INVITATION

FOR

AM 10757 - EXPRESSIONS OF INTEREST (EOI)

for

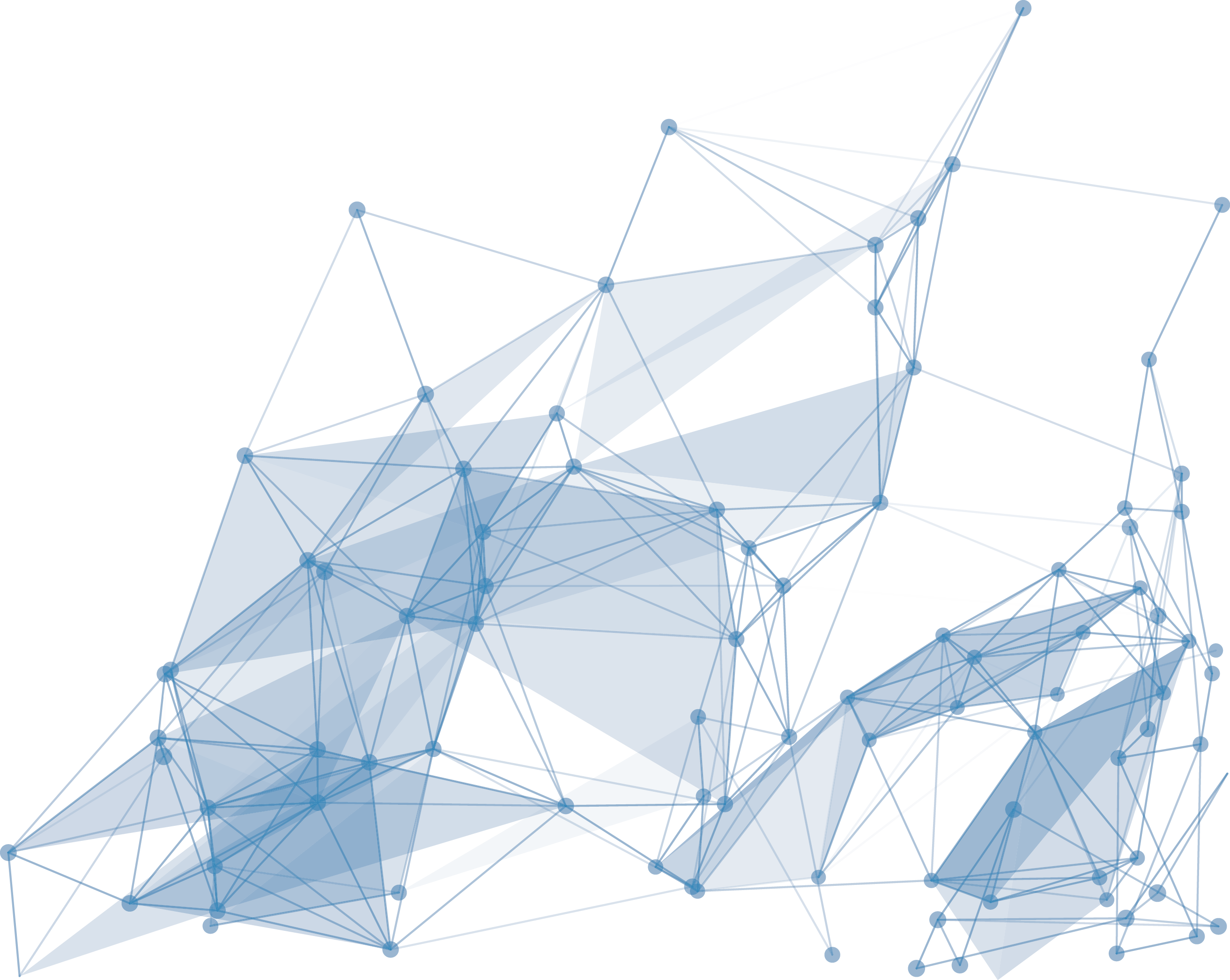
Review of Hospital-Based Counselling and Social Work Services in Fiji.

