**SAMPLE FORMS**

**Note:** The Proponents must fill in the appropriate information in the enclosed forms and submit these forms within the Technical Proposal document. ***Failure to submit these forms, completed as instructed in the RFP, may result in the Proponent’s submission not being considered, or receiving a lower score in the evaluation process.***

The Proponent may include any other form(s), which in his/her opinion, will assist in presenting, clearly and concisely, pertinent information relevant to the Work Plan and time schedule.

**FORM A:** **TECHNICAL PROPOSAL TITLE PAGE AND CONTACT INFORMATION**

***The Accreditation Council of Trinidad and Tobago***

***Level 1, Maritime Centre***

***29 Tenth Street, Barataria***

***SAN JUAN, 250606***

**ATTENTION: Evaluation Committee**

Dear Sir/Madam,

**Subject: *RFP #ACTT/001/2022 Request for Proposal for* *the Provision of Internal Audit Services for the Accreditation Council of Trinidad and Tobago.***

I, the undersigned, offer to*provide internal audit services for the Accreditation Council of Trinidad and Tobago*in accordance with your Request for Proposal dated XXXX*.* I am hereby submitting my Proposal which includes this Technical Proposal.

I confirm that all costs incurred in the preparation of this Proposal will be borne by me in its entirety.

If negotiations are held during the period of validity of the Proposal of one hundred and eighty (180) days, I undertake to negotiate on the basis of the proposed. This Proposal is binding upon me and subject to the modifications resulting from Contract negotiations.

I understand that *The Accreditation Council of Trinidad and Tobago* is not bound to accept any Proposal it receives.

Yours faithfully

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Month/Year

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All communications regarding this Proposal should be sent to the undersigned who is responsible for our Tender.

Day/Month/Year

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co. Tel. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FORM B – CHECKLIST OF DOCUMENTS CONTAINED IN THE PROPOSAL

*(Please add items as required)*

Proponents are to place a tick in the checkbox for each item that is included in the Proposal

* + - * + Title Page and Contact Information □
				+ Table of Contents □
				+ Certificate of Incorporation □
				+ Financial Statements for the last 3 years (Audited, if applicable) □
				+ Valid Income Tax Clearance Certificate □
				+ Valid Value Added Tax Registration Certificate (if applicable) □
				+ Valid National Insurance Board Compliance Certificate

(valid as at the date of tender) □

* + - * + Bank Reference Letter (issued within the last 6 months) □
				+ Proponent profile/brochure, including organisational chart □
				+ Proponents Experience in Projects of a Similar Nature Performed

 in the last five (5) to ten (10) years ***(Completed Form E)*** □

* + - * + Three (3) clients from whom surveys will be submitted

 ***(Completed Form C)*** □

* + - * + Description of the Approach, Methodology and Work Plan

 ***(Completed Form F)*** □

* + - * + Resumes of Key Personnel ***(Completed Form G for each person)*** □
				+ Signed Conflict of Interest Statement ***(Completed Form H)*** □
				+ Signed Declaration of Litigation ***(Completed Form J)*** □

# FORM C – LIST OF CLIENTS FROM WHOM SURVEYS WILL BE SUBMITTED

(To be completed by the Proponent)

|  |
| --- |
| Client 1: |
| Proponent’s Representative in Charge of the Project |  |
| Project Location |  |
| Project Description  |  |
| Reference Company |  |
| Reference Name/Designation |  |
| Reference Direct Contact Phone |  |
| Reference Direct Contact Email Address |  |
| Project Contract Scope | Day/Month/Year |
| Assignment Start Date | Day/Month/Year |
| Assignment Completion Date |  |
| Reasons for Delays (project start and/or finish) |  |
| Reasons for Variations (contractual changes) |  |

|  |
| --- |
| Client 2: |
| Proponent’s Representative in Charge of the Project |  |
| Project Location |  |
| Project Description  |  |
| Reference Company |  |
| Reference Name/Designation |  |
| Reference Direct Contact Phone |  |
| Reference Direct Contact Email Address |  |
| Project Contract Scope | Day/Month/Year |
| Assignment Start Date | Day/Month/Year |
| Assignment Completion Date |  |
| Reasons for Delays (project start and/or finish) |  |
| Reasons for Variations (contractual changes) |  |

|  |
| --- |
| Client 3: |
| Proponent’s Representative in Charge of the Project |  |
| Project Location |  |
| Project Description  |  |
| Reference Company |  |
| Reference Name/Designation |  |
| Reference Direct Contact Phone |  |
| Reference Direct Contact Email Address |  |
| Project Contract Scope | Day/Month/Year |
| Assignment Start Date | Day/Month/Year |
| Assignment Completion Date |  |
| Reasons for Delays (project start and/or finish) |  |
| Reasons for Variations (contractual changes) |  |

Day/Month/Year

Signature (Proponent):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM D – CLIENT REFERENCE SURVEY FORM**

(Proponents must send this form to their three (3) references named in Form C. References must complete this form and submit directly to ACTT at internalauditor@actt.org.tt.

