

**QUOTATION NO. KEBS/QUOTE/387/2019/2020 — QUOTATION FOR PROVISION Employee Satisfaction Survey for 2019/2020.**

**KENYA BUREAU OF STANDARDS**

**HEAD OFFICE**

**P.O. Box 54974-00200**

**NAIROBI**

**28th April 2020**

1. You are invited to submit a quotation on the service listed
2. This quotation should be deposited in the ***Quotation Box*** provided in the main reception on or before **10.00 am Tuesday 28th April 2020.**
3. Your quotation should include all government taxes
4. **QUOTATION PRICE**

Kenya shillings (in words) ……………………………………………

In figures ……………………………………………………………………………

**2. VALIDITY PERIOD**

The bid shall remain valid for a period of one year from the date of submission.

**1.0 BACKGROUND**

The Kenya Bureau of Standards (KEBS) is the premier government agency for the provision of Standards, Metrology and Conformity Assessment (SMCA) services since its inception in 1974. Over that period its main activities have grown from the development of standards and quality control for a limited number of locally made products in the 1970s to the provision of more comprehensive Standards development, Metrology, Conformity Assessment, Training and Certification services. With the re-establishment of the East African Community (EAC) and Common Market for Eastern and Southern Africa (COMESA), KEBS activities now include participation in the development and implementation of SMCA activities at the regional level where it participates in the harmonization of standards, measurements and conformity assessment regimes for regional integration. KEBS operates the National Enquiry Point in support of the WTO Agreement on Technical Barriers to Trade (TBT).

To carry out this mandate effectively, KEBS intends to carry out employee satisfaction survey

**2.0** **Terms of Reference-provision of Employee Satisfaction**

**Survey for 2019/2020.**

Below, please find the Terms of Reference (TORs) for the above survey for procurement purposes.

**OBJECTIVES OF THE ASSIGNMENT**

1. Develop a tool to measure and determine the overall level of Staff satisfaction.
2. Prepare the questionnaire in consultation with HR, KEBS.
3. Determine the staff perception on aspects like Recognition and Reward, Compensation, Medical Scheme, Pension Scheme, Communication, Management/Supervision, Performance Management, among others.
4. Determine the satisfaction level on the Work Environment.
5. Determine the Accessibility requirements for persons with disabilities in accordance with NCPWD Accessibility Audit guidelines. Head office, Kisumu Office and Mombasa Office only.
6. Determine all areas of strong staff satisfaction and those which need improvement.
7. Make practical recommendations on the findings.
8. Give a summary of the satisfaction index on all aspects under study.
9. Give a summary of priority areas for improvement.
10. Prepare and submit a comprehensive report to be agreed on between the client and the successful bidder.
11. Prepare and present summary report to KEBS management.

**3.0 EMPLOYEE SATISFACTION SURVEY** **EVALUATION CRITERIA; 2020.**

The tenders/quotations submitted will be evaluated in three stages; Preliminary (Mandatory), Technical and Financial.

1. **Mandatory Requirements (Preliminary Evaluation)**

Must submit copies of the following documents;

1. PIN Certificate/Vat certificate
2. Tax Compliance Certificate
3. Certificate of Registration/Incorporation
4. Dully filled and signed business questioner

Note: Only those bids that meet **mandatory requirements** will proceed to technical and financial evaluations

The criteria for evaluation of technical and financial proposal are as follows:

**TECHNICAL & FINANCIAL EVALAUTION CRITERIA**

The tenders submitted will be evaluated in two stages; Technical and Financial. The evaluation criteria will be based on the following weights:

