**Notice for Technical and Financial Proposal Bidding**

**from Technical Training Institutes/Companies to conduct ‘Business Oriented Vocational Skill Training’**

**for group members of Tanahu, Kavre and Sindhupalchowk districts of Nepal.**

The ‘Empowering Rural Communities in Nepal through an Integrated Approach to Health and Income Growth (ERCN) Project’ aims to achieve well-being and improved quality of life in rural community as result of strengthened capacity for community development through integrated approach to health and income growth. Main components of project implementation include: supporting income generation of community people by cash cropping and other relevant activities; supporting construction of agricultural infrastructure and health facilities in the project sites. Vocational training is one of the enterprise developments programs designed to provide occupation based on vocational skills to equip with the skills and knowledge needed for employment.

**Detailed Description/Requirements:**

The Expression of Interest (EoI) is to conduct vocational skills training to selected group members or their family on various trades being identified through their letter of interest and participation in the business plan development training. Interested technical training institutes/companies having expertise on delivering vocational training are requested to submit their EOI.

1. Although, exact trades/trainings will be finalized after the selection of the institutes/companies. The project invites EoI from for conducting training for group members or their family members of Ghiring Rural Municipality of Tanahu District - 10 person, Chaurideurali Rural Municipality of Kavre District - 6 person and Panchpokhari Thangpal Rural Municipality of Sindhupalchowk District - 10 person. The tentative trade wise occupations (but not limited to) for now are as below: -

|  |  |  |
| --- | --- | --- |
| **SN** | **Occupation** | **Period** |
| 1 | Electrician - 5 person | One Month for all trade with market demand based sub-topics |
| 2 | Beautician - 6 person |
| 3 | Tailor - 5 person |
| 4 | Barber - 2 person |
| 5 | Bakery - 8 person |

1. One training provider/institute/company should propose in all trade group listed as above and the training program must be conducted by the institute. Sub- contracting and joint ventures are not allowed.
2. All the training events must be conducted in selected training provider location (Occupation and number proposed in the EoI may be revised by the office before agreement signing) having adequate training facilities for the proposed occupation while lodging and fooding facility to the participants will be provided by the organization.
3. The trainings are expected to commence from **Second week of May 2024 and complete before end of July 2024**.
4. The selection process follows quality and cost-based selection and will be in accordance with the organizational procurement policy.

**Minimum Criteria of the applicant Training Institutes/Companies:**

* + Affiliated with CTEVT to conduct vocational training/ customized training on proposed trades/occupations.
	+ More than 5 years of proven vocational training providing experiences with government/NGOs/Private Sectors/Firms/companies on on-farm and off-farm trades and occupations.
	+ Have in-house strong technical capacity to facilitate the training.
	+ Have valid legal documents (company registration certificate, renewal, PAN/VAT certificate, Tax clearance, audit report of last 2 years).
	+ Self-declaration made in writing by the training institutes/companies that it is not disqualified for taking part in the procurement process. That it has no conflict of interest in the proposed procurement and that it has not been punished for on offence relating to concerned profession or business.

**Desirable**

* + Expertise and experience working with NGOs on building technical vocational skills in On-farm and Off-farm sectors and proven experience of supporting in establishment of enterprises.
	+ Experience on business counselling, motivation, business registration, access to finance and marketing focusing to youth and women.

**Documents to be submitted:**

* + A cover letter stating the expression of interest.
	+ Duly filled Prescribed Format of EoI Submission& supporting documents mentioned below**.**
	+ Registration certification from government/CTEVT with updated renewal from relevant authority.
	+ Copy of organization constitution, by-laws, guidelines, policies, PAN Certificate and VAT certificate (if applicable).
	+ Updated Audit Report.
	+ Annual Report (latest).
	+ Two references from current or previous partner/clients.

The duly filled Prescribed Format of EoI/Financial Proposal Submission, letter of interest and the above-mentioned supporting documents should be submitted either hard copy to office directly coming to office or sending courier to office **no later than COB 29th April 2024** with **subject line: “EoI/Financial Proposal for Vocational Training Service/ERCN”.**

*Please Note: EoI will be assessed based on the qualification, experiences, and capacity of technical training institutes/company, only shortlisted applicants will be invited to submit technical and financial proposal through a request of proposal (RFP) to conduct the identified training from Rapid Market/Need Assessment.*

The organizations reserve the right to accept or reject any or all application without giving any reason whatsoever. Any institutes/companies attempt to influence by any means during the selection process will lead for disqualification. We strictly discourage to entertain the telephonic inquiries as well for the selection procedure.

# Prescribed Format of Technical EoI/Financial Proposal Submission

Interested Technical Training Institutes/Technical Training Providers/Companies are requested to submit their EoI along with the required information and supporting document listed below.

1. **Detailed Information of Technical Training Institutes (TTI)/Technical Training Providers (TTP)/companies/Firms**

|  |  |  |  |
| --- | --- | --- | --- |
|  **S.N.**  | **Particular**  | **Detail**  | **Remark**  |
| 1  | Name of the TTI /TTP/Companies/Firm  |   |   |
| 2  | Address  | Main Office:    Branch Office (If exists):      |   |
| 3  | Contact Detail  | Phone: Email:  |   |
| 4  | Contact Person  | Name:  |   |
| Designation:  |
| Phone/Mobile No:  |
| Email address:  |
| 5  | Company registration status  | Registration No:  Date:  Valid till:  |   |
| 6  | Institute/Company Type  |   |   |
| 7  | CTEVT Affiliation  | Affiliation No:  |   |
| Date of Affiliation:  |
| Affiliation Level and occupation’s:  |
| Valid till:  |
|  8  | Other Affiliations  |   |   |
| 9  | VAT/PAN Registration  |   |   |

