ANNEX F - Technical Response Sheet

Please complete this answering sheet and include complete supporting documentation as an Annex and state Annex title and page numbers.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2024VNM/ VietNam** | | | | | |
| Bidder company name: |  | | | | |
| Primary contact name: |  | | | | |
| Primary contact phone: |  | | | | |
| Primary contact email: |  | | | | |
| **PROPOSED MODELS**  Please fill the chart below with models of refrigerating equipment, which are being offered, in compliance with the commercial answering sheet.  **No pricing information should be mentioned in the technical proposal as this will invalidate the bid.** | | | | | |
| **Category** | **Category Description / example** | **Volume Capacity** | **Product Reference / Model** | **Alternative Model Proposed** | **Accepted /Not Accepted (**to be completed by UNICEF SD**)** |
| **Category 1** | ILR, Refrigerator |  |  |  |  |
| **Category 2** | ILR, Refrigerator |  |  |  |  |
| **Category 3** |  |  |  |  |  |

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**Mandatory Criteria Questionnaire**

1. Bidders are expected to answer “Yes” or “No” to all mandatory requirements and mention the reference document titles and pages.
2. Only Bidders who answer “Yes” to all these requirements and provide the evidence in their technical proposal will be eligible for further technical evaluation.

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| --- | --- | --- | --- | --- | --- |
|  | **Mandatory Criteria** | **Yes** | **If Yes, enter below the document reference and page numbers, where the information is submitted.** | **No** | **If No, please explain.** |
|  | **Bidder Qualification, Local Agent** |  |  |  |  |
| **1** |  | ☒ |  | ☐ |  |
| **2** |  | ☒ |  | ☐ |  |
| **3** |  | ☒ |  | ☐ |  |
| **4** |  | ☒ |  | ☐ |  |
|  |  |  |  |  |  |
| **5** |  | ☒ |  | ☐ |  |
|  |  |  |  |  |  |
| **6** |  | ☒ |  | ☐ |  |
| **7** |  | ☒ |  | ☐ |  |
| **8** |  | ☒ |  | ☐ |  |

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|  | **Mandatory Criteria** | **Yes** | **If Yes, enter below the document reference and page numbers, where the information is submitted.** | **No** | **If No, please explain.** |
| **9** |  | ☒ |  | ☐ |  |
| **10** |  | ☒ |  | ☐ |  |
|  | **Installation** |  |  |  |  |
| **11** |  | ☒ |  | ☐ |  |
| **12** |  | ☒ |  | ☐ |  |
|  | **Training** |  |  |  |  |
| **13** |  | ☒ |  | ☐ |  |
|  | **Warranty, After Sales & Performance Monitoring** |  |  |  |  |
| **14** |  | ☒ |  | ☒ |  |
| **15** |  | ☒ |  | ☐ |  |
|  | **Quality Assurance & Risk Management** |  |  |  |  |
| **16** |  | ☒ |  | ☐ |  |
| **17** |  | ☒ |  | ☐ |  |

# 1 PROJECT PLAN SUMMARY

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| **2 LOCAL AGENT / SUBCONTRACTOR INFORMATION** | |
| Name of the Sub-Contractor/Local Agent |  |
| Primary contact name |  |
| Primary contact phone |  |
| Primary contact email |  |
| Address: |  |
| Subcontractor registration number in UNGM as Level 1  [Click here for more information.](https://www.ungm.org/Public/Pages/RegistrationProcess) |  |

* 1. Please provide a summary of subcontractor background, including (but not limited to) related area of engagement such as; distribution, installation, maintenance of cold chain equipment, power generation, biomedical engineering/equipment; solar projects as well as logistics (Please provide a sub-contractor profile & valid contract between the bidder and sub-contractor/local agent as an annex.):
  2. Please provide the number of technical and supporting staff. (Relevant CVs and organogram to be attached as an annex).

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| **Team** | **Qty** | **Start** | **End** |
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* 1. On which basis have you selected your subcontractor (years of joint work experience, complementary expertise on a specific field) and how often have you worked with them in the past
  2. Please list and provide evidence of your subcontractor’s previous experience in projects of similar scope and complexity (within the last 5 years; please provide certificates of completion as an annex):

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| --- | --- |
| **Past Project Summary Chart** | |
| Company Name: |  |
| Reference Contact Information (title and name): |  |
| Project Scope: |  |
| Location: |  |
| Project Start and End Dates: |  |
| Total Project Value: |  |
| Major Equipment Manufacturers: |  |
| Project Key Members: |  |

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| --- | --- |
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| Total Project Value: |  |
| Major Equipment Manufacturers: |  |
| Project Key Members: |  |

# SUMMARY OF TIMELINES AND MILESTONES

Please provide a summary of the entire process, from production to installation and training to be completed within a maximum period of 1 year from the PO placement date. The summary should not be more than one page in length. Please also describe measures against country-specific conditions, which may cause delays in timeline such as; rainy season, requirement of a local guide for remote/dune areas, arrangement of military escort for safe passage, in-country transportation permits, etc.

Please provide the full timelines and milestones from production to distribution, installation and training as an annex including (but not limited to) Gantt and RACI charts.

