**PUNJAB SKILLS DEVELOPMENT FUND**

**A close up of a sign

Description generated with very high confidence**

**BIDDING FORMS**

**BIG PUSH FOR RURAL ECONOMY- AGRICULTURE**

**Note:**

* Read the Instructions & Data Sheet carefully before completing the form.
* All pages must be numbered and signed by Head of Organisation or authorized person.
* Bidding forms along with supporting document must be submitted in **Book Binding form.**

## SECTION 3

## PART A: INFORMATION ABOUT LEAD ORGANISATION

| **Code** | **Required Information** | **Response** |
| --- | --- | --- |
| A.1 | Legal Name of Organisation |  |
| A.2 | Year of Registration of Organisation |  |
| A.3 | What is the core business of your Organisation |  |
| A.4 | What is the legal status of your organisation? |  |
| A.5 | Name of Head of Organisation |  |
| Designation |  |
| Email |  |
| Landline No |  |
| Mobile No |  |
| Postal address of Organisation |  |
| Website (If Any) |  |
| A.6 | Name of contact person\* |  |
| Designation in the organisation |  |
| Mobile number |  |
| Email |  |

\* Only Head of organisation or nominated contact person will be authorized to communicate with PSDF.

\* Contact person must be an office bearer or employee of the lead organisation.

## PART B: INFORMATION ABOUT CONSORTIUM PARTNER/S, IF ANY.

|  |  |  |
| --- | --- | --- |
| B.1 | Legal Name of Consortium Partner |  |
| B.2 | Legal status of consortium partner |  |
| B.3 | Name of Contact Person of Consortium Partner |  |
| Designation |  |
| Postal address of Consortium Partner |  |
| Email |  |
| Phone & mobile numbers |  |
| Website |  |

Note: Separate table should be use for each consortium partner, if more than one.

# PART C: ELIGIBILITY REQUIREMENTS

Please provide information about the eligibility of your Organisation, as per criteria defined by PSDF, using the following form. Please check the appropriate box where applicable. Read the instructions carefully before filling in the form. Attach relevant document where required. **Non-compliance with one or more conditions will lead to ineligibility.**

|  |  |  |
| --- | --- | --- |
| **Code** | **Requirements** | **Response** |
| C.1 | NTN / FTN Number |  |
| **Training Provider must have valid National Tax Number (NTN) or Free Tax Number (FTN) in the name of Organisation. Please attach copy of NTN / FTN Certificate.** | |
| C.2 | Name of Authority with which your Organisation is registered. Provide copy of Registration. |  |
| **Copy of registration must be provided. Please refer to the legal status of Organisation for eligibility.** | |
| C.3 | Must provide the copy of tax return of last year in the name of the entity/Organisation. | |
| Public sector Organisations have exemption from this condition. | | |

# Declarations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C.4 | Does your Organisation agree to open a separate bank account for funds provided by PSDF? |  | Yes | | |
|  | No | | |
| **Training Provider must agree to open a separate bank account for the funds provided by PSDF.** | | | | |
| C.5 | Does your Organisation agree to allow PSDF assigned auditors to check the accounts opened for PSDF assignment? |  | Yes | | |
|  | No | | |
| **Training Provider must agree to allow PSDF assigned auditors to check the accounts, if need arises.** | | | | |
| C.6 | Has your Organisation ever been suspended / debarred / blacklisted by any Organisation? |  | We solemnly declare that our Organisation is not suspended / debarred and has never been blacklisted | | |
|  | Our Organisation has been blacklisted once or more than once | | |
| **Training Provider must not be suspended / debarred or blacklisted.** | | | | |
| C.7 | If you have previously worked with PSDF: | | | | |
| Has your contract been cancelled (in part or in full)? | | |  | Yes |
|  | No |
| **In case you have previously worked with PSDF, the contract must not have been cancelled (in part or in full).** | | | | |

# PART D: Districts for Training

Using the format given below, please provide information about the Districts for which your Organisation wants to compete. For districts, please see the annexure B attached with the data sheet and instructions. You can apply in multiple districts. However, only one district per crop will be assigned to each TP.

|  |  |
| --- | --- |
| **Serial No** | **Name of Clusters** |
| 1 |  |
| 2 |  |
| 3 |  |

Add more rows if needed.