Name of Project:

Overview of Project:

Description of Deliverables:

|  |  |
| --- | --- |
|  | Tick as appropriate |
| Questions | *Very Satisfied* | *Satisfied* | *Neutral* | *Dissatisfied* | *Very Dissatisfied* |
| 1. How satisfied were you with the deliverables being completed within the agreed timeframe?
 |  |  |  |  |  |
| 1. How satisfied were you with the project being completed within the agreed budget?
 |  |  |  |  |  |
| 1. How satisfied were you with the approach to understanding your organisation’s needs?
 |  |  |  |  |  |
| Give an example of what they did to facilitate this. |  |
| 1. How satisfied were you with the service provider’s project management approach?
 |  |  |  |  |  |
|  Identify an area where you believe there was need for improvement.  |  |
| 1. How satisfied were you with the service provider’s approach to communication of issues or feedback?
 |  |  |  |  |  |
| Give an example of this. |  |
| 1. How satisfied were you with the overall support received for the duration of the project?
 |  |  |  |  |  |
| 1. How satisfied were you with the recommendations made?
 |  |  |  |  |  |
| 1. How satisfied were you with the technical quality of reports?
 |  |  |  |  |  |
| 1. How satisfied were you with the service provider’s performance during the project?
 |  |  |  |  |  |
| 1. How satisfied were you with the overall value for money spent?
 |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. Any other comments on your experience with the service provider?
 |  |

Name of Chief Executive (or Project Lead): Signature:

Day/Month/Year

Date:

**form e: Proponent’s Experience in projects of a similar nature**

**Relevant Services Carried Out in the Last Five to Ten Years That Best Illustrate the Experience of the Proponent**

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 internal audit services in the past five (5) to ten (10) years. Proponents are advised that all fields must be completed, as the information provided therein is required in the evaluation process.

|  |
| --- |
| **Contract of similar size and nature** |
| **Contract Name** |  |
| **Award Date**Day/Month/Year | **Completion Date**Day/Month/Year |
| **Total Contract Value (Provide range, if preferred)** |  |
| **Client information** |
| **Client Name** |  |
| **Client Address** |  |
| **Nature of the Business** |  |
| **Contact Name (Client Representative)** |  |
| **Telephone (Fixed and Mobile)** |  |
| **Email** |  |
| **Description of contract similarity** |
| * 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 F. Description of the approach, Methodology and Work Plan for Performing the Assignment**

**approach**

* Identification of the overall approach or approaches to be adopted in the assignment

**Methodology**

* Explanation of the process that will be undertaken to complete the assignment (*Use about a letter sized page*, *1.5 line spacing*)
* Sampling methods; organisation of work etc.

**Work Plan**

Summarise the following headings:

* + - * 1. Key Action Steps

Outline a preliminary work plan, with key tasks and deliverables. Define each action step on its own. Define as many action steps as necessary.

* + - * 1. Timeline

An expected completion date (in the format month, date, year) must be defined for each action step. Include a Gantt chart with detailed project timelines and milestones.

* + - * 1. Resources

Resources required to execute tasks must be listed. Examples include software, policies and internet access.

* + - * 1. Milestones and Deliverables

Key milestones and deliverables must be identified.

* + - * 1. Artifacts and Evaluation Methodology

Appropriate artifacts, that is, documents and other sources of data to be provided by the ACTT must be identified. An evaluative measure must be defined for the assessment of the artifacts identified.

* + - * 1. Persons/Area Responsible

A responsible person must be identified for each action area

**Form G: Format for resumes of key personnel assigned to the project**

Name:

Position:

Name of Firm:

Profession:

Day/Month/Year

Date of Birth:

Years with Firm/Entity: Nationality:

Memberships/Affiliations in Professional Societies:

Detailed Tasks Assigned:

**Key Experience:**

[*Give an outline of experience most pertinent to tasks on assignment. Describe degree of responsibility held on relevant previous assignments and give dates and locations. Use about half a letter sized page.*]

**Qualifications and 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 letter sized page. Include copies of all relevant qualifications obtained (academic, professional and training).*]

**Employment Record:**

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

**Language Proficiency:**

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

|  |  |
| --- | --- |
|  | *Proficiency*  |
|  | Excellent  | Good  | Fair  | Poor  |
| English (Writing) |  |  |  |  |
| English (Reading) |  |  |  |  |
| English (Speaking) |  |  |  |  |

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, the information provided correctly describes me, my qualifications and my experience.

