the technical proposal is 60 percent. Any inquiries other than necessary clarifications on Request for Proposal (RfP) will not be entertained and any types of solicitation will automatically disqualify the bidder from the selection process. Shivraj Municipality reserves the right to accept or reject any or all proposals without stating any cause.

The deadline for the submission of proposal is before 5:00 PM, 19th June 2022. In case of the last day of submission falls on public holiday, then the next working day and same time shall be considered as the last date

### **ELIGIBILITY DOCUMENTS**

Interested Training Institutes/Technical Schools are requested to submit their RFP along with the required information and supporting documents listed below. The applications should also include authorized signatures and office seals assuring the authenticity and correctness of information provided. Please refer the Terms of Reference (TOR) issued by the Project.

To be eligible in the selection process, the Training Institutes/Technical Schools must submit of following documents of eligibility:

- 1. Copy of firm's renewal, organization or company registration certificate indicating at least three years standing of the firm/s;
- 2. Copy of VAT registration certificate;

- 3. Copy of tax clearance and audit report for the last two fiscal years;
- 4. Copy of valid CTEVT affiliation certificate to conduct training in related occupation/sector.
- 5. Self-Declaration made in writing by the Training Institutes/Technical Schools 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;
- 6. List of industries with demanded number of trainees for OJT.
- 7. Letter from concerned industry association/Chamber of commerce/professional association indicating their support and cooperation in the training implementation and placement of the graduates.

<u>Failing to submit any of the above document/s with necessary authentication will result in automatic disqualification for further evaluation process.</u>

### **Technical Proposal - Standard Forms**

- 3A. TECHNICAL PROPOSAL SUBMISSION LETTER.
- 3B. CONSULTANT'S REFERENCES.
- 3C. SPECIFIC EXPERIENCE OF THE CONSULTANTS RELATED TO THE ASSIGNMENT
- 3D. AVAILABLE INFRASTRUCTURE AND EQUIPMENT (SUBJECT TO FIELD VERIFICATION)
- 3E. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM THE ASSIGNMENT.
- 3F. TEAM COMPOSITION AND TASK ASSIGNMENTS.
- 3G. FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF.
- 3H. ACTIVITY (WORK) SCHEDULE.

### 3A. TECHNICAL PROPOSAL SUBMISSION LETTER

Date:
Shivraj Municipaltiy / Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE) Shivraj
Subject: Submission of the Technical Proposal
Dear Sir:
We, the undersigned, offer our services to implement 1696 hours Training with OJT program on Professional Building Electrician/Light Vehicle Mechanic in accordance with your Request for Proposal dated 5 June 2022 and our Proposal. We are hereby submitting our technical proposal sealed under a separate envelope to serve 10/10 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:

### 3B. BIDDER'S REFERENCES

### 3B1. Background information (Maximum 500 words)

### A. 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	

### **B.** 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	Registration Number		
	Status	Registered Date		
4	CTEVT Affiliation	Affiliation No.		
		Date of Affiliation		
		Affiliated level and occupation/s		
		Validity Date		
5	VAT/PAN Registration	Registration No.		
		VAT No.		

Vision				
Mission				
Goal				
Areas of Expertise	Trade	Occu	pation	
Main Geographical Regions of Experience	of			
Organizational Chart includin full name of Board of Director				
C.1 Please provide informa	ation of the <u>lega</u>	<u>lly</u> established l	branch office	es, If applicable.
Information	Branch 1		Branch 2	
District				
Municipality/RM				
Ward Number				
Ward Number Office Telephone No.				
Office Telephone No.				
Office Telephone No.  Contact Person's Name  Contact Person's Designation  Contact Person's Mobile				
Office Telephone No.  Contact Person's Name  Contact Person's Designation				
Office Telephone No.  Contact Person's Name  Contact Person's Designation  Contact Person's Mobile  Number	ining Provider (Pl	ease submit the no	otarized copy o	f financial
Office Telephone No.  Contact Person's Name  Contact Person's Designation  Contact Person's Mobile  Number  Email  D. Financial Information of Tra	ining Provider (Pl	ease submit the no	otarized copy o	f financial  Remark
Office Telephone No.  Contact Person's Name  Contact Person's Designation  Contact Person's Mobile  Number  Email  D. Financial Information of Tradocuments in ANNEX)				

**C. 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).

Net profit (Rs.) (According to		
audit report)		

### 3B2. Understanding the objective of the assignment

### 3B3. Expected output/outcome of the assignment

### 3C: SPECIFIC EXPERIENCES RELATED TO THE ASSIGNMENT

### 3C1. Training experience in related occupation (at least 390 hours) imparted in last five fiscal years (2014/015 to 2018/019)

S.N.	Occupations	Number of Trainees Trained	Number of Trainees Passed Skill test	Employment rate (%)	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1						
2						
3						

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

### 3D. AVAILABLE INFRASTRUCTURE AND EQUIPMENT (SUBJECT TO FIELD VERIFICATION)

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.

### 3D1. Office space and training facilities

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

### 3D2. Safety Equipment

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

5			

### 3D3. 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		

### 3D4. 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)

## 3E. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN FOR PERMORMING THE ASSIGNMENT (PLEASE MENTION FOR BOTH INSTITUTE-BASED TRAINING AND INDUSTRY-BASED TRAINING)

### 3E1. Preparation methodology

- Selection of occupation
- 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

### 3E2. 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

### 3E3. Post Implementation methodology

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

### 3E4. Other innovative ideas related to the assignment

#### 3F. TEAM COMPOSITION AND TASK ASSIGNMENTS

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

S. N.	Proposed Position	Name	Qualification	ToT /instructional skills	Years of Experience
1	Training Coordinator				
2	Instructor 1				
3	Instructor 2				
4	Instructor 3				
5	Instructor 4				
6					
7					

### 3F2. Provide information on staff proposed as In-company trainers at the companies

SN	Proposed Position	Name	Name of Company	Academic Qualification	Years of Experience	ToT /instructional skills
1	In-company trainer 1					
2	In-company trainer 1					
3	In-company trainer 1					
4	In-company trainer 1					

### Note:

CVs of the proposed staff <u>except In-company trainers</u>, 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 3H.

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

- 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.

3 G. FORMATS OF C	JRRICULI	JM VITAE (CV) FOR PROPOSE	D PROF	ESSIONAL STAFF							
Proposed Position:											
Name of Training Insti	tute/Tec	hnical School:									
Name of Staff:											
Date of Birth:											
Membership in Profes	sional So	ocieties:									
Education:											
[Summarize the degree a staff member.]	es obtai	ned, college and university	and ye	ar of education completion of							
Qualification	Institut	te/School/College		Year of Completion							
<b>Employment Record</b>	:										
[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 Duratio	n E	mployer	tasks performed								
Example (Instructor X from 2015 to till date)		YZ									
	<b>,</b>										
Training:											
-	•	TOT or Management and a soft training institution and a	•	sion) successfully completed .]							
Training		Institute	[	Ouration 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:										
ruii name oi authorized repr	esentative:	<del></del>								

### 3H. ACTIVITY (WORK) PLAN

Activity	[1st, 2nd, etc. are months from the start of assignment. Work plan for 12 months period is required.]												
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	
Activity (Work)													