**PUNJAB SKILLS DEVELOPMENT FUND**

A close up of a sign

Description generated with very high confidence

**Microfinance Loan Officer Training Programme**

**BIDDING FORMS**

**August 2018**

**CONTENTS OF BIDDING DOCUMENT**

|  |  |
| --- | --- |
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| **SECTION 2** | TECHNICAL PROPOSAL (PART H to K) |
| ***Note: Section 1 & 2 to be filled and placed in an envelope (1) and sealed*** | |
| **SECTION 3** | FINANCIAL PROPOSAL (PART L) |
| ***Note: Section 3 to be filled and placed in a separate envelope (2) and sealed. Placing the Financial proposal in envelop (1) will lead will rejection of the bidding document*** | |
| ***Duly sealed Envelopes 1 and 2 to be placed in an outer envelope for submission to PSDF*** | |

It is mandatory for Training Providers:

* To read the Instructions & Data Sheet carefully before completing the form.
* To use formats provided by PSDF for preparation of the Bidding Document.
* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* All pages must be numbered and signed by Head of Organisation or authorized person otherwise Bidding Document will be rejected.
* Submission of missing documents after closing date is not allowed.
* Non-compliance with PSDF’s instructions will result in rejection of the Bidding Document.

# ENCLOSED FORMS & SCORING CRITERIA OF ORGANIZATION’S PROFILE, ELIGIBILITY, CAPACITY, APPROACH & METHODOLOGY

|  |  |  |  |
| --- | --- | --- | --- |
| **PART** | **Description** | | **Maximum Marks** |
| **PART A** | Information about Organization | | |
| **PART B** | Eligibility Requirements | | |
| **PART C** | Capacity of Organization | Financial Capacity | 30 |
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| **PART F** | List of Attached Documents | | |
| **Annexure A** | Management Team CV Format | | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Hand written Bidding Document will not be accepted & evaluated.* | | | |

## PART A: INFORMATION ABOUT THE BIDDING ORGANIZATION

Please provide required information using the following formats.

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Required Information** | **Response** | |
| A.1 | Legal Name of the Organisation |  | |
| A.2 | Year of Registration / Establishment of the Organisation |  | |
| A.3 | What is the core business of the organisation? |  | Training Institute / Organisation ***(have experience in conducting Microfinance Loan Officer Training or Banking and Finance-related courses.)*** |
|  | University ***(have experience in conducting Microfinance Loan Officer Training or Banking and Finance-related courses.)*** |
|  | Others (please specify) It is mandatory that organisation must ***have experience in conducting Microfinance Loan Officer Training or Banking and Finance-related courses.*** |
| A.4 | What is the legal status of organisation? Tick the relevant box (one box only). (Attach copy / copies of Registration Certificate/s) |  | Public Sector Organisation |
|  | Section 42 Company |
|  | Public Ltd. Company |
|  | Private Ltd. Company |
|  | University |
|  | Others (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| A.5 | Name of Head of Organisation |  | |
| Designation |  | |
| Email |  | |
| Phone & mobile numbers |  | |
| A.6 | Address of Organisation |  | |
| Phone |  | |
| Email |  | |
| Website (If Any) |  | |
| A.7 | Name of contact person\* |  | |
| Designation |  | |
| Phone & mobile numbers |  | |
| Email |  | |

\* **Only Head of Organisation or nominated contact person will be authorized to communicate with PSDF**

**\* Contact person must be an office bearer or employee of the organisation.**

## PART B: ELIGIBILITY REQUIREMENTS FOR ORGANISATION

Please provide information about the eligibility of your organization, as per criteria defined by PSDF, using the following format. Attach relevant documents where required. Non-compliance with one or more conditions will lead to ineligibility.

