|  |
| --- |
| **PUNJAB SKILLS DEVELOPMENT FUND** |
| **Technical Proposal Form** |
| **PUNJAB SKILLS DEVELOPMENT PROGRAMME 2019** |
| |  |  | | --- | --- | | Name of Training Provider |  | | Sector |  | | Name of Trade/Course  (including Course Code, if applicable only in case of international certification) |  |  * Read the Instructions & Data Sheet carefully before completing the form. * It is mandatory to use format provided by PSDF for preparation of Technical Proposal. * If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section. * **Proposal must be signed by Head of Organization or authorized person otherwise.** * Submission of missing documents after closing date is not allowed. * Non-compliance with PSDF’s instructions will result in rejection of the technical proposal. * Technical & financial proposal form along with supporting document must be submitted in separate Binding form (ring/staple/tape)**.** * Technical proposal that do not comply with PSDF instructions will stand rejected. |
|  |

LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Secretary Training Service Selection Committee

Punjab Skills Development Programme 2019

Punjab Skills Development Fund,

21/A, H-Block, Dr. Mateen Fatima Road,

Gulberg II, Lahore

Tel No: 042-111-11-7733

**Subject:** Technical Proposal in Response to Letter of Invitation No. [*Insert number & date*]

Dear Sir,

We offer to provide the Services for “***Punjab Skills Development Programme 2019: [Insert Trade Name]”*** in accordance with your Request for Proposal and Terms of Reference. We hereby submit our Technical Proposal including the required documents in a sealed envelope*.*

We hereby declare that all the information and statements made in this Proposal are true and accept that any misinterpretation contained therein may lead to our disqualification. If negotiations are held during the period of validity of the Proposal, indicated in the Data Sheet, we undertake to negotiate on the basis of the proposed staff, facilities and cost. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We undertake that we will initiate the services as per the date mentioned in the Data Sheet if our proposal is accepted. We understand you are not bound to accept any or all Proposals you receive.

#### Thank you.

Yours sincerely,

Signature

Name and Title of Signatory:

**Enclosures:** Parts A-E & Annexures as prescribed by PSDF.

# ENCLOSED FORMS

|  |  |  |
| --- | --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | | |
| PART A: | Information about the Training Provider  (*Note: This part must be the same for proposals of all trades*) | |
| **PART B:** | **Quality of Training:** | **Max Score: 80** |
| Availability of Equipment | 30 |
| Past Experience of Training | 25 |
| Training Certification | 3 |
| Trainee Employment Tracking | 12 |
| Placement Capacity of the Organisation | 10 |
| **PART C:** | **Capacity of the Organization to Deliver (Trainers & Principal Profile)** | **Max Score: 20**  Trainer (12) Principal (8) |
| **PART D:** | Declaration | |
| **PART E:** | Check List | |
| **Annexure A:** | CV Format | |
| ***Note:***   * *All parts are to be filled in using the attached Forms****.*** * *Hand written RFP will not be accepted & evaluated.* | | |

**PART A**

# Information about the Training Provider

Please provide information about the organisation using the following form.

|  |  |  |
| --- | --- | --- |
| Code | Required Information | Response |
| A1 | Name of Head of Organisation |  |
| Designation |  |
| Email ID |  |
| Mobile Number |  |
| Postal Address of Organisation |  |
| A2 | Name of Contact Person[[1]](#footnote-1) |  |
| Mobile Number |  |
| Email |  |

PART B

# TRADE/COURSE OFFERED

B 1. Please mention details of the proposed trade/ course in the table below:

|  |  |  |
| --- | --- | --- |
| B 1.1 | Name of Trade /Course  *(Refer to Letter of Invitation)* |  |
| B 1.2 | Target Trainees \*  *(Tick Relevant Box)* | Male Only  Female Only  Both |

\*Preference will be given to the training providers that propose female trainees in their relevant trades.

