|  |  |
| --- | --- |
| SPREP-PROE-tall-colour_sml copy.gif | **SECRETARIAT OF THE PACIFIC REGIONAL ENVIRONMENT PROGRAMME**  **TENDER APPLICATION FORM** |

RFT: PWP-129-CON

File: AP\_6/5/8/4

|  |
| --- |
| **THIS APPLICATION IS FOR THE FOLLOWING TENDER:** |
| **Development of a Timor-Leste National healthcare waste management strategy 2022-2026** |

*Please note you are required to complete in full all areas requested in the Form, particularly the Statements to demonstrate you meet the selection criteria – DO NOT refer us to your CV.*

*Failure to do this will mean your application will* ***not*** *be considered.*

*For the Technical and Financial proposals you may attach these separately.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **DETAILS** | | | | | |
| NAME OF FIRM *(if applicable)* | | |  | | | |
| NAME OF PRINCIPAL CONSULTANT | | |  | | | |
| LIST OTHER PROPOSED PERSONNEL *(if applicable)* | | |  | | | |
| NATIONALITY | | |  | | | |
| POSTAL ADDRESS | | |  | | E-MAIL ADDRESS |  |
| TELEPHONE WORK | | |  | | MOBILE NUMBER |  |
| TELEPHONE HOME | | |  | | FAX NUMBER |  |
|  | | | | | | |
| **2.** | **ACADEMIC BACKGROUND** *(PRINCIPAL APPLICANT & PROPOSED PERSONNEL)* | | | | | |
| Dates | | Institution/Country | | | Qualification Attained | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | | | | | | |
| **3.** | **WORK EXPERIENCE** | | | | | |
| Dates | | Employer | | Position (briefly list core functions) | | |
|  | |  | |  | | |
|  | |  | |  | | |
|  | |  | |  | | |
|  | |  | |  | | |
|  | | | | | | |
| **4.** | **PROFESSIONAL AFFILIATIONS/AWARDS** | | | | | |
| Dates | | Organisation | | | Member/Award Status | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | | | | | | |
| **5.** | **PROFESSIONAL REFEREES (List at least 3 including the most recent relevant to this job)** | | | | | |
| Name | | | Position | | Organisation & Contact Details | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | | | | | |
| **6.** | **STATE HOW YOU MEET EACH SELECTION CRITERIA** | | | | | |
| **CRITERIA 1**  Demonstrate experience in the development of national strategies/systems.  Preference given to tenderers that have developed healthcare waste management strategies and have experience in the Pacific region and Timor-Leste. 25% | | | | | | |
|  | | | | | | |
| **CRITERIA 2**  Demonstrate an understanding of healthcare waste treatment processes and systems.  Preference for tenderers who can demonstrate working knowledge of hospital systems managing healthcare waste. 15% | | | | | | |
|  | | | | | | |
| **CRITERIA 3**  Demonstrated experience in national and local monitoring and evaluation processes that include strengthened reporting, monitoring, and evaluation mechanisms 15% | | | | | | |
|  | | | | | | |
| **CRITERIA 4**  Proposed project methodology noting schedule, activities, concurrent or sequential development, engagement with country representatives, etc.  Preference given to consultants to provide details of their preferred strategy structure and provide specific information on how they will deliver and manage the requested works. 25% | | | | | | |
|  | | | | | | |
| **CRITERIA 5**  Financial Proposal 20%  An annotated budget listing of each task, itemizing all financial elements in USD. Value for money considerations to be applied. | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **7.** | **GENERAL INFORMATION** | | | | | |
| Declaration of close relations to any individual who is currently employed at SPREP. Please list name/s and nature of relationship. | | |  | | | |
| Declaration **Tenderer has no association with**  exclusion criteria, including bankruptcy, insolvency or winding up procedures, breach of obligations relating to the payment of taxes or social security contributions, fraudulent or negligent practice, violation of intellectual property rights, under a judgment by the court, grave professional misconduct including misrepresentation, corruption, participation in a criminal organisation, money laundering or terrorist financing, child labour and other trafficking in human beings, deficiency in capability in complying main obligations, creating a shell company and being a shell company. | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Declaration Tenderer (and other proposed personnel) have not been charged with any child related offences | |  | |
| Discipline Record (list past employment disciplinary cases or criminal convictions, if any) | |  | |
|  | | | |
| **8.** | **ANY OTHER ADDITIONAL INFORMATION APPLICANT WISHES TO SUBMIT** | | |
|  | | | |
|  | | | |
| **9.** | **HOW DID YOU LEARN ABOUT THIS TENDER?** | | |
|  | | | |
|  | | | |
| **10.** | **CERTIFICATION & AUTHORISATION:**  **All information submitted herewith is true and correct. SPREP has the authority to seek verification of any information provided.**  **By signing this application form you are indicating your agreement to SPREP’s Standard Terms and Conditions outlined in the Contract for Services (attached). SPREP Standard Contract Terms and Conditions are non-negotiable.** | | |
|  | | | |
|  | | |  |
| **Signature** | | | **Date** |

**The following documents must be attached to this Tender application form:**

* Curriculum Vitae – Principal Consultant & Proposed Personnel
* Detailed workplan and schedule of activities
* Detailed Financial Proposal
* Business License
* Any other relevant information to support this tender application.

**CONFLICT OF INTEREST FORM**

**Request for Tender (RFT) – Development of a Timor-Leste National healthcare waste management strategy 2022-2026**

|  |
| --- |
|  |

I confirm that I, my family members, and the organisation or company that I am involved with are independent from SPREP. To the best of my knowledge, there are no facts or circumstances, past or present, or that could arise in the foreseeable future, which might call into question my independence.

If it becomes apparent during the procurement process that I may be perceived to have a conflict of interest, I will immediately declare that conflict and will cease to participate in the procurement process, unless or until it is determined that I may continue.

OR

|  |
| --- |
|  |

I declare that there is a potential conflict of interest in the submission of my proposal [please provide an explanation with your proposal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Signature Date

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_