## 

## PART E: COURSES

Using the format given below, please provide information about who will conduct the courses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No.** | **Training/ Course Name** | **Who will Impart Training Lead Organisation or Consortium Partner** | **If Consortium Partner, Name** | **Training Location** |
| E.1 | Basic Farmer Training (Wheat, Cotton, & Fodder) |  |  | Within selected Villages |
| E.2 | Agriculture Extension Agent (Refresher) |  |  | Within a cluster of villages |
| E.3 | Farm Machinery Mechanic |  |  | Within a cluster of villages |
| E.4 | Electrician |  |  | Within a cluster of villages |

# RESPONSIVENESS OF THE FIRM

PART F: Financial Capacity

Financial capacity of your organization will be evaluated based upon the information available as below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Requirements** | **Response** | |
| F.1 | Provide financial statements issued by an ICAP licensed Chartered Accountant for the last financial year. |  | Audited Financial Statements attached |
|  | Not applicable (Public listed / State owned Organisation) |

Note: Financial Statement must be complete consisting of audit report, balance sheet, income & expenditure statement of account, cash flow statement, and notes to the Accounts

PART G: Project Implementation Team

PSDF expects that the Training Provider has adequately qualified and competent personnel available for following tasks in connection with effective implementation of this project**. Project Implementation Team must belong to the lead Organisation.** The ideal Management Staff must belong to the key areas:

1. Master Trainer: The Training Provider shall engage a Master Trainer who will be involved in the TOT of its instructors on the curriculum provided by PSDF.
2. Project Manager: The Training Provider shall engage a Team Leader for the project who shall supervise all activities related to the project. He/ She will serve as the focal and contact person for PSDF.
3. Community Mobilizer Lead: The designate person will be responsible for publicity of the training program for admission and leading the Mobilization activities for selection of eligible trainees.

Please provide CVs of **MEMBERS** of management team who will be responsible for the implementation of the PSDF’s project on the format provided by PSDF (Annexure B).

## PART H: PAST EXPERIENCE

**H.1 Core Business: Training Provider is required to provide the Core Business details.**

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Response** |
| **H.1.1** | **What is the core business of your Organisation** |  |
| **H.1.2** | **Are you involved in the following** | ☐ Agriculture Management  ☐ Agricultural Processing  ☐ Agriculture Collection & Distribution  ☐ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

H.2: Past Experience of Executing the Project with Similar or Same Nature:

Training Service Provider is required to provide one past experience (in Agriculture Sector) as per the TORs of the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Code** | **Required Information** | **Response** | |
| **H.2.1** | **Name of the Sector** |  | |
| **H.2.2** | **Name of Project (If any)** |  | |
| **H.2.3** | **Year of Implementation** |  | |
| **H.2.4** | **Number of Persons Trained** | Male |  |
| Female |  |
| **H.2.5** | **Total Number of Villages covered?** |  | |
| **H.2.6** | **Is it a funded project? Tick the relevant box. Please also mention name of funding agency.** | Yes |  |
| No |  |
| Name of Funding Agency (If Yes) |  |
| **H.2.7** | **What are the Outcomes of the Project** |  | |

PART I

I.1 APPROACH & METHODOLOGY

Please propose in detail (minimum 500 words Approximately) your approach to the selection of villages. It must include the following; other points are also encouraged. Documentation carries marks.