B 2. In case testing and certification is to be done by any international testing and certification body

|  |  |  |
| --- | --- | --- |
| B 2.1 | Complete Name of Trade /Course  (Refer to the Letter of Invitation) |  |
| B 2.2 | Name of Corresponding Course of National Certification |  |
| B 2.3 | Course Code  As display on the certificate |  |
| B 2.4 | Level of Course (If any) |  |
| B 2.5 | Duration (in months) |  |
| B 2.6 | Guided Learning Hours |  |
| B 2.7 | Curriculum Source / Testing & Certification Body |  |
| B 2.8 | Target Trainees\*  *(Tick Relevant Box)* | Male Only  Female Only  Both |

\*Preference will be given to the training providers that propose female trainees in their relevant trades.

# B 3. NUMBER OF TRAINEES

Please tell us about the number of persons that are proposed to be trained at each location.

Note: Please use a separate row for each proposed training location. Insert more rows if required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr.** | **Address of Training Location**  ***(Refer to Invitation Letter)*** | **District** | **No. of Students per**  **Class**  **(Up to 25)** | **No. of Classes1 Per**  **Batch** | **No. of Batches[[2]](#footnote-2)** | **Total Trainees** |
| (A) | (B) | (C) | A X B X C |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Grand Total** | | | | | |  |

# B 4. TRAINING LOCATION(S) DETAILS

Kindly tell us about all of the training locations where the training will be delivered. PSDF Authorized Third Party will visit the training locations mentioned below to assess training delivery capacity and will award scores accordingly. You are requested to provide complete and updated information about the training location addresses and contact numbers. Please use a separate table for each training location. If training locations are more than one, add tables accordingly.

Training Location I

|  |  |  |  |
| --- | --- | --- | --- |
| Practical Area Details (*Location Name*) | | | |
| B 4.1 | **Name of Training Location** |  | |
| B 4.2 | Address (Building Number, Street, City, Tehsil, District & Telephone Number) of the Training Location |  | |
| B 4.3 | Name and Mobile Number of Contact Person available at the training location |  | |
| B 4.4 | Availability of the required machinery, equipment, tools, furniture etc. for the proposed trade / course, as per equipment list provided in the approved curriculum | ☐Fully Equipped | |
|
| ☐Partially equipped workshop/lab available with minor deficiencies | |
|
| ☐Partially equipped workshop / lab available with major deficiencies | |
|
| ☐Workshop / lab will be established after award of contract | |
| B 4.5 | **Name of equipment item as per curriculum of the proposed trade** | **Quantity mentioned in the curriculum** | **Quantity physically available at the training location** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

\* Please insert more rows as per requirement.

Note:

1. Separate list is required for each proposed training location.
2. All training facilities will be inspected on the basis of the information providedin the table below. **False or misleading information may lead to disqualification of the Training Provider.**

# B. 5. PAST EXPERIENCE OF TRAINING LOCATIONS

Provide example of relevant past experience for training delivery of your organisation. Training Providers who have already worked with PSDF will quote their PSDF experience relevant to the delivery of the proposed trade/course. Please use a separate table for each training location. If training locations are more than one, add tables accordingly.