**Part B.1: Please provide the following information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Requirements** | **Response** | |
| B.1.1 | Organisation must have legal status. Attach copy / copies of Certificate(s) of incorporation. |  | Copy attached |
|  | Copy not attached |
| **Organisation must have legal status and must provide copy / copies of Registration Certificate(s).** | | |
| B.1.2 | Mention National Tax Number (NTN) or Free Tax Number (FTN) in the name of the organisation and **attach of copy of NTN/FTN certificate** | NTN |  |
| FTN |  |
|  | Copy Attached |
|  | Not Attached |
| **Organisation must have valid NTN / FTN in the name of the Organization**. | | |
| B.1.3 | Attach copy of audited financial statements for the last financial year of the organisation; issued by a Chartered Accountant licensed with Institute of Chartered Accountants of Pakistan (ICAP) |  | Copy attached |
|  | Copy not attached |
|  | Not applicable.  Public sector organisation |
| **Organisation must provide audited financial statements for the last financial year. Public sector entities have exemption from this condition.** | | |

**Part B.2 Please provide the following information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B.2.1 | Do you have a Training Location in Lahore for this Scheme? |  | Yes | |
|  | No | |
| **Training Location must be in Lahore as the training will be conducted only in Lahore** | | | |
| **Please provide the complete address of Training Location along with district** |  | | |
| B.2.2 | Does your organisation ever been blacklisted by PSDF / any government or international organisation? |  | Yes | |
|  | No | |
| **Organisation must not be suspended / debarred or blacklisted.** | | | |
| B.2.3 | If you have previously worked with PSDF: | | | |
| Has your contract been cancelled (in part or in full)? **Or** was the payment withheld for non-fulfilment of contract? |  | | Yes |
|  | | No |
| **In case you have previously worked with PSDF, the contract must not have been cancelled (in part or in full) or payment must not have been withheld for non-fulfilment of contract.** | | | |
| B.2.4 | Does your organisation agree for monitoring of training by a Third Party contracted by PSDF? |  | Yes | |
|  | No | |
| **Organisation must agree** for monitoring of training by a Third Party contracted by PSDF. | | | |
| B.2.5 | Does your organisation agree to open a separate bank account (in the legal name of the organization) for funds provided by PSDF? Cross the relevant box. |  | Yes | |
|  | No | |
| **Organisations are encouraged to open a separate bank account in the legal name of organisation for the funds provided by PSDF** | | | |
| B.2.6 | Does your organisation allow PSDF assigned auditors to check the accounts opened for PSDF funding? Cross the relevant box. |  | Yes | |
|  | No | |
| **Organisation must agree to allow PSDF assigned auditors to check the accounts, if need arises.** | | | |

## PART C: CAPACITY OF THE ORGANISATION

### C.2.1. Management Team Profile

Please provide CVs of presently available members of Management Team who will be responsible for the matters related to the PSDF project.

Various functions of PSDF training related project can be as follow:

* **Project Management**: The designate person will be responsible for the overall implementation of the project. He/she will be the focal and contact person for PSDF.
* **Reporting:** The designate person will be responsible for maintenance of training-related records and reporting to PSDF as per requirements of PSDF monitoring guidelines on prescribed formats.
* **Marketing/Mobilization:** The designate person will be responsible for publicity of training program for admission and selection of trainees.
* **Accounting/Finance:** The designate person will be responsible for invoicing, maintenance of accounts, receipts and disbursements and other financial matters related to this project.
* **Instructor Management:** The designate person will be responsible for the overall Trainer Management of the project. He/she will be the focal and contact person for PSDF.

**Note:   One person can be assigned for only one of the above-mentioned functions. It is mandatory that all functions must be covered.**

C.2.1. Financial Capacity

Financial capacity of your organisation will be evaluated based upon submitted Audited Financial Statements.

## Part D: Approach & Methodology

Training providers are required to provide its approach & methodology for the following:

### D.1. Mobilization and Selection Strategy (Not more than one Page)

**Mobilization:** Please explain your process and approach to manage trainee mobilization from poor socio-economic background in areas of Lahore where you have mobilization capacity and channels that will be used for receiving application.

**Selection Strategy:** Detail your organization’s selection procedure and tools to support trainee selection. Provide evidence of the effectiveness of your mobilization efforts to date. Also mention your current operations in the cities of Punjab especially Lahore.