1. Strategy/reason for selection of villages for training in districts
2. Supporting documents/information for reasoning of selection of villages in the given districts

# I.2 Risk Analysis & Mitigation Strategy

# Kindly Mentioned at least four Risks and their mitigation Strategy for successful execution of Project.

|  |  |  |
| --- | --- | --- |
| **Risk** | **Nature of Risk** | **Mitigation Strategy** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

# PART J: LIST OF ATTACHED DOCUMENTS

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Required Documents** | **Yes / No** |
|  | Copy of Certificate of Incorporation / Registration. |  |
|  | Copy of NTN/FTN Certificate |  |
|  | Financial Statements |  |
|  | CVs of Members of Project Implementation Team |  |
|  | Approach and Methodology |  |
|  | Any other document, please specify. |  |

# **Annexure D -** Project Implementation Team CV Format

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CV FOR** | ☐ Master Trainer  ☐ Project Manager  ☐ Community Mobilizer Lead | | | |
| **Name of Training provider** |  | | | |
| **Personal Data** | | | | |
| **Name** |  | | | |
| **Mobile Number** |  | | | |
| **CNIC** |  | | | |
| **Academic Qualifications** | | | | |
| **Name of Qualification / Degree** | **Name of Institution** | | **Year of Completion** | **Copy of highest qualification degree Attached (Yes/No)** |
|  |  | |  |  |
|  |  | |  |
| **Relevant Work Experience** | | | | |
| **Name of Organisation** | **Designation** | **Responsibilities Assigned** | **Duration (Years)** | |
| **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

Signature

**Section 4: TECHNICAL PROPOSAL**

|  |  |
| --- | --- |
| **Name of Training Provider** |  |
| **Trade** |  |
| **District** |  |

**BIG PUSH FOR RURAL ECONOMY - AGRICULTURE**

*Training Provider can apply in multiple Districts however separate Technical proposal will be submitted against each District.* ***District Wise technical proposal will be considered.***

Submit Section 4 and Section 5 separately for each district.

**Note:**

* If any required information is found missing in the forms or written elsewhere, no credit will be given while evaluating the relevant section.
* Proposals not signed by Head of Organisation or authorized person will be rejected.
* Submission of missing documents after closing date is not allowed**.**
* Proposals that do not comply with PSDF’s instructions will stand rejected.

**LETTER FOR THE SUBMISSION OF TECHNICAL PROPOSAL**

[*Firm letterhead*]

[*Date*]

Training Service Selection Committee

Big Push for Rural Economy – Agriculture

Punjab Skills Development Fund,

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

Gulberg 2, Lahore, Pakistan.

**Subject:** Technical Proposal

Dear Sir,

We offer to provide the Services for “***Big Push for Rural Economy – Agriculture”****: for the District* ***[Insert District]”*** 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 technical and financial aspects of our proposal. 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:

**ENCLOSED FORMS**

|  |  |  |
| --- | --- | --- |
| **Information required for preparation of the Technical Proposal comprises of:** | | |
| **PART A:** | **Quality of Training** | **Max Score: 70** |
| **PART B:** | **Capacity of the Organisation to Deliver** | **Max Score: 30** |
| **PART C:** | **Declaration** | |
| **PART D:** | **Check List** | |
| **Annexure C:** | **CV Format** | |
| ***Note:*** *All parts are to be filled in using the attached Forms.* ***Hand written bidding forms will not be accepted & evaluated.*** | | |

**PART A**

**A.1 PROPOSED DISTRICT AND ITS RELEVANCE**

|  |  |
| --- | --- |
| **Proposed District** | Physical Presence |
| Yes |
| No |

**If Yes, Provide Below:**

|  |  |
| --- | --- |
| **Location** |  |
| **Business Activity in the Location** |  |
| **Name of Contact Person** |  |
| **Designation of Contact Person** |  |
| **Contact Number of Contact Person** |  |
| **Email address of Contact Person** |  |
| **Total Employees at the Location** |  |

**A.2 PROPOSED SCHEDULE**

Keeping in view the allocated number of trainees in your proposed District, please propose training schedule for each district in the format provided below:

Please tell us about your phase wise planning of persons to be trained.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. | Name of Trade / Course | No. of Trainees per  Class[[1]](#footnote-1) | No. of Classes Per  Batch[[2]](#footnote-2)  (Morning or Afternoon) | No. of Locations Per  Batch[[3]](#footnote-3) | No. of Batches[[4]](#footnote-4) | Total Trainees |
|  | | (A) | (B) | (C) | (D) | A X B X C X D |
| Basic Farmers Training | | | | | | |
|  | Wheat and General Agriculture Training (N/A if applying for cotton) |  |  |  |  | 1800 |
|  | Cotton and General Agriculture Training (N/A if applying for wheat) |  |  |  |  | 1800 |
| Specialized Courses | | | | | | |
|  | Agriculture Extension Agent (Refresher) |  |  |  |  | 80 |
|  | Farm Machinery Mechanic |  |  |  |  | 80 |
|  | Electrician |  |  |  |  | 40 |