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No | Indicator | Response 1 | Response 2 |
| B 5.1 | Name of Trade/Course for which past experience is being claimed  (mention course name) |  |  |
| B 5.2 | Name and address of training location(s) for the claimed course |  |  |
| Is this the Same Training Location as refer in Invitation Letter (Write Yes / No) |  |  |
| B 5.3 | Duration of Training for which past experience is being claimed  (in weeks / months) |  |  |
| B 5.4 | Name of Scheme |  |  |
| *Write Either* |
|  Scheme Name  *(In case course was funded by PSDF)* |
| *OR* |
|  Not Applicable  (*In case course was not funded by PSDF)* |
| B 5.5 | Funding Source: (*Write Any one of below)* |  |  |
|          PSDF |
|          Other (*Mention Funding Source*) |
|          Fee Charged from Trainee |
|          No Fee Charged |
| B 5.6 | Is the Proposed Course *(Write Either)* |  |  |
|          Same |
|          Similar |
|          Not Relevant |
| B 5.8 | Start Date & End Date of the course / Year |  |  |
| B 5.7 | Who has conducted the Exams: Write Either of below |  |  |
|          PBTE |
|          Self |
|          Other (Mention Name) |
| B 5.8 | Number of Times the course has been taught in last three years. | \_\_\_\_\_\_Times | \_\_\_\_\_\_Times |
| B 5.9 | Total Number of Trainees Trained | Male \_\_\_\_\_\_\_ | Male \_\_\_\_ |
| Female \_\_\_\_\_\_\_\_ | Female \_\_\_\_ |
| B 5.10 | Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable) |  |  |
| ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* |
| B 5.11 | In case of newly established institute, **please specify the year of establishment.** |  |  |

Note:

* In case organisation has no experience of training in the short courses, they may mention experience of the similar Course.

**B 6. TRAINING MANUAL**

|  |  |  |  |
| --- | --- | --- | --- |
| B 6.1 | Did you use any training manual for the delivery of training which you have mentioned in TB 5? |  | Yes |
|  | No (Skip to B7) |
| B 6.2 | If Yes, attached the Training Manual. |  | Attached |
|  | Not Attached |

B 7. TRAINING CERTIFICATION

Please specify the certification authority for the proposed trade / course:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Source of Certification |  | PBTE |
|  | Any nationally authorized body  (Please specify name) |
|  | International Certification  (please specify name) |
|  | Self-Certification  (in case of HEC recognized universities) |

# B 8. TRAINEE EMPLOYMENT TRACKING

As per the Terms & Conditions laid down in EOI & RFP Documents, Training Providers will track and report employment of trainees for the first six months post-completion of training.

|  |  |  |  |
| --- | --- | --- | --- |
| B 8.1 | Do You have Dedicated Placement Cell in your training facility. |  | Yes |
|  | No |
| B 8.2 | Do you have dedicated Placement Staff Officer. If Yes kindly attached its CV in Annexure A format. |  | Yes |
|  | No |
| B 8.3 | Provide methodology for tracking employment of trained persons. (*Pls explain in detail what different tools will be used for tracking of employment of trained persons).* |  | Methodology Attached |
|  | Methodology Not Attached |

# B 9. PLACEMENT CAPACITY OF THE ORGANISATION

|  |  |  |  |
| --- | --- | --- | --- |
| B 9.1 | Will your organisation assure placement of trained persons? |  | Yes |
|  | No |
| B 9.2 | If yes; please tick the relevant box\* | | |
| 30% 40% 50% 60% 70% 80% 90%  100% | | |
| If other than above, please specify \_\_\_\_\_\_\_% | | |
| B 9.3 | Please outline your strategy for placement of PSDF-funded trainees on jobs. *Please explain in detail what different strategic measures will be used for placement of trained persons.* |  | Strategy  Attached |
|  | Strategy Not  Attached |

\*The training providers have to assure minimum 30% employment of the trained persons. However, higher marks will be awarded to training providers who will commit to place higher number of trained persons.

**PART C:**

# TRAINER & PRINCIPAL PROFILE

Please provide CVs of **Trainer(s) and Principal** who will be responsible for PSDF’s project using format provided as Annexure A. Use separate forms to provide the information for each trainer & Principal and get it signed by the respective person.

CVs not signed by the respective person may NOT be considered for evaluation purposes. Fake signatures will lead to rejection of the proposal.

**Note:**

* TP is required to submit at least one and maximum of two CV of trainer for each **location and trade**.
* TP is Required to Provide the CV of only one Principal of each Training Location.
* CV should be submitted in PSDF Prescribed format (Annexure A).

