



# Standard Request for Proposal

मयादेवी गाउँपालिका  
बरेवा, रुपन्देही  
लुम्बिनी प्रदेश  
२०७३

For Implementation of Training with OJT Program  
ON  
Professional Plumber (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:**

**Mayadevi Rural Municipality Office**

**Barewa, Rupandehi**

**Nepal**

**April 2023**

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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 evidencing 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

पञ्च प्रशासकीय अधिकृत



**TECH A : TECHNICAL PROPOSAL SUBMISSION LETTER**



Date: .....

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

Barewa, Rupandehi

*(Signature)*  
प्रमुख कार्यपालिका अधिकृत

**Subject: Submission of the Technical Proposal**

Dear Sir:

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on Professional Plumber accordance with your Request for Proposal dated 11<sup>th</sup> May, 2023 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 a related occupation or Copy of Valid CTEVT affiliation to conduct the pre/diploma in a related occupation or Evidence of having conducted ENSURE project's 1696 hrs. training program in the same occupation.	Notary certified copy of CTEVT affiliation letter	
4	Tax clearance certificate for the last two fiscal years	Notary certified copy of tax clearance certificates and audit report of FY 2077/078 and 2078/079	
5	At least NRs. 2.5 million average annual turnover based on audited financial statement of audit report of last three fiscal year		
6	Audit report of last two fiscal year		
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).

<b>Introduction</b>		
<b>Vision</b>		
<b>Mission</b>		
<b>Goal</b>		
<b>Areas of Expertise</b>	<b>Trade</b>	<b>Occupation</b>
<b>Main Geographical Regions of Experience</b>		
<b>Organizational Chart including the full name of the Board of Directors</b>		

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 2076/077	FY 2077/078	FY 2078/079	Total	Remark
Annual turnover (NRs.) (As per the audited financial statement)					
Net profit (NRs.) As per the audited financial statement)					



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

## B3. Comments and suggestion on Terms of Reference.

*(Signature)*  
प्रमुख प्रशासकीय अधिकारी

### 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 ( 2076/077, 2077/078 and 2078/079) (Please provide the information based on the record provided by NSTB only)**

S.N.	Occupations	Program (e.g., L-1, L-2, 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 ( 2076/077, 2077/078 and 2078/079) (Please provide the information based on the record provided by NSTB only)**

S.N.	Occupations	Program (e.g., L-1, L-2, 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 institute-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 (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 (institute-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
<b>Key Experts:</b>					
1	Training Coordinator				
2	Instructor 1				
3	Instructor 2				
....	.....				
<b>Additional Human Resources:</b>					
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	[1st, 2nd, etc. are months from the start of assignment. ]														
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th

Signature: \_\_\_\_\_  
 (Authorized representative)  
 Full Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Cell no : \_\_\_\_\_



*[Signature]*  
 प्रमुख प्रशासकीय अधिकृत

TECH I: PROFESSIONAL PERSONNEL PLAN

				[1st, 2nd, etc. are months from the start of assignment. ]														
SN	Name	Position	Responsibility															
				1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13 <sup>TH</sup>	14 <sup>th</sup>	15 <sup>th</sup>



*प्रमुख प्रशासकीय अधिकृत*

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

  
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## FIN A : FINANCIAL PROPOSAL SUBMISSION LETTER

Date: .....

Mayadevi Rural Municipality / Enhanced Skills for sustainable and Rewarding Employment  
(ENSSURE)-II, Rupandehi, Nepal

  
प्रमुख कार्यकारी अधिकृत

### Subject: Submission of the Financial Proposal

Dear Sir/Madam;

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on  
..... [Name of Occupation]..... occupation in accordance with your Request for Proposal  
dated 11<sup>th</sup> May, 2023 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., ----/----/ 2023.

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:

  
प्रमुख प्रशासकीय अधिकृत

**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)		



*[Signature]*  
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## 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

S.N.	Particulars	Month	Quantity	Rate (NPR.)	Amount (NPR.)
<b>A.</b>	<b>Direct Training Cost</b>				
<b>1</b>	<b>Remuneration</b>				
1.1	Training Coordinator	10	1		
1.2	Instructor (Institute based)	7	2		
1.3	Instructor (During OJT)	3	1		
<b>2</b>	<b>Teaching materials</b>		<b>20</b>		
2.1	Consumable materials		20		
2.2	Non-consumable materials (Dep.)		20		
<b>3</b>	<b>Other Support</b>				
3.1	Advertisement & Selection				
3.2	Management and Administrative cost /months				
3.3	Utilities/months				
<b>A.1</b>	<b>Sub-Total Training Cost</b>				
<b>A.2</b>	<b>VAT (13%)</b>				
<b>A.3</b>	<b>Total Training Cost Including VAT</b>				
<b>B.</b>	<b>Indirect Cost (Reimbursable Cost)</b>				
1	Tiffin/day	260	1	75.00	19,500.00
2	Group personal accidental insurance		1	500.00	500.00
<b>B. 1</b>	<b>Indirect Cost (Reimbursable Cost)</b>				20,000.00
	<b>Total Amount of Financial Cost (A.3+B.1)</b>				

#### Note:

- Local Government will recommend the skill test to NSTB based on the provided list of technical school/TP
- Based on recommendation of Local Government, the cost of skill test will be paid directly to NSTB by the project/PSU

Authorized Signature

Date:

Office Stamp