A.3. PAST EXPERIENCE OF TRAINING

Provide one best example of relevant past experience for each training delivered by your organisation. Training Service Providers who have already worked with PSDF will quote their PSDF experience relevant to the delivery of the proposed trade/course.

In case of Non-PSDF funded training experience, documentary evidence of claimed experience **must** be attached.

Course 1: Basic Farmer Training (Wheat)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.3.1.1 | Name of Course which is being referred for experience | |  | | |
| A.3.1.2 | Nature of Course (with respect to the title) | | Same  Similar  Different | | |
| A.3.1.2 | Who conducted the course  Lead organisation or consortium partner? | |  | | |
| A.3.1.3 | Name and address of location where this training was conducted in the past | |  | | |
| A.3.1.4 | Duration of Training for which training was conducted in the past | |  | | |
| A.3.1.5 | District of Training | |  | | |
| A.3.1.6 | Year of Training | |  | | |
| A.3.1.7 | Number of Individuals Trained | | | | |
| 2015-16 | 2016-17 | | 2017-18 | 2018-19 |
|  |  | |  |  |
| A.3.1.8 | Funding Source | | | International Funding Agency  National/Local Funding Agency  Self  Fee paid by trainee | |
| A.3.1.9 | Was the training self-certified / certified by an external authority? | | | External Authority (Specify)    Self-Certification | |
| A.3.1.10 | Value of the Project? *(Attached documentary evidence for this)* | | |  | |
| A.3.1.11 | Documentary Evidence Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* | | |  | |

Course 1: Basic Farmer Training (Cotton)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.3.1.1 | Name of Course which is being referred for experience | |  | | |
| A.3.1.2 | Nature of Course (with respect to the title) | | Same  Similar  Different | | |
| A.3.1.2 | Who conducted the course  Lead organisation or consortium partner? | |  | | |
| A.3.1.3 | Name and address of location where this training was conducted in the past | |  | | |
| A.3.1.4 | Duration of Training for which training was conducted in the past | |  | | |
| A.3.1.5 | District of Training | |  | | |
| A.3.1.6 | Year of Training | |  | | |
| A.3.1.7 | Number of Individuals Trained | | | | |
| 2015-16 | 2016-17 | | 2017-18 | 2018-19 |
|  |  | |  |  |
| A.3.1.8 | Funding Source | | | International Funding Agency  National/Local Funding Agency  Self  Fee paid by trainee | |
| A.3.1.9 | Was the training self-certified / certified by an external authority? | | | External Authority (Specify)    Self-Certification | |
| A.3.1.10 | Value of the Project? *(Attached documentary evidence for this)* | | |  | |
| A.3.1.11 | Documentary Evidence Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* | | |  | |

Note: For wheat and cotton, rest of the training courses will remain same. Only Course 1 i-e basic farmer training will differ. Training Provider can apply in either of the two or both.

Course 2: Agriculture Extension Agent (Refresher)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.3.2.1 | Name of Course which is being referred for experience | |  | | |
| A.3.2.2 | Nature of Course (with respect to the title) | | Same  Similar  Different | | |
| A.3.2.2 | Who conducted the course  Lead organisation or consortium partner? | |  | | |
| A.3.2.3 | Name and address of location where this training was conducted in the past | |  | | |
| A.3.2.4 | Duration of Training for which training was conducted in the past | |  | | |
| A.3.2.5 | District of Training | |  | | |
| A.3.2.6 | Year of Training | |  | | |
| A.3.2.7 | Number of Individuals Trained | | | | |
| 2015-16 | 2016-17 | | 2017-18 | 2018-19 |
|  |  | |  |  |
| A.3.2.8 | Funding Source | | | International Funding Agency  National/Local Funding Agency  Self  Fee paid by trainee | |
| A.3.2.9 | Was the training self-certified / certified by an external authority? | | | External Authority (Specify)    Self-Certification | |
| A.3.2.10 | Value of the Project? *(Attached documentary evidence for this)* | | |  | |
| A.3.2.11 | Documentary Evidence Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* | | |  | |