Provide Summary of Trainer(s) & Principal for Proposed Trades:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No | CV for | Name | Location | Highest Qualification Achieved | Qualification in Proposed Trade (Yes/No) | Total No of Years of Teaching Experience | CV Attached (Yes/No) |
| 1 | **Instructor** |  |  |  |  |  |  |
| 2 | **Principal** |  |  |  |  |  |  |

**Insert Additional rows if required.**

**PART D**

**APPLICANT DECLARATION**

I, **(Click here and type name),** hereby certify that:

* The information provided in this proposal is factually correct in all material respects
* I am duly authorised by the Competent Authority of the organisation to submit this proposal on behalf of

|  |  |
| --- | --- |
| Signature |  |
| Name |  |
| Designation |  |
| Address |  |
| Contact Numbers |  |
| Email address |  |
| Date |  |

**Part E**

**CHECK LIST**

**List down the enclosed document in the following table:**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Required Documents | Reference | Mark ‘X’ |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: The documents should be attached in the above given order.

# Annexure A: CV Format

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CV of** | | ☐ Trainer ☐ Principal ☐ Placement Staff Officer | | | | | | | |
| **Trade Name** | |  | | | Paste Recent Picture  (mandatory) | | | | |
| **Name of Training Provider** | |  | | |
| **CV for**  **[Mention Address of Training Location]** | |  | | |
| **Personal Details** | | | | | | | | | |
| **Name of Person** | |  | | | | | | | |
| **Contact Number** | |  | | | | | | | |
| **CNIC Number (xxxxx-xxxxxxx-x)** | |  | | | | | | |
| **Academic Qualifications / Diploma / Certification** | | | | | | | | | |
| **Degree Title** | | **Name of Institution** | **Year of Completion** | **Copy of highest qualification degree / Certificate/ Diploma Attached (Yes/No)\*** | | | | | |
|  | |  |  |  | | | | | |
|  | |  |  |  | | | | | |
| **Work Experience (Previous & Current Association)** | | | | | | | | | |
| **Name of Organization** | **Is the Experience of (Professional Industry / Teaching)** | **Designation** | **Responsibility Assigned** | | | **Duration of Service** | | | |
| **Start Date** | **End Date** | **Duration** | |
|  |  |  |  | | |  |  |  | |
|  |  |  |  | | |  |  |  | |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information provided above is correct and I am willing to offer my services for the assignment mentioned above.

* Copy of CNIC and Highest Degree must be attached.
* Recent Picture is mandatory

**SECTION 3**

**FINANCIAL PROPOSAL FORM**

|  |  |
| --- | --- |
| Name of Organization |  |
| Name of Trade / Course |  |

**It is mandatory for Training Providers**:

* To read the Instructions & Data Sheet carefully before completing the form.
* To use format provided by PSDF for preparation of the Financial Proposal.
* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* Proposal not by Head of Organisation or authorized person will be rejected.
* Submission of missing documents after closing date is not allowed.
* Proposal that do not comply with PSDF’s instructions will stand rejected.

**Note**:

To be completed and submitted to PSDF, along with required documents. Financial Proposals should be in a separate sealed envelope**.** There should be separate financial proposal for each trade / course having separate binding (Ring / tape / Staple).

COVER LETTER FOR THE SUBMISSION OF FINANCIAL PROPOSAL

[*Firm letterhead*]

[*Date*]

Secretary Training Service Selection Committee

Punjab Skills Development Programme 2019

Punjab Skills Development Fund,

21-A, H- Block, Dr Mateen Fatima Road, Gulberg II,

Lahore

**Subject:** Financial Proposal for Punjab Skills Development Programme 2019: [**Insert Trade/Course Name**]

Dear Sir,

We offer to provide the Training under the Scheme “Punjab Skills Development Programme 2019” for the trade **[insert trade/Course name]** in accordance with your Technical Proposal.