**Structure of Invitation**

Part A – EOI Process Guidelines

Part B – Specification

Part C – Response



























Part C – Response

|  |  |
| --- | --- |
| Contractor Details | |
| Trading Name | <insert name> |
| Registered Name | <insert name> |
| ABN (Company registration number if Fiji registered) | <insert number> |
| ACN (Company T.I.N number if Fiji registered) | <insert number> |
| Address of registered office | <insert address> |
| Type of entity (e.g. company, trust, partnership, sole trader, other) | <insert entity> |
| Key Personnel (e.g. director, chief executive officer, principal of business etc.) | <insert names and positions> |
| Telephone | <insert phone number> |
| Website | <insert URL> |
| Inclusive Procurement | Do you and your company/organisation belong to any of the  below category:  MSMEs, social enterprises, women led businesses, disability enterprises, local businesses, CSOs, youth and community groups and local indigenous entrepreneurship, partnerships.  **Answer:** YES / NO  If YES, which category do you belong to:  **Answer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Contact Person | <insert name> |
| Position | <insert position> |
| Address | <insert address> |
| Postal address (if different to above) | <insert address> |
| Email | <insert email address> |
| Telephone | <insert phone number> |

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| Procurement Details | |
| Response Against Evaluation Criteria | |
| Mandatory Criteria (this is a must provide in order to be evaluated for the technical criteria) | |
| 1. Company Profile | Attachment provided – YES / NO  If NO, why? |
| 1. ABN (or Company Registration) | Attachment provided – YES / NO  If NO, why? |
| 1. ACN (or Company T.I.N Letter) | Attachment provided – YES / NO  If NO, why? |
| 1. Insurances Certificate of Currencies | Public Liability – Attachment provided YES / NO  Products Liability – Attachment provided YES / NO  Professional Indemnity Liability – Attachment provided YES / NO  Contractors All Risk – Attachment provided YES / NO  If No, why? |
| 1. Your organisation must be willing to participate in a Safeguarding risk assessment (Child Protection & PSEAH) and take action to reduce the level of risks to women, children and other vulnerable groups associated with the delivery of the services consistent with the DFAT’s Child Protection policy (2018) and PSEAH policy (2019). | Check box below if you are willing or not:  YES / NO  If yes, provide your statement confirming this as an annex to your proposal. |
| 1. Your organisation is committed to promoting gender equality, disability, and social inclusion (GEDSI) policy commitments of DFAT and the government of Fiji, and will support the implementation of the Cyclone Recovery Program’s GEDSI action plan associated with the delivery of the services | Check box below if you are willing or not:  YES / NO  If yes, provide your statement confirming this as an annex to your proposal. |
| Weighted Criteria (Service Providers are encouraged to provide detailed responses with relevant attachments provided) | |
| 1. Technical Criteria (60%) | |
| 1. No more than one page providing evidence of expertise in delivering or counselling and/or social work services |  |
| 1. No more than one page providing evidence of expertise in evaluation of development programs and activities using mixed methods and participatory approaches to research |  |
| 1. Evidence of expertise and experience assessing whether services are inclusive, as part of the responses to evaluation criteria a. and b. above. |  |
| 1. Two (2) references from organisations/businesses that the Service Provider has previously provided similar services. |  |
| 1. The CVs of the consultants/staff proposed to undertake the delivery of the Services (no more than two-pages) |  |
| 5. Quality and value for money of individual Service Provider’s Proposal and Budget (including number of proposed input days and daily rate) (40%) | |
| Provide details to demonstrate sufficient working capital and lines of credit to cover the running costs of the contract |  |

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| --- | --- |
| **References** | |
| Please provide up to three references that may be contacted in relation to Your Proposal | |
| Name | **Contact Details** |
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I/We declare that

a) the Conditions of the EOI Process are agreed; and

b) the information and particulars provided as part of this EOI are accurate and correct.

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| *Dated:* |  |

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| --- | --- |
| Supplier | |
| Signature |  |
| \*Print name and office held |  |

|  |  |
| --- | --- |
| Witness | |
| Signature |  |
| \*Print name and office held |  |

\*Use BLOCK LETTERS