*The purpose of the question is to find out your understanding of the mobilisation and selection of the trainees.* **Please note PSDF will be fully engaged with training service provider in selection and finalisation of the trainees.**

## D.2. Risk Assessment & Mitigation Strategy

The Training Provider is expected to be aware about the challenges of this assignment and about the Risk Mitigation Strategy. What do you consider will be the three major risks for this project and how will you mitigate these?

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Risk** | **Mitigation Strategy** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |

## PART E: APPLICANT DECLARATION

I **(click here and type Name)**, hereby certify that:

* The information provided in this document is factually correct in all material respects.
* I understand that provision of any false or misleading information will lead to disqualification of the Bidding Document, contract cancellation as well as suspension of the organisation for one round of bidding.
* I am duly authorized to submit this application on behalf of

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Designation:** |  |
| **Date** |  |
| **Mobile:** |  |
| **E-Mail:** |  |

**Note: Declaration not signed by the authorized person will lead to rejection of the proposal.**

# ANNEXURE A: MANAGEMENT TEAM CV FORMAT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Training Provider |  | | | | | | | | | | | *PLEASE PASTE LATEST PHOTOGRAPH OF THE IMPLEMENTATION TEAM MEMBER.* | | | | | | | | |
| Designation in the Organization |  | | | | | | | | | | |
| Task(s) Assigned for PSDF’s Project *(from the list of tasks mentioned under PART C.2.1)* |  | | | | | | | | | | |
| **Personal Data** | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | |  | | | |  | |
| Contact Number |  | | | | | | | | | | | | | | | | | | | |
| CNIC No. |  |  |  |  |  | **-** |  | |  |  |  | |  |  | | |  | **-** | |  | |
| **Academic Qualifications** | | | | | | | | | | | | | | | | | | | | |
| **Qualification** | **Name of Institution** | | | | | | | | | | | **Year of Completion** | | | | **Copy of Latest Degree Attached (Yes/No)** | | | | |
|  |  | | | | | | | | | | |  | | | |  | | | | |
|  |  | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | |  | | | |
| **Relevant Work Experience** | | | | | | | | | | | | | | | | | | | | |
| **Name of Organization** | | **Designation** | | | | | | **Responsibilities Assigned** | | | | **Duration (Years)** | | | | | | | | |
| **From** | | | | **To** | | | | |
|  | |  | | | | | |  | | | |  | | | |  | | | | |
|  | |  | | | | | |  | | | |  | | | |  | | | | |

Note: Training Provider will not be allowed to change the proposed management staff; doing so will require prior approval from PSDF.

Information provided above is correct and I am willing to offer my services for the assignment mentioned above.

Signature

**Note: Please attach copy of Latest Degree as mentioned above.**

|  |
| --- |
| SECTION 2  Technical Proposal Form |
|  |
| |  |  | | --- | --- | | **Name of Organization** |  | | **Address of Organization** |  | | **Name of Course** | Microfinance Loan Officer Training |   It is mandatory for Training Providers:   * To read the Instructions & Data Sheet carefully before completing the form. * To use format provided by PSDF for preparation of the Technical Proposal. * If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section. * Proposals not page numbered and signed by Head of Organisation or authorized person will be rejected. * Submission of missing documents after closing date is not allowed. * Proposals that do not comply with PSDF’s instructions will stand rejected.   **Note:**  To be completed and submitted to PSDF, along with required documents and Section 1 in a separate envelope**.** Technical Proposal must be submitted in a separate book binding form. |

# LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Convener Training Service Selection Committee

Microfinance Loan Officer Training Programme

Punjab Skills Development Fund,

21-A, H- Block, Dr Mateen Fatima Road, Gulberg II, Lahore

T: 042-5752408-10

**Subject:** Technical Proposal for [**Microfinance Loan Officer Training**]

Dear Sir,

We offer to provide the training for [Insert Trade Name] under the Scheme “**Microfinance Loan Officer Training Programme**” in accordance with your Terms of Reference. We hereby submit our Technical Proposal including the required documents*.*

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained therein may lead to our disqualification and cancellation of the contract. If negotiations are held during the period of validity of the Proposal, indicated in the Data Sheet, we undertake to negotiate on the basis of the proposed staff, facilities and cost. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We undertake that we will initiate the training as per the date mentioned in the Data Sheet or as mentioned in the contract if our proposal is accepted. We understand you are not bound to accept any or all Proposals you receive.