|  |  |
| --- | --- |
| Description: | Amounts in PKR |
| Per trainee per month training cost in figures (*exclusive of all indirect taxes,* Duties, Fees, Levies etc*)* |  |
| Per trainee per month training cost in words (*exclusive of all indirect taxes,* Duties, Fees, Levies etc*)* |  |

Our Financial Proposal shall be binding upon us subject to the modifications resulting from contract negotiations, up to the expiration of the validity period of the Proposal indicated in the Data Sheet. No commissions or gratuities have been or are to be paid by us to agents relating to this Proposal and Contract execution. We understand that you are not bound to accept any or all Proposals you receive.

We remain,

Yours sincerely,

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

Signature

[Name and Title of Signatory]

# Financial Proposal

|  |  |  |
| --- | --- | --- |
| Code | Required Information | Response |
| FA1 | Name of Trade / Course |  |
| FA2 | Bidding Cost (per trainee per month) (*In Figures)*  *(Exclusive of all indirect taxes,* Duties, Fees, Levies etc*)* |  |
| FA3 | Mention all Applicable Taxes along with their respective rates (If any) |  |
| FA4 | Bidding Cost (per trainee per month) *(In Figures)*  *Inclusive of all taxes (FA2 + FA3)* |  |

**Important:** The Financial Bids should cover all costs expected to be incurred for PSDF's project, other than the costs of Stipend, Uniform & Bags, and Testing Fee (to be paid separately to the Training Provider). Training Provider should quote the cost while keeping in consideration the Terms of Reference for this project provided in the RFP document. PSDF assumes that the Training Provider has performed all the necessary working while calculating the costs, and the figures quoted herein are the outcome of intensive internal working keeping in view all aspects of this project. PSDF would consider the figures quoted in this proposal by the Training Provider as final and no revision will be allowed except at the discretion of PSDF. **Financial Bid will be scored based upon the amount mentioned in FA2.**

Kindly provide the break-up of training costs for the following heads, exclusive of all applicable direct & indirect taxes.

|  |  |  |
| --- | --- | --- |
| Code | Required Information | Cost per trainee per month (PKR) (*Exclusive of all Indirect Taxes, Duties, Fees, Levies)* |
| FB1 | Project Management Team Costs (including remuneration, traveling, and other costs) |  |
| FB2 | Trainer(s) Cost |  |
| FB3 | Books/Manuals and Stationery |  |
| FB4 | Consumables |  |
| FB5 | Utilities Cost at Training Premises |  |
| FB6 | Mobilization and Placement Costs |  |
| Other Costs *(Please specify)* | | |
| FB7 |  |  |
| FB8 |  |  |
| FB9 |  |  |
| Total = FB10  *(Sum of* *FB1 to*  *FB9)* | Total Cost *(per trainee per month)* |  |
| Total cost per trainee per month (FB10) should be equal to per trainee per month cost quoted in FA2. May add rows for additional heads of account, if required. | | |

**In case the proposed course is offered under International Testing & Certification or local testing and certification fee other than PBTE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Required Information | Testing & Certification Cost per trainee in Foreign Currency “FCY” | Testing & Certification Cost per trainee in “LCY (PKR)” |
| FC1 | Total Registration, Testing & Certification Cost Per Trainee |  |  |
| FC2 | Local handling & other charges |  |  |

Note: The testing fee should not be included in the financial bid. PSDF need this information for annual Budgeting.

|  |  |
| --- | --- |
| Declaration | |
| Signature |  |
| Name |  |
| Designation |  |
| Date |  |

1. Only Head of Organisation or nominated contact person will be authorised to communicate with PSDF. [↑](#footnote-ref-1)
2. 1 Persons undergoing training at one time and at one place, as one cohort/group, form a “class”.

   2 The term “batch” depicts the number of times a course will be repeated over the period of the scheme. One batch can have multiple classes. [↑](#footnote-ref-2)