Course 3: Farm Machinery Mechanic

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.3.3.1 | Name of Course which is being referred for experience | |  | | |
| A.3.3.2 | Nature of Course (with respect to the title) | | Same  Similar  Different | | |
| A.3.3.2 | Who conducted the course  Lead organisation or consortium partner? | |  | | |
| A.3.3.3 | Name and address of location where this training was conducted in the past | |  | | |
| A.3.3.4 | Duration of Training for which training was conducted in the past | |  | | |
| A.3.3.5 | District of Training | |  | | |
| A.3.3.6 | Year of Training | |  | | |
| A.3.3.7 | Number of Individuals Trained | | | | |
| 2015-16 | 2016-17 | | 2017-18 | 2018-19 |
|  |  | |  |  |
| A.3.3.8 | Funding Source | | | International Funding Agency  National/Local Funding Agency  Self  Fee paid by trainee | |
| A.3.3.9 | Was the training self-certified / certified by an external authority? | | | External Authority (Specify)    Self-Certification | |
| A.3.3.10 | Value of the Project? *(Attached documentary evidence for this)* | | |  | |
| A.3.3.11 | Documentary Evidence Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* | | |  | |

Course 4: Electrician

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A.3.4.1 | Name of Course which is being referred for experience | |  | | |
| A.3.4.2 | Nature of Course (with respect to the title) | | Same  Similar  Different | | |
| A.3.4.2 | Who conducted the course  Lead organisation or consortium partner? | |  | | |
| A.3.4.3 | Name and address of location where this training was conducted in the past | |  | | |
| A.3.4.4 | Duration of Training for which training was conducted in the past | |  | | |
| A.3.4.5 | District of Training | |  | | |
| A.3.4.6 | Year of Training | |  | | |
| A.3.4.7 | Number of Individuals Trained | | | | |
| 2015-16 | 2016-17 | | 2017-18 | 2018-19 |
|  |  | |  |  |
| A.3.4.8 | Funding Source | | | International Funding Agency  National/Local Funding Agency  Self  Fee paid by trainee | |
| A.3.4.9 | Was the training self-certified / certified by an external authority? | | | External Authority (Specify)    Self-Certification | |
| A.3.4.10 | Value of the Project? *(Attached documentary evidence for this)* | | |  | |
| A.3.4.11 | Documentary Evidence Documentary Evidence of Claimed Experience Attached (Yes/No/Not Applicable)  ***Note:*** *Write “Not Applicable” in Case the Course was previously funded by PSDF* | | |  | |

**A.4 RURAL COMMUNITY MOBILIZATION EXPERIENCE**

|  |  |  |
| --- | --- | --- |
| **A.4.1** | Type of Community Mobilization | Training Program |
| CSR Activity |
| Rural community-based project |
| Any other (Mention Below) |
| **A.4.2** | Name of the Project |  |
| **A.4.3** | Year of Implementation |  |
| **A.4.4** | Program Duration |  |
| **A.4.5** | Number of Persons Mobilized (Mention the number) | Male |
| Female |
| **A.4.6** | District(s) of Community Mobilization |  |
| **A.4.7** | Number of Villages Covered |  |
| **A.4.8** | Number of Union Councils Covered |  |
| **A.4.9** | Mobilization Strategies | 1 |
| 2 |
| 3 |
| **A.4.10** | Purpose/Objective of the project |  |
| **A.4.11** | Number of Community Mobilizers involve in the Project |  |
| **A.4.12** | Documentary Evidence Attached | Yes |
| No |

**Note:**

1. Copy/Paste the above table for adding more Experiences. Mention Maximum of two Community Mobilization Experiences.
2. Documentary Evidence must be attached.
3. In case of PSDF funded, attach the contract as a documentary proof.
4. Community Mobilization Experience must be different from the experience of the training program already mentioned.