1. **Brief Information of the Organization**

Please provide brief information of the company/institute including, vision, mission, goal, areas of expertise, geographical experiences and Organizational Charts (in the given format as below. maximum 1 page).

|  |  |  |
| --- | --- | --- |
| **Introduction**  |   |  |
| **Vision**  |   |  |
| **Mission**  |   |  |
| **Goal**  |   |  |
| **Areas of Expertise**  | **Trade** | **Occupation** |
|   |   |
| **Main Geographical Regions of Experience:**   |   |   |
| **Organization Chart including the full** **name of Board of Directors**  |   |   |

1. **Please provide information of the legally established branch offices or approval received from local level for conducting training services (if any).**

| **Information**  | **Branch 1**  | **Branch 2**  |
| --- | --- | --- |
| Districts  |   |   |
| 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 operations.)***

1. **Human Resource Strength of Training Provider.**

List of proposed key staffs/ Instructor to be involved in vocational training.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.N.** |  **Name**  | **Proposed** **position**  | **Qualification** |  **Area of expertise**  | **Experience years**  |  **Contact No.**  |
| 1  |   |   |   |   |   |   |
| 2  |   |   |   |   |   |   |
| 3  |   |   |   |   |   |   |
| 4  |   |   |   |   |   |   |
| 5  |   |   |   |   |   |   |

1. **Training Experience**

**Training experience of Technical Training Institutes/Training Providers in *Related occupation only* (Any advanced/customized training curriculum last one fiscal years (2079/080).**

* 1. Furnish the details of training you provided to your clients (NGOs, company, farm, group). (*For Example- Conducted XXX training to XXX number of participants of XXX company/NGOs in …….. Districts*).

* 1. Provide the Details of the occupation/training you’ve provided in below format.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Occupation** | **Number of Trainees agreed enrolled** | **Number of Trainees Completed the training** | **Number of Trainees passed Skill Test** | **Number of Graduates Employed started enterprises** | **Funding Org/Client** | **Locations where training was conducted** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |

1. **Infrastructure and Facilities**

**Infrastructure and Training Facilities available the Training with the Training Provider:** Office Building, Classrooms, practical Workshops, Library, Store, Hostels for male/ female, Toilets for male and female, furniture, computer, printer, multimedia etc.

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

1. **Financial Information of Training Provider**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **FY 2078/079 and FY 2079/080** | **Total** | **Remark** |
| Annual turnover (Rs.) *(According to audit report)*  |   |   |   |   |
| Net profit (Rs.) *(According to* *audit report)*  |   |   |   |   |

1. **Training programs you intend to deliver under this EoI.**

Please be realistic while purposing the trades/occupations including capacity.

|  |  |  |
| --- | --- | --- |
| **Name of trades** | **Name of the occupations** | **Capacity (persons)** |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

1. **Methodological Experience:**

*Please describe the ideas, how you intend to execute this training based on our EoI and your previous experiences (Half page maximum).*

# Financial Proposal:

Total budget breakdown including taxes; training material cost, resources person fee, etc. since the lodging and fooding cost for the participants will be managed from the organization.

The Financial proposal should be submitted as per the formats b**elow.** The financial proposal should reach the address below via by **29th April 2024**, 17:00 hrs. (Local Time). Please, enclose the financial proposal submission application and detailed cost proposals in an envelope and mark it **“EoI/Financial Proposal for Vocational Training Service/ERCN”.**

1. **Financial Proposal Submission letter**

**[please insert]**

1. **Summary Cost Proposal**

*(This Annexes should be mandatorily signed and submitted with office stamp)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SN | Item/Name of Trades/Training | Detail Specification and Estimated Quantity | Unit price | Grand Total | Remarks |
| 1 | **Tailoring** |  |  |  |  |
| 2 | **Electrician** |  |  |  |  |
| 3 | **Beauty Parlor** |  |  |  |  |
| 4 | **Barber** |  |  |  |  |
| 5 | **Bakery** |  |  |  |  |

***Details Cost Proposal***

1. ***For One Month Training:***

***[Please provide a brief description about training (Number of Hours, days, methods of training]***

| **SN** | **Item** | **Detail****Specifications** | **No of****the trainees** | **Resource person fee per person** | **Material cost per person** | **Management cost per person** | **Total cost [NRs.] per person** | **13% Vat** | **Grand Total** | **Remarks** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |   |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |

*Note: Please include detail of management costs (Heading with Expenses).*

**Terms and Conditions**

1. **Criteria of Proposal Evaluation**

The proposal evaluation criteria for selecting a training institute/company is based on a combination of technical and financial considerations. The criteria that may be used for selecting the company/institute include competitive pricing, excellence in service and support, ability to deliver training by the required dates, product quality and reputation, acceptance of SAHAMATI’s terms and conditions, number of enterprises established/created, rate of job placement success, and reliable delivery methods. The preference will be given to the training and employment-providing company/institute that can conduct training on the spot.

We will/may conduct necessary field verification before making a final selection. The organization holds the right to reject or select a single bidder or multiple bidders/training institutes for conducting the training. Overall, the evaluation criteria focus on selecting a company/institute that can offer high-quality vocational skills training that meets the needs of SAHAMATI/ERCN and beneficiaries.

1. **Termination of the Contract**

SAHAMATI will sign the contract for specific training as group members selection. The organization will terminate the contract if the training institute/company commits a breach in the performance or observance of its obligation under this ToR. The training institute/company shall be notified in written form within a week prior to the termination of the agreement.

**Declaration**

*We hereby declare that all the information provided above is correct.*

Official Seal:

|  |  |
| --- | --- |
| Name:  | Signature:  |
| Designation:  | Date:  |