Day/Month/Year

 Date:

*[Signature with Credentials]*

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM h: conflict of interest declaration**

*(To be completed and signed by Proponent****)***

**Name** (of person making the Declaration): [insert name]

**Position in Company**: [insert name of position]

**Organisation**: [insert name of the organisation]

**Project Title**: ***Provision of Internal Audit Services for the Accreditation Council of Trinidad and Tobago***

**CONFLICT OF INTEREST – DECLARATION**

*SECTION A: Select one of the following two options:*

NO CONFLICT OF INTEREST

* I have no actual, potential or perceived conflict of interest in relation to this procurement process and

CONFLICT OF INTEREST

* I have a conflict of interest.
1. Select the type of conflict of interest:
* **Actual** (Example – you are an associate/employee of/ member of staff or person who has a direct influence on the decision of the ACTT)
* **Potential**: (Example – you or a close relative is in the process of being hired by the ACTT)
* **Perceived**: (Example - you have a close personal friendship with a director or manager of the ACTT)
1. Describe the circumstances giving rise to the conflict of interest:

*SECTION B: Please tick the boxes to agree with the statements:*

* I commit to co-operating with any investigation by the ACTT regarding conflict of interest with this procurement activity.
* I commit to complying fully with instructions from ACTT to remedy any conflict of interest that has been unearthed in relation to this procurement activity.

|  |  |
| --- | --- |
| Signature: |  |
| Date: |  |

**FORM J: Proponent’s Declaration Form**

1. LITIGATION
2. Have you ever been convicted of any criminal offence in any jurisdiction?

 Yes No

1. Have you ever had a professional license suspended or revoked?

 Yes No

1. Have you or your organisation ever been the subject of any petition for bankruptcy?

 Yes No

1. Have you or your organisation ever had any civil judgement against you?

 Yes No

1. Do you or your organisation have any pending civil litigation matters?

 Yes No

1. Do you or your organisation have any pending criminal matters before the court?

 Yes No

1. Have you, 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.

1. STATUTORY COMPLIANCE
2. Is your organisation in compliance with the **OSH Act 2004** (as amended) in the form of OSH requirement applicable to your organisation? Kindly provide details of the compliance with the most recent supporting documents.

 Yes No Not applicable

If you checked **No** or **Not Applicable**, kindly provide details:

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

1. Is your organisation in compliance with the **Minimum Wages Act, Chap 88:04** (as amended)?

 Yes No Not applicable

If you checked **No** or **Not Applicable**, kindly provide details:

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

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

Day/Month/Year

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

Declarant Name Date

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

 Declarant Signature

 Company Seal:

 *where applicable*

**FORM k: commercial proposal submission form**

[*Location, Date*]

To: [*Name and address of Client*]

Dear Evaluation Committee:

I, the undersigned, wish to submit our Commercial Proposal in respect of our Technical Proposal to provide consulting services in accordance with your Request for Proposal **No. ACTT/001/2022 *Provision of Internal Audit Services for the Accreditation Council of Trinidad and Tobago (ACTT)***.

Our Commercial Proposal is for the sum of [*Amount in words and figures*] stated in Trinidad and Tobago dollars. This amount is inclusive of Value Added Tax, which I have calculated as [*Amount(s) in* *words and figures*], stated in Trinidad and Tobago dollars.

This Commercial Proposal, and its appendices, shall be binding upon us up to expiration of the validity period of one hundred and eighty (180) days from the date of closure of the tender.

I remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

**Appendix 1: Breakdown of Price/FEES per Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity No.** | **Description** | **Person Hours** | **Amount (TT$)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Grand Total |  |  |

**Appendix 2: FEE STRUCTURE**

Examples of items to be included in the fee structure:

|  |  |
| --- | --- |
| The number of hours at each staff level and the hourly rate for each represented by the scope.  |  |
| Estimate of out of pocket costs and a description of what is included in these costs. |  |
| Method of billing and payment terms. |  |
| Policy on handling cost-overruns. |  |