**PART B: CAPACITY OF THE ORGANISATION TO DELIVER**

1. **CVs of the Trainers**

Please provide CVs of **Trainers** who will be responsible for PSDF’s project using format provided as Annexure C.

Use separate forms to provide the information for each trainer and get it signed by the respective person (mandatory).

**Note:** Training Provider will be required to Provide CVs of One trainer for each training course. There are 4 courses in total per district, so there will 4 trainers per proposal.

In case of submitting more than one trainer per course, one best will be considered.

**Summary of Trainers / Instructors for Proposed Trade:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. No** | **Name** | **Name of Course** | **Highest Qualification Related to the Course (in Years)** | **Training Experience  (In Years)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |
| 4 |  |  |  |  |

1. **CV of the Lead Mobilizer**

Please provide CV of the one lead community mobilizer per District who will oversee the community mobilization activities in the District and mobilize trainees for the training partner for the successful execution of the training program.

**Provide Summary of the Lead Mobilizer as below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Highest Qualification Achieved** | **Experience in the sector  (In Years)** | **Training Experience  (In Years)** |
|  |  |  |  |

Use the same CV Format as provided in Annexure E. **Lead Mobilizer CVs must be distinct.**

**PART C: 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 |  |
| Date |  |

**Part D: CHECK LIST**

**Please check that you have enclosed the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Required Documents** | **Reference** | **Mark ‘X’** |
|  | CVs   * Trainer(s), * Lead Community Mobilizer | Annexure E |  |
|  | Copy of Highest Degree of trainer(s) & Lead Mobilizer | Annexure E |  |
|  | Proposed district and relevance | Part A.1 |  |
|  | Proposed Schedule | Part A.2 |  |
|  | Documentary Evidence of Claimed Past Experience  (for non PSDF funded courses) | Part A.3 |  |
|  | Documentary Evidence of the Total Project Worth | Part A.3 |  |
|  | Documentary Evidence of Community Mobilization Experience | Part A.4 |  |
|  | Declaration signed by Head of Organisation/Authorised Person | Part C |  |

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

**ANNEXURE E: CV FORMAT (FOR TRAINERS AND LEAD MOBILIZERS)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CV FOR** | | Trainer  Lead Mobilizer | | | | | |
| **Name of Organisation** | |  | | | | | |
| **Designation in the Organisation** | |  | | | | | |
| **Personal Data** | | | | | | | |
| **Name of Trainer** | |  | | | | | |
| **Contact Number** | |  | | | | | |
| **CNIC Number** | |  | | | | | |
| **Academic Qualifications / Diploma / Certification** | | | | | | | |
| **Degree/Certification Title** | | **Name of Institution** | **Year of Completion** | **Copy of highest qualification degree / Certificate/ Diploma Attached (Yes/No)\*** | | | |
|  | |  |  |  | | | |
|  | |  |  |  | | | |
| **Work Experience** | | | | | | | |
| **Name of Organisation** | **Is the Experience of (Professional Industry / Teaching)** | **Designation** | **Responsibility Assigned** | | **Duration of Service** | | |
| **Start Date** | **End Date** | **Duration** |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |

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

**Signature:**

**Note:**

* **Professional Work Experience in the relevant Industry will be encouraged.**
* **For each district, lead mobilizers must be distinct. In case of any similar, CV will be considered once.**
* **Repetition of trainers is allowed among the crops, however within the same crop, no repetition of trainers is allowed. In that case, CV will be considered only once.**

Section 5: FINANCIAL PROPOSAL

BIG PUSH FOR RURAL ECONOMY – AGRICULTURE

|  |  |
| --- | --- |
| **Name of Training Provider** |  |
| **District** |  |

**COVER LETTER FOR THE SUBMISSION OF FINANCIAL PROPOSAL**

[*Firm letterhead*]

[*Date*]

Training Service Selection Committee

Big Push for Rural Economy - Agriculture

Punjab Skills Development Fund,

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

Lahore, Pakistan

**Subject:** Financial Proposal] in respect of Big Push for Rural Economy - Agriculture: [**Insert District**]

Dear Sir,

We offer to provide the services under **Big Push for Rural Economy - Agriculture for [Insert District]** in accordance with your Request for Proposal and our Technical Proposal.