Thank you.

Yours sincerely,

**Signature**

[Name and Title of Signatory]

# BREAK UP OF TECHNICAL SCORE

|  |  |  |
| --- | --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | | **Max Score (100)** |
| PART F: | Quality and Capacity of Training | **35** |
| PART G: | Past Experience | **30** |
| PART H: | Capacity of the Organization to Deliver  (Trainers Profile) | **20** |
| PART I: | Approach & Methodology | **15** |
| **PART J** | Declaration | |
| **Annexure B:** | Trainer CV Format | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Hand written Bidding Document will not be accepted & evaluated.* * *Break up Technical Proposal Score:* | | |

PART F: QUALITY OF TRAINING

Please provide information about training location where the training will be delivered. You are requested to provide complete and updated information about the training location address and contact number in detail so that PSDF team may reach the site conveniently and without any guidance. Please use a separate table for each training location if you want to propose more than one location of training. However, training will be delivered on one location only, which ever is better.

F.1 Training Location

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Name of Training Location** |  | |
| F.1.1 | Complete Address of training location in Lahore |  | |
| F.1.2 | Detail of contact person at the training location | Name: | |
| Mobile No: | |
| F.1.3 | Do you confirm availability of dedicated training rooms for training? | Yes  No  No. of Dedicated Rooms: \_\_\_\_\_\_\_\_\_ | |
| F.1.4 | Area of Training Location | Total Area of Institute: \_\_\_\_\_\_ (Square Feet) | |
| Area of Class room \_\_\_\_\_\_ (Square Feet) | |
| Capacity for No. of trainees in class \_\_\_\_\_\_\_\_ | |
| **Note: The area proposed should fulfil the criteria mentioned in the bidding document.** | | |
| F.1.5 | Provide details of **Equipment’s** which will be made available at the above proposed location with reference to respective date sheet  Note: PSDF will check the availability of items during evaluation / inspection visits | ***Fill out below table*** *on the basis of availability of equipment’s* | |
| **S.#** | **Name of item as per data sheet** | **Quantity Required** | **Quantity physically available at the training location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Add more rows if required

**Note:**

1. **If training locations are more than one**, copy & paste the above provided table for each proposed location.
2. Separate list is required for each proposed training location.
3. All training facilities will be inspected on the basis of the information provided in the table above. **False or misleading information may lead to disqualification of the Organization.**

PART G: PAST EXPERIENCE OF TRAINING IN THE TRADE

Provide one example of **relevant** past experience for training delivery of your organisation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| G.2.1.1 | Did your organisation have the experience of conducting similar training in the past | Yes | No |  |
| G.2.1.2 | Specify the name of the degree / diploma / training program |  | |
| G.2.1.3 | Specify the duration of the degree / diploma / training program |  | |
| G.2.1.4 | Was the training conducted in the past one-time or more? | ☐ One time  ☐ More than once  ☐ Continuous basis | |
| G.2.1.5 | Were any field lessons facilitated by an Instructor? | ☐ Yes (please specify) \_\_\_\_\_\_\_\_\_\_\_\_  ☐ No | |
| G.2.1.6 | Number of Individuals Trained | Male: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| G.2.1.7 | Funding Source | ☐ Own sources  ☐ Donor Funded  (Specify name) \_\_\_\_\_\_\_\_\_\_  ☐ Fee paid by an external organisation  (Specify name) \_\_\_\_\_\_\_\_\_\_ | |
| G.2.1.8 | Was the training self-certified / certified by an external authority? | ☐ External Authority  (Specify) \_\_\_\_\_\_\_\_\_\_  ☐ Self-Certification | |
| G.2.1.9 | Provide the documentary evidence of the training program | ☐ Evidence Attached  ☐ Evidence Not Attached | |  | |

**Note:** No marks will be awarded in case of non-provision of documentary evidence of past experience.

### PART H: TRAINERS’ PROFILE

Please provide CV(s) of **Trainers,** if available,who will be responsible for PSDF’s project using format provided as **Annexure B**. Use separate forms to provide the information of each trainer.