1. **IN-COUNTRY LOGISTICS SUMMARY**

Summary of your approach to the in-country logistic, including (but not limited to); plans for customs clearance (optional), storage (central/local level) and transportation as well as the safeguarding of equipment and minimizing damage during transportation/storage and proof of delivery. Summary must not be more than one page in length.

## DOCUMENTATION FOR VERIFICATION OF FULL DELIVERY

A delivery report shall be signed for each cold chain unit delivered at each health facility by the authorized official. From the moment of reception signature, responsibility for CCE is transferred to national authorities.

Boxes should be stored in a secured area and covered against adverse weather conditions. Boxes are not to be tampered with by the health facility staff and should only be opened by DBC Co Ltd technicians to verify that all accessories of CCE have arrived as packed. This additional control is necessary to identify - in case of loss - whether the incident happened during the transport.

* 1. If you are not responsible for customs clearance, please clearly state where shall the equipment be handed over to your subcontractor (please provide detailed address as well as the warehouse capacity). Please provide details around in-country warehousing after customs clearance is completed.
  2. Please provide a detailed description of the insurance coverage for the CCE from the time of hand-over of the CCE after customs clearance is completed.
  3. Please provide site readiness approach to avoid potential deviation and as per the TOR requirement.

## SITE READINESS AND PROCEDURES PRIOR TO INSTALLATION

# INSTALLATION SUMMARY

Please provide a summary of your approach to the installation including (but not limited to) plans for configuration of installation teams, time to install one refrigerator by a team and functionality test details. Summary must not be more than one page in length. (Please provide extra information as annexes and state annex reference and page numbers.)

## INSTALLATION OF AC/ILR UNITS (according to national regulations)

## CONFIGURATION OF INSTALLATION TEAMS

## FUNCTIONALITY TEST

* 1. Please describe how and where **the materials** included in the proposal for pole and ground mounting will be sourced (locally or internationally; please provide justification).
  2. Please describe your approach to the functionality test and handover process, including (but not limited to) plans for how the testing is going to be done, who will be responsible and when it will be conducted. (Kindly refer to section 2.5 (d) in the TOR – Annex B)

Signed installation checklist (Annex E) and functionality test report shall be required for payment and reporting purposes, along with photographic evidence as follows:

* Health facility from the outside (with HF name or another indicator such as GPS coordinates);
* Installed refrigerator;
* Serial number/data plate of the refrigerator;
* Cabling and connections (ILR: fridge/voltage regulator);
* Temperature display of refrigerator showing **actual/current** temperature after installation/training;
* Display of the 30 DTR showing **actual/current** temperature after installation/training.
  1. Please provide aftersales services coverage & setup as outlined in the TOR;

## AFTER SALES SETUP

## Roles & Responsibilities:

## ROUTINE PREVENTIVE MAINTENANCE

## REMOTE MONITORING

## Characteristics & Functions of the Remote Performance Monitoring Program:

* Real time monitoring of temperature(s), lid openings & GPS position
* Includes a SIM chip with a subscription on communication linked to warranty
* Crucial for the quality surveillance of the Cold Chain and monitoring of vaccines
* Alarm for preventive and corrective maintenance
* Rechargeable battery
* Worldwide remote monitoring & data access over WEB
* Only GSM network coverage is necessary to operate
* Google Maps positioning using integrated GPS module
* Alarms include temperature deviations and lid openings
* Alarms are sent by text messages or emails
* Works on AC installations

## RETURN MANAGEMENT STRATEGY

# TRAINING SUMMARY

## TRAINING for TOT staff: CONTENT

## TRAINING FOR HEALTH FACILITY PERSONNEL: CONTENT

**6.1** Please describe the types of training materials, which will be handed to participants after the training and submit available training materials as an Annex.

# WARRANTY & PERFORMANCE MONITORING SUMMARY

Please provide a summary of your approach to the warranty terms & conditions and the performance monitoring as per TOR including but not limited to warranty coverage and exclusions. (Please provide extra information as annexes and state annex reference and page numbers.)

## WARRANTY & PERFORMANCE MONITORING

## SUMMARY OF OFFERED WARRANTY TERMS:

# QUALITY ASSURANCE & RISK MANAGEMENT SUMMARY

Please provide a summary of your quality management system as well as project dependencies and assumptions.

A combined quality assurance and quality control plan must be submitted as part of the tender documents. As minimum the plan must establish activities at country level and clarify oversight responsibilities by the supplier and in-country service provider. The bi-monthly routine reporting must cover not only numbers of units distributed, installed and commissioned but also oversight activities taken to ensure correct and high quality of installations and subsequent end user training.

## MANAGEMENT OF DEVIATIONS and COMMUNICATION PROCESS & CHANNELS

## PROJECT DEPENDENCIES AND ASSUMPTIONS

* 1. Quality Assurance: Please provide a summary of your quality assurance approach. (Please provide extra information such as quality certificates and/or process flow charts as annexes and state annex reference and page numbers below.)

## QUALITY ASSURANCE APPROACH AND RISK MITIGATION: