

Part E: Forms

A. Forms - Technical Proposal

- Form 1A: Technical Proposal submission form.
- Form 2A: Proponent's Work Experience
- Form 3A: Comments and suggestions of Consultants on the Terms of Reference and on data, services, and facilities to be provided by the Client.
- Form 4A: Description of the methodology and Work Plan for performing the assignment.
- Form 5A: Team composition and task assignments.
- Form 6A: Format of curriculum vitae (CV) for proposed professional staff.
- Form 7A: Proposed Project Plan / Time schedule for completing the assignment
- Form 8A: Proponent's Declaration Form
- Form 10A: Sample Banker's Letter
- Appendix 2 Client Reference Form

Note: The Proponents must fill in the appropriate information in the enclosed forms and submit these forms with the Proposal. In addition, the Proponent may include any other form(s), which in his opinion will assist in presenting, clearly and concisely, pertinent information relevant to the Work Plan and time schedule. ***Failure to submit these forms, completed as instructed in the RFP, may result in the Proponent's submission not being considered, or not achieving maximum scores during the evaluation of Proposals.***

FORM 1A: TECHNICAL PROPOSAL SUBMISSION FORM

[Location, Date]

To:

Trinidad and Tobago Chamber of Industry and Commerce
MCGV+XQ6, Columbus Circle Westmoorings,
Port of Spain

To whom it may concern:

We, the undersigned, offer to supply "*Name of services to be provided*" in accordance with your Request for Proposal dated *Date* (and subsequent Addenda (*if applicable*)). We are hereby submitting our Proposal which includes this Technical Proposal, and a Commercial Proposal submitted as two separate PDF documents.

If negotiations are held during the period of validity of the Proposal of **thirty (30) working days**, we undertake to negotiate on the basis of the proposed staff. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorised Signature:
Name and Title of Signatory:
Address:

FORM 2A: PROPONENT’S WORK EXPERIENCE

**Relevant Services Carried Out in the Last Five Years
 That Best Illustrate Qualifications**

Using the format below, provide information on assignments of similar nature and complexity completed by your firm/entity i.e. three (3) contracts for the provision of *Similar Projects* over the past five (5) years. Proponents are advised that all fields must be completed, as the information provided therein is required to ensure the achievement of maximum points during the evaluation of Proposals.

Contract of similar size and nature	
Contract Name	
Award Date	Completion Date
Total Contract Value	
Client information	
Client Name	
Client Address	
Contact Name (Client Representative)	
Telephone (Fixed and Mobile)	
Email	
Description of contract similarity	
<ul style="list-style-type: none"> - Description of services provided - Contract Duration - Number of professional and support staff assigned to the engagement - Proposed and actual start and end dates - Contract variance (amount and reasons) 	

FORM 3A: COMMENTS AND SUGGESTIONS OF PROPONENTS ON THE TERMS OF REFERENCE AND ON DATA, SERVICES, AND FACILITIES TO BE PROVIDED BY THE TRINIDAD AND TOBAGO CHAMBER OF INDUSTRY AND COMMERCE

On the Terms of Reference:

- 1.
- 2.
- 3.

On the data, services, and facilities to be provided by The Trinidad and Tobago Chamber of Industry and Commerce:

- 1.
- 2.
- 3.
- 4.
- 5.

RFP Ref#:
RFP Name:



Request for Proposal Documents
RFP Date:

FORM 4A. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN FOR PERFORMING THE ASSIGNMENT

RFP Ref#: _____
Name of RFP: _____

FORM 5A: TEAM COMPOSITION AND TASK ASSIGNMENTS

1. Technical/Managerial Staff/Support Staff		
Name	Position	Task

FORM 6A: FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED KEY PERSONNEL

Proposed Position: _____

Name of Firm: _____

Name of Staff: _____

Profession: _____

Date of Birth: _____

Years with Firm/Entity: _____ 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. Use about half a page.]

Education:

[Summarise college/university and other specialised education of staff member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.]

Employment Record:

[Starting with present position, list in reverse order every employment position held. List positions held by staff member, giving dates, names of employing organisations, titles of positions held, and locations of assignments. Be succinct.]

Languages:

[For each language (if applicable) indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience.

_____ Date: _____
[Signature of staff member and authorised representative of the firm] Day/Month/Year

Full name of staff member: _____

Full name of authorised representative: _____

RFP Ref#:
Name of RFP:

Request for Proposal Documents

FORM 8A: PROPONENT'S DECLARATION FORM

A. LITIGATION

1. Have you ever been convicted of any criminal offence in any jurisdiction?
 Yes No
2. Has any of the director(s) ever had a professional license suspended or revoked?
 Yes No
3. Has your organisation ever been the subject of any petition for bankruptcy?
 Yes No
4. Has your organisation ever had any civil judgment against you?
 Yes No
5. Does your organisation have any pending civil litigation matters?
 Yes No
6. Does your organisation have any pending criminal matters before the court?
 Yes No
7. Has your organisation, or any organisation which you have had control over, ever been the subject of any inquiry or investigation?
 Yes No

If you checked **Yes** to any of the above questions, kindly provide the key facts and decisions, including dates, relating to these matters on a separate page to be annexed to this document.