1. Technical – 80%
2. Financial – 20%

The table below gives criteria to be followed for the technical evaluation stage:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | |  | **CRITERIA** | **WEIGHT** | | **1** | **Relevant Experience for the Assignment (Corporate)** |  | | a | Number of Employee Satisfaction, Work Environment Surveys and Persons With Disability in government institutions especially parastatals (Score of 1 per assignment. List assignments carried out in the last three years and provide dates and contact persons, name of the organization personnel used for each | 10 | | b | Years of experience in Employee Satisfaction Surveys, Work Environment and Persons With Disability surveys. | 5 | | c | The organization or lead consultant to provide evidence of familiarity or working knowledge on issues of Employee Satisfaction or Work environment and Persons With Disability in Kenya and a working knowledge of the same | 5 | |  | **Sub Total** | **20** | | **2** | **Methodology and Approach** |  | | a | Understanding the ToRs   * Conformity to the ToRs * Consultant’s initiatives and comments on the TORs | 10 | | b | Appropriateness of Methodology and work plan   * Completeness of description of methodology * Effectiveness of the information collection | 10 | | c | Project schedule, manning, allocation of proposed staff and final report outline | 10 | |  | **Sub Total** | **30** | | **3** | **Human Resource Capacity** |  | | a | The lead consultant must be a holder of a minimum degree in Social or Business field, **MUST** show relevant trainings in HRM and **MUST** have a minimum of five years work experience in HRM Practice and or HRM consultancy.  At least one staff to be conversant with issues of Persons With Disability | 10 | | b | Other key three staff: Education, experience, positions held and duration with the firm. At least Diploma in any field. | 10 | | c | Proof of availability of the whole team throughout the duration of assignment | 10 | |  | **Sub Total** | **30** | |  | **GRAND TOTAL** | **80** | |
| To be eligible for Financial Evaluation, bidders must score **at least Sixty (60) out of Eighty (80) Points at the Technical Evaluation stage**. Each responsive proposal will be given a **Technical Score (St)**. A proposal shall be rejected at this stage if it does not respond to important aspects of the Terms of Reference or if it fails to achieve **the minimum technical score.** |

**Terms of Service**

Terms of contracting will be agreed between client and the successful consultant.

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| 4.0: FORMAT OF CURRICULUM VITAE (CV) FOR TEAM LEADER AND PROFESSIONAL STAFF  Proposed  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of  Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of  Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Years with Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Membership in Professional Societies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Detailed Tasks Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Key Qualifications:  *[Give an outline of staff member’s experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations].*  Education:  *[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended and degree[s] obtained.]*  Employment Record:  *[Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments.]*  Certification:  I, the undersigned, certify that these data correctly describe me, my qualifications, and my experience.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  *[Signature of staff member]*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  [*Signature of authorized representative of the firm*]  Full name of staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full name of authorized representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **5.0 SECTION C: CONFIDENTIAL BUSINESS QUESTIONNAIRE**  You are requested to give the particulars indicated in Part 1 and either Part 2 (a), 2(b) or 2(c) whichever applied to your type of business.  You are advised that it is a serious offence to give false information on this form. |

**Part 1 General**

Business Name.......................................................................................................................................................................................................................... ………………..

Location of Business Premises..............................................................................................

Plot No, ............................................Street/Road .................................................................

Postal address .............. Tel No. ......................... Fax: ……………………………………………………….

Email ................................... Website: …………………………………………….………………………………

Nature of Business .........................................................................................

Registration Certificate No........................................................................

Maximum value of business, which you can handle at any one time – Ksh.

Name of your bankers ..............................................................................

Branch.....................................................................................................

Date………………………………Signature of Candidate………………………..

**Part 2 (a) – Sole Proprietor**

Your name in full……………………….Age…………………………………………. Nationality……………………………

Country of Origin……………………………..

Citizenship details……………………………………………………..

**Part 2 (b) – Partnership**

Given details of partners as follows

**Name Nationality Citizenship details**

**Shares**

1. …………………………………………………………………………………………

2. …………………………………………………………………………………………

3. …………………………………………………………………………………………

**Part 2 (c) – Registered Company**

**Private or Public**

State the nominal and issued capital of company

Nominal Ksh. Issued Ksh.

Given details of all directors as follows

**Name Nationality Citizenship details**

1. ………………………………………………………………………………………………………………………………………………

2. ……………………………………………………………………………………………………………………………………………..

3. …………………………………………………………………………………………………………………………………………….

4. ……………………………………………………………………………………………………………………………………………..