Our attached Financial Proposal is for the sum of [***Insert amount(s) in words and figures***], and weighted average cost per trainee per month (inclusive of all taxes) is [***Insert amount(s) in words and figures***]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, i.e. before the date indicated in the Data Sheet. No commissions or gratuities have been or are to be paid by us to any agent relating to this Proposal and Contract execution. We understand that you are not bound to accept any or all Proposals you receive.

Thank you.

Yours sincerely,

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Signatory:

**Financial proposal**

**Part A: Cost Summary**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Code** | **Name of Course/Trade** | **Cost per Trainee per Month** | **Duration of Training**  **(In Months)** | **Total Cost per Trainee** | **Total Trainees** | **Total Cost of Course/Trade** | **Weighted Average Cost** |
|  | **A** | **B** | **C** | **D=B\*C** | **E** | **F=D\*E** | **G = (E/sum of E) \* B** |
| Course 1 |  |  |  |  |  |  |  |
| Course 2 |  |  |  |  |  |  |  |
| Course 3 |  |  |  |  |  |  |  |
| Course 4 |  |  |  |  |  |  |  |
| **Total** | | | | |  |  |  |

* All prices should be in Pak Rupees
* Please note that PSDF will **not** finance capital costs but cost of lease or depreciation may be included.
* Stipend and testing fee should not be included in the above calculations for cost, in case testing and certification is required by an external authority.

Allowance for uniforms/bags will be provided separately.

* Training Costs will include but not limited to the following;
* Trainers’ remuneration
* Consumables & Training Materials
* Training Manual & Stationery required for training
* Development/Printing of Manuals/Books, if already not available
* Management & Reporting costs
* Community Mobilization and Market Linkage Costs
* Depreciation / Rentals of Machinery and Equipment etc.
* Utilities & Miscellaneous items
* Transportation/ logistic costs

**Part B: Cost Break-up**

Kindly provide course wise break up of training cost inclusive of all applicable taxes details as per following format:

**Note: Copy & paste the same table for each course/ trade.**

**Course 1: Basic Agriculture Training**

|  |  |
| --- | --- |
| **Head / Subhead of Account** | **Rupees** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Cost of the course |  |
| Number of Trainees |  |
| Duration of Training in days |  |
| Duration of Training in Months (days/30) |  |
| Cost per trainee (Total cost / Number of trainees) |  |
| Cost per Trainee per Month  (Cost per trainee / Duration of training in months) |  |

**PART C: Tax Details**

|  |  |  |
| --- | --- | --- |
| **Code** | **Required Information** | **Response** |
| FC1 | Is your organisation tax-exempt (Yes/No)? |  |
| FC2 | If answer to FB3 is Yes, attach valid tax exemption certificate issued by FBR. |  |
| FC3 | If answer to FB3 is No, then mention all applicable taxes and their respective rates |  |

**Important:** *Training Service 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 Service 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 Service Provider as final and no revision will be allowed except at the discretion of PSDF.*

**Important:**

***The Financial Bids should cover all costs expected to be incurred for PSDF's project****,* ***other than the costs of Stipend (to be paid separately to the Training Provider).*** *Organisation should quote the cost while keeping in consideration the Terms of Reference for this project provided in the bidding document. PSDF assumes that the Organisation 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 Organisation as final and no revision will be allowed except at the discretion of PSDF.*

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

1. **20** students per class are allowed [↑](#footnote-ref-1)
2. Persons undergoing training at one time and at one place, as one cohort/group, form a “class”. **This value in this case will either be 1 (in case of only morning) or 2 (in case both morning and afternoon trainings)** [↑](#footnote-ref-2)
3. Maximum **2 classes per village** are allowed [↑](#footnote-ref-3)
4. 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. Number of batches In this scheme will remain **1** since it is a 6 month seasonal training program. [↑](#footnote-ref-4)