**Note:** Training Provider is required to submit CV of at least four trainers; 2 for each component i.e. technical and people training. The trainer should have 2/3 years of working experience in microfinance/banking industry.

**List of Trainers for Microfinance Loan Officer Training:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.  No** | **Name of Trainer** | **Qualification related to Trade** | **Teaching / Professional Experience in Years** | **Total Years of Work Experience** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Part I: Approach & Methodology

Training providers are required to provide its approach & methodology for the following:

### I.1. Professional Development and Mentorship (Not more than one Page)

**Mentorship:** Detail your organization’s capability to run counselling sessions during the training program. Provide the Evidence of counselling capabilities which include relevant examples and number of trainees to whom mentorship facilities were provided. Also provide evidence of existing structure of mentorship program.

*The purpose of the question is to find out your existing mentorship model and your organisation’s capability to run mentoring sessions for the trainees.* **Please note PSDF will be fully engaged with training service provider in these sessions.**

# PART J: APPLICANT DECLARATION

I, **(Click here and type name),** hereby certify that:

* The information provided in this proposal is factually correct in all material respects
* I am duly authorised by the Competent Authority of the organisation to submit this proposal on behalf of

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Designation |  |
| Address |  |
| Contact Numbers |  |
| Email address |  |
| Date |  |

**Note: Declaration not signed by the authorized person will lead to the rejection of the proposal.**

# ANNEXURE B: TRAINER CV FORMAT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization |  | | | | | | | | | | | | | | | | | | | | | |
| Trade/ Course Name |  | | | | | | | | | | | | | | | | | | | | | |
| Address of Training Location |  | | | | | | | | | | | | | | | | | | | | | |
| District |  | | | | | | | | | | | | | | | | | | | | | |
| **Details of Instructor** | | | | | | | | | | | | | | | | | | | | | | |
| Name |  | | | | | | | | | | | | | | |  | | | | |  | |
| Contact Number |  | | | | | | | | | | | | | | | | | | | | | |
| CNIC No. |  |  | |  |  | |  |  |  |  |  | |  |  |  | |  | |  | | |  |
| Address of Instructor |  | | | | | | | | | | | | | | | | | | | | | |
| **Qualification** | **Institute** | | | | | | | | | | | **Passing Year** | | | | | | **Copy of Highest Degree Attached (Yes/No)** | | | | |
|  |  | | | | | | | | | | |  | | | | | |  | | | | |
|  |  | | | | | | | | | | |  | | | | | |
| **Work Experience** | | | **Name of Organization** | | | **Designation** | | | | | | **Responsibilities Assigned** | | | | | | **Years** | | | | |
| **From** | | **To** | | |
| Professional experience related to the proposed trade | | |  | | |  | | | | | |  | | | | | |  | | | | |
| Teaching / training experience related to the proposed trade | | |  | | |  | | | | | |  | | | | | |  | | | | |

Information provided above is correct and I am willing to offer my services for the assignment mentioned above.

**Signature of Proposed Trainer/ Instructor**

***Note: Please attach copy of Highest Degree mentioned in CV.***

# SECTION 3

**FINANCIAL PROPOSAL FORM**

|  |  |
| --- | --- |
| **Name of Organization** |  |
| **Address of Organization** |  |
| **Name of Trade / Course** | Microfinance Loan Officer Training |

* It is mandatory for Training Providers:
  + To read the Instructions & Data Sheet carefully before completing the form.
  + To use format provided by PSDF for preparation of the Financial Proposal.
* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* Proposals not page numbered and signed by Head of Organisation or authorized person will be rejected.
* Submission of missing documents after closing date is not allowed.
* Proposals that do not comply with PSDF’s instructions will stand rejected.

**Note**:

To be completed and submitted to PSDF, along with required documents. Financial Proposal should be in a separate sealed envelope**.** Financial proposal should have separate binding in book form.

