



**REQUEST FOR PROPOSAL (RFP) DOCUMENT  
FOR  
IMPLEMENTATION OF 1696 HOUR STRAINING WITH OJT PROGRAM  
ON  
Professional Building Electrician**

**Issued by**

**Mayadevi Rural Municipality Rupandehi for Enhanced Skills for Sustainable  
and Rewarding Employment Project**

**6<sup>th</sup> June 2022**

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# NOTICE OF REQUEST FOR PROPOSAL (RFP)

## FOR IMPLEMENTATION OF 1696 HOURS TRAINING WITH OJT PROGRAM

**Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE) -II** is a bilateral initiative of the Government of Nepal (GoN) and the Government of Switzerland implemented by 3 tiers of government at Federal, Provincial and Local level with technical assistance from Helvetas Nepal. **The overall goal of the project is to contribute for improved living standard of Nepalese workers particularly from disadvantaged groups to benefit from continuous employment.**

In this connection, under ENSSURE -II, **Mayadevi Rural Municipality** invites proposals from interested and competent Training Institutes/Technical Schools/Industry having training facilities with adequate physical infrastructures and Human resources, to implement the training Program on the above-mentioned occupation/s as per the CTEVT's curricula

The interested bidders can download *bid documents* from ([mayadeviruralmun.gov.np](http://mayadeviruralmun.gov.np))

The *bid documents must be submitted in one sealed envelope containing 2 separate envelopes of the following documents:*

- i. *Technical Proposal and Documents for eligibility,*
- ii. *Financial Proposal,*

The consultants will be selected following the Quality and Cost based Selection (QCBS) method. The minimum score to pass the technical proposal is 60 percent. Any inquiries other than necessary clarifications on Request for Proposal (RfP) will not be entertained and any types of solicitation will automatically disqualify the bidder from the selection process. **Mayadevi Rural Municipality** reserves the right to accept or reject any or all proposals without stating any cause.

***The deadline for the submission of proposal is before 5:00 PM, 20<sup>th</sup> June 2022.*** In case of the last day of submission falls on public holiday, then the next working day and same time shall be considered as the last date

## ELIGIBILITY DOCUMENTS

Interested Training Institutes/Technical Schools are requested to submit their RFP along with the required information and supporting documents listed below. The applications should also include authorized signatures and office seals assuring the authenticity and correctness of information provided. Please refer the Terms of Reference (TOR) issued by the Project.

To be eligible in the selection process, the Training Institutes/Technical Schools must submit the following documents of eligibility:

1. *Copy of firm's renewal, organization or company registration certificate indicating at least three years standing of the firm/s;*
2. *Copy of VAT registration certificate;*
3. *Copy of tax clearance and audit report for the last two fiscal years;*
4. *Copy of valid CTEVT affiliation certificate to conduct training in related occupation/sector.*

5. *Self-Declaration made in writing by the Training Institutes/Technical Schools 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;*
6. *List of industries with demanded number of trainees for OJT.*
7. *Letter from concerned industry association/Chamber of commerce/professional association indicating their support and cooperation in the training implementation and placement of the graduates.*

**Failing to submit any of the above document/s with necessary authentication will result in automatic disqualification for further evaluation process.**

## Technical Proposal - Standard Forms

### 3A. TECHNICAL PROPOSAL SUBMISSION LETTER.

- 3B. CONSULTANT'S REFERENCES.**
- 3C. SPECIFIC EXPERIENCE OF THE CONSULTANTS RELATED TO THE ASSIGNMENT**
- 3D. AVAILABLE INFRASTRUCTURE AND EQUIPMENT (SUBJECT TO FIELD VERIFICATION)**
- 3E. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM THE ASSIGNMENT.**
- 3F. TEAM COMPOSITION AND TASK ASSIGNMENTS.**
- 3G. FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF.**
- 3H. ACTIVITY (WORK) SCHEDULE.**

### 3A. TECHNICAL PROPOSAL SUBMISSION LETTER

Date: .....