B. STATUTORY COMPLIANCE

1. Is your organisation in compliance with the **Barbados - Safety and Health at Work Act 2005 (2005-12) or the equivalent in your jurisdiction?** Kindly provide details of the compliance with the most recent supporting documents.
 Yes No Not applicable

If no or not applicable is selected, please provide details:

-
2. Is your organisation in compliance with the **Barbados Minimum Wage Bill, 2017 or the equivalent in your jurisdiction?**

RFP:

Yes No Not applicable

If no or not applicable is selected, please provide details:

I/We..... make this declaration conscientiously believing the same to be true, and I/we am/are aware that if there is any statement in this declaration which is false in fact, which I/we know or believe to be false or do not believe to be true, I/we may be disqualified from the Tendering process or if awarded the Tender, the contract will be immediately terminated.

.....
Declarant Name

.....
Declarant Signature

.....
Date

Position:

Company Stamp/Seal:

FORM 10A: SAMPLE BANKER'S REFERENCE LETTER

Date:

PRIVATE AND CONFIDENTIAL

Trinidad and Tobago Chamber of Industry and Commerce
MCGV+XQ6, Columbus Circle Westmoorings,
Port of Spain

Dear Sir:

(Name of company)

The following information is provided at the request of our above-named customer, in strict confidence, without guarantee, for your private use and without responsibility on the part of this bank or its officials.

The captioned company is involved in (indicate nature of business) and has been banking with us since (year). Credit facilities in the (low, medium or high) (four, five or six) figure bracket have been marked for this account and are being handled to our satisfaction.

We consider the company good for normal contracting transactions and do not think that they would enter into any obligations they could not fulfil.

We hope that the foregoing report is suitable for your purposes.

Yours faithfully

(Signature) _____

(Position) _____

B. Forms – Commercial Proposal

Form 1B: Commercial Proposal Submission Form.

Form 2B: Summary of Costs.

Form 3B: Breakdown of price per activity.

Form 4B: Breakdown of remuneration per activity.

Form 5B: Reimbursable and Miscellaneous Expenses.

Form 2B: Price Schedule. (Alternative, based on the requirements of the project)

Note: The Proponents must fill in the appropriate information in the enclosed forms and submit these forms with the Proposal. *Failure to submit these forms, completed as instructed in the RFP, may result in the Proponent's submission not being further considered.*

FORM 1B: COMMERCIAL PROPOSAL SUBMISSION FORM

[Location, Date]

To:

Trinidad and Tobago Chamber of Industry and Commerce
MCGV+XQ6, Columbus Circle Westmoorings,
Port of Spain

Ladies/Gentlemen:

We, the undersigned, offer to supply “*Name of services*” in accordance with your Request for Proposal dated *Date* and our Proposal (Technical and Commercial Proposals submitted as separate PDF files). Our attached Commercial Proposal is proposed in the sum of *[Amount in words and figures]*. This amount is exclusive of 12.5% Value Added Tax, which we have calculated as *[Amount(s) in words and figures]*.

Our Commercial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the **thirty (30) working days** validity period of the Proposal.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorised Signature:
Name and Title of Signatory:
Name of Firm:
Address:

FORM 2B: SUMMARY OF COSTS

Costs	Amount(s)

Subtotal	
Value Added Tax (VAT)	
Total Amount of Commercial Proposal	_____

Proposed payment terms

Proponents are required to provide their proposed payment terms for the provision of the services.

FORM 3B: BREAKDOWN OF PRICE PER ACTIVITY

Activity No.	Description	Person Hours	Amount (TT\$)
	Grand Total		

FORM 4B: BREAKDOWN OF REMUNERATION PER ACTIVITY

Activity No. _____		Name: _____	
Names	Position	Input ¹	Amount
Regular staff			
Consultants			
Grand Total			_____

¹ Staff months, days, or hours as appropriate.

FORM 5B: REIMBURSABLE AND MISCELLANEOUS EXPENSES

No.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	TOTAL AMOUNT (TT\$ VAT EX)
1.	<i>(PLEASE SPECIFY)</i>				
2.					
	SUBTOTAL				
	VAT @12.5%				
	TOTAL AMOUNT (TT\$ VI)				

CLIENT REFERENCE FORM

PART A <i>(To be completed by the Proponent)</i>	
Provider Name	
Project Location	
Project Description	
Reference Company	
Reference Name/Designation	
Reference Direct Contact Phone	
Reference Direct Contact Email Address	

PART B <i>(To be completed by the Proponent)</i>	
Project Contract Scope	
Assignment Start Date	
Assignment Completion Date	
Reasons for Delays (project start and/or finish)	
Reasons for Variations (contractual changes)	

Signature (Proponent's Duly Authorised Representative): _____ Date