## COVER LETTER FOR THE SUBMISSION OF FINANCIAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Chief Financial Officer

Convener Training Service Selection Committee/

Microfinance Loan Officer Training Programme

Punjab Skills Development Fund,

21-A, H- Block, Dr Mateen Fatima Road, Gulberg II, Lahore

**Subject:** Financial Proposal for **Microfinance Loan Officer Training Programme**

Dear Sir,

We offer to provide the Training under the Scheme “**Microfinance Loan Officer Training Programme**” in accordance with our Technical Proposal.

|  |  |
| --- | --- |
| **Description:** | **Amounts in PKR** |
| Per trainee per month training cost in figures (*inclusive of taxes)* |  |
| Per trainee per month training cost in words (*inclusive of taxes)* |  |

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 indicated in the Data Sheet. No commissions or gratuities have been or are to be paid by us to agents relating to this Proposal and Contract execution. We understand that you are not bound to accept any or all Proposals you receive.

We remain,

Yours sincerely,

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

Signature

[Name and Title of Signatory]

**PART I: Financial Proposal**

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Response** |
| LA1 | Name of Course | Microfinance Loan Officer Training |
| LA2 | Is your organisation tax-exempt (Yes/No)? |  |
| LA3 | If answer to LA4 is Yes, attach valid tax exemption certificate issued by FBR / PRA. |  |
| LA4 | If answer to LA4 is No, then mention all applicable taxes and their respective rates |  |
| LA5 | Bidding Cost (per trainee per month) *(in figures)*  *inclusive of taxes* |  |
| LA6 | Bidding Cost (per trainee per month) *(in words)*  *inclusive of taxes* |  |

**Important:** *The Financial Bids should cover all costs expected to be incurred for PSDF's project, other than the costs of stipend, uniform & bags, and testing fee (to be paid separately). Training Provider should quote the training cost while keeping in consideration the Terms of Reference for this project provided in the Bidding Document. PSDF assumes that the Training Provider has performed all the necessary working while calculating the costs and the figures quoted herein are the outcome of intensive internal working keeping in view all aspects of this project. PSDF would consider the figures quoted in this proposal by the Training Provider as final and no revision will be allowed except at the discretion of PSDF.* ***Financial Bid will be scored based upon the amount mentioned in LA5 & LA6.***

**Kindly provide the break-up of training costs for the following heads, inclusive of all applicable taxes.**

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Cost per trainee per month (PKR)** |
| LB1 | Project Management Team Costs (including remuneration and other costs) *(per trainee per month)* |  |
| LB2 | Trainer(s) Cost (per trainee per month) |  |
| LB3 | Printing and Stationery (per trainee per month) |  |
| LB4 | Consumables (per trainee per month) |  |
| LB5 | Utilities Cost at Training Premises (per trainee per month) |  |
| LB6 | Mobilization Costs (per trainee per month) |  |
| Other Costs (Please specify) (per trainee per month) | | |
| LB7 |  |  |
| LB8 |  |  |
| LB9 |  |  |
| LB10  *(Sum of LB1 to LB9)* | Total Cost *(per trainee per month)* |  |
| Total cost per trainee per month (LB10) should be equal to per trainee per month cost quoted in LA5 and LA6. May add rows for additional heads of account, if required. | | |

**Day-Care Cost (For minimum 10 Trainees)**

Please specify the components and their heads considered for the setting-up Day-Care

|  |  |  |
| --- | --- | --- |
| **Code** | **Components for Day-Care** | **Cost (PKR)** |
| LC1 |  |  |
| LC2 |  |  |
| LC3 |  |  |
| LC4 |  |  |
| LC5  *(Sum of LC1 to LC4)* | Total Cost |  |
| Please note Day-Care cost should not be included in financial bid. The cost of Day-Care will be separately considered and negotiated if required. | | |

|  |  |
| --- | --- |
| **AUTHORIZED PERSON TO SUBMIT PROPOSAL** | |
| Signature |  |
| Name |  |
| Designation |  |
| Date |  |