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

**Subject: Submission of the Technical Proposal**

Dear Sir:

We, the undersigned, offer our services to implement 1696 hours Training with OJT program on Professional Building Electrician in accordance with your Request for Proposal dated **3rd June 2022** 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:

### 3B. BIDDER'S REFERENCES

#### 3B1. Background information (Maximum 500 words)

##### A. 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		

##### B. Legal Information

1	Main Shareholders and Their Holding	Name	Shared Percentage	Remark
2	<b>Head of Organization</b>			
	Name			
	Home Address			
	Mobile			
	Email Address			
3	Company Registration Status	Registration Number		
		Registered Date		
4	CTEVT Affiliation	Affiliation No.		
		Date of Affiliation		
		Affiliated level and occupation/s		
		Validity Date		
5	VAT/PAN Registration	Registration No.		
		VAT No.		

**C. 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 Board of Directors</b>		

**C.1 Please provide information of the legally established branch offices,If applicable.**

<b>Information</b>	<b>Branch 1</b>	<b>Branch 2</b>
District		
Municipality/RM		
Ward Number		
Office Telephone No.		
Contact Person's Name		
Contact Person's Designation		
Contact Person's Mobile Number		
Email		

**D. Financial Information of Training Provider**(Please submit the notarized copy of financial documents in ANNEX)

<b>Description</b>	<b>FY 2076/077</b>	<b>FY 2078/079</b>	<b>Total</b>	<b>Remark</b>
Annual turnover (Rs.) <i>(According to audit report)</i>				

Net profit (Rs.) (According to audit report)				
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**3B2. Understanding the objective of the assignment**

**3B3. Expected output/outcome of the assignment**

**3C: SPECIFIC EXPERIENCES RELATED TO THE ASSIGNMENT**

**3C1. Training experience in related occupation (at least 390 hours) imparted in last five fiscal years (2014/015 to 2018/019)**

S.N.	Occupations	Number of Trainees Trained	Number of Trainees Passed Skill test	Employment rate (%)	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1						
2						
3						

(Please attach copies of experiences provided by the funding agency and NSTB only. Do not attach the copy of agreement)

**3D. AVAILABLE INFRASTRUCTURE AND EQUIPMENT (SUBJECT TO FIELD VERIFICATION)**

Availability of Infrastructure: Office Building, Classrooms, Practical Workshop/labs, Library, Hostels for male and female, Toilets for male and female, furniture's, Safety Equipment/Provisionsetc.

**3D1. Office space and training facilities**

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

**3D2. Safety Equipment**

S.N.	Particular	Description	Unit (Number)	Size	Remark
1					
2					
3					
4					



5					
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**3D3. 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		

**3D4. 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)

**3E. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN FOR PERFORMING THE ASSIGNMENT (PLEASE MENTION FOR BOTH INSTITUTE-BASED TRAINING AND INDUSTRY-BASED TRAINING)**

**3E1. Preparation methodology**

- Selection of occupation
- 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

**3E2. 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

**3E3. Post Implementation methodology**

- Skill test preparation and appear in NSTB skill test
- Job placement strategy
- Communication and reporting mechanism

**3E4. Other innovative ideas related to the assignment**

**3F. TEAM COMPOSITION AND TASK ASSIGNMENTS**

**3F1. Provide information on staff proposed for the program under this assignment.**

S. N.	Proposed Position	Name	Qualification	ToT /instructional skills	Years of Experience
1	Training Coordinator				
2	Instructor 1				
3	Instructor 2				
4					
5					
6					
7					

**Note:**

*CVs of the proposed staff except In-company trainers, 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 3H.*

*Please submit the notarized copies of following certificates. If same expert's CV is submitted by more than one bidder such CV will not be evaluated in any bidder's favour.*

- 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.*

**3 G. FORMATS OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL STAFF**

Proposed Position: \_\_\_\_\_

Name of Training Institute/Technical School: \_\_\_\_\_

Name of Staff: \_\_\_\_\_

Phone /Mobile No. of Staff: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Membership in Professional Societies: \_\_\_\_\_

**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
<b>Example (Instructor from 2015 to till date)</b>	<b>XYZ</b>	..... .....

**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: \_\_\_\_\_

**3H. ACTIVITY (WORK) PLAN**

Activity	<i>[1st, 2nd, etc. are months from the start of assignment. Work plan for 12 months period is required.]</i>												
	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	
Activity (Work)													
_____													
_____													
_____													
_____													



