**Part 5**

**CONTENT OF TENDERS**

## THIS SECTION SHOULD BE COMPLETED BY THE TENDERER AND RETURNED

## AS PART OF THE TENDER SUBMISION

## Tenders

Tenders should be submitted in accordance with the instructions in Part 2 of this ITT by completing the attached templates in the order as detailed below.

1. Structure and Organisation (Annex A)
2. Technical Proposal (Annex B) – Lot 1
3. Technical Proposal (Annex B) – Lot 2
4. Commercial Proposal (Annex C) – Lot 1
5. Commercial Proposal (Annex C) - Lot 2
6. Undertakings (Annex D)

**The documents contained in the offer should follow the above mentioned order and numbering of documents.**

**Part 5**

**Annex A**

**STRUCTURE AND ORGANISATION**

|  |  |
| --- | --- |
| **A1** | **Full name of the organisation submitting the Tender:** |
| Type answer here | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A2** | **Details about the organisation named in A1 (organisation submitting the tender):** | | | | |
| GUIDE | *A response to these questions is mandatory.* | | | | |
| **a** | Date of Incorporation | DD/MM/YYYY | | | |
| **b** | Place of Incorporation | Type answer here | | | |
| **c** | Address | Type answer here | | | |
| **d** | Description of business activities | Type answer here | | | |
| **e** | Please select which of the following applies to your organisation: | 1 | a public limited company | |  |
| 2 | a limited company | |  |
| 3 | a sole trader | |  |
| 4 | a partnership | |  |
| 5 | a Limited Liability Partnership | |  |
| 6 | a consortium | |  |
| 7 | other | |  |
| **f** | Website address | xxxxxxxxx.xxx | | | |
| **g** | Company Registration Number | Type answer here | | | |
| **h** | Number of years’ experience of providing similar Goods | St Helena | | xx Years | |
| Internationally | | xx Years | |

|  |  |  |
| --- | --- | --- |
| **A3** | **Please provide full contact details of a Primary Contact to whom future correspondence is to be sent in connection with this Tender:** | |
| GUIDE | *The person listed as the Primary Contact will be the person that receives any future communications regarding this Tender. A response to this question is mandatory.* | |
|  | | Primary Contact |
| Name | | Type answer here |
| Position | | Type answer here |
| Address | | Type answer here |
| Telephone number | | Type answer here |
| Fax number | | Type answer here |
| E-mail address | | xx@ xxxx |

|  |  |  |
| --- | --- | --- |
| **A4** | **Please confirm the status of the organisation to be considered:** | |
| GUIDE | *A response to this question is mandatory and is for SHG information to understand the organisation.* | |
| ***a*** | Your organisation is bidding to provide the goods required itself. |  |
| ***b*** | Your organisation is bidding in the role of Prime Contractor and intends to use third parties (sub-contractors) to provide some goods. |  |
| ***c*** | Your organisation is part of a consortium that is submitting this Tender. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **A5** | **Please provide the names and responsibilities of Executive Directors/Partners of your organisation.** | | |
| GUIDE | A response to this question is mandatory (continue on a separate sheet if required, clearly referencing A5). | | |
| **Name** | | **Role/Job Title** | **Area of Responsibility** |
| Type answer here | | Type answer here | Type answer here |
| Type answer here | | Type answer here | Type answer here |
| Type answer here | | Type answer here | Type answer here |
| Type answer here | | Type answer here | Type answer here |
| Type answer here | | Type answer here | Type answer here |

|  |  |
| --- | --- |
| **A6** | **Please provide the name and address of your bank** |
| GUIDE | A response to this question is mandatory. |
| Type answer here | |

|  |  |  |
| --- | --- | --- |
| **A7** | **Banking Reference** | |
| GUIDE | A response to this question is mandatory. | |
| We may wish to approach your bankers for a reference. Please confirm that this is acceptable. | |  |

|  |  |  |
| --- | --- | --- |
| **A8** | **Banking and Loan Obligations** | |
| GUIDE | *The response to this question is mandatory.* | |
| ***a*** | Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?  If **No** please provide details below |  |
| Type answer here | |

|  |  |  |
| --- | --- | --- |
| **A9** | **Creditors and Staffing Obligations** | |
| GUIDE | *The response to this question is mandatory.* | |
| ***a*** | Has your organisation met all its obligations to pay its creditors and staff during the past year?  If **No** please provide details below. |  |
| Type answer here | |

|  |  |  |
| --- | --- | --- |
| **A10** | **Professional and Business Standing** | |
| GUIDE | *The response to this question is mandatory.* | |
| ***a*** | Please confirm whether your organisation (or its directors or any other person who has powers of representation, decision or control of the named organisation) have been convicted, or pending trial, of any of the offences listed below   * conspiracy * corruption * collusion * bribery * fraud * money laundering * any other offence as defined by the national law of any relevant State.   If you answered **Yes** please provide succinct details in an attached document |  |
| ***b*** | Please confirm whether any of the grounds set out below apply to your organisation (or its directors or any other person who has powers of representation, decision or control of the named organisation).   * Been declared bankrupt * Been the subject of a winding up order * Has not fulfilled obligations relating to the payment of taxes under the law which the economic operator is established or required to pay taxes; * Is guilty of serious misrepresentation in providing any information required of him * Is guilty of operating, or within, a cartel   If you answered **Yes** please provide succinct details in an attached document |  |

|  |  |  |
| --- | --- | --- |
| **A11** | **References** | |
| GUIDE | *The response to this question is mandatory.* | |
|  | Please provide details of a recent contract relevant to the requirements that demonstrates your experience in supplying similar Goods/Services/Works. Please note that the Authority reserves the right to contact the organisation referenced below as part of the tender evaluation. | |
|  |  | Reference |
| ***a*** | Customer name | Type answer here |
| ***b*** | Contact name, telephone number and email address | Type answer here |
| ***c*** | Date contract awarded | Type answer here |
| ***d*** | Brief description and scope of requirement | Type answer here |
| ***e*** | Value (£) of over life of Contract | Type answer here |
| ***f*** | Any further information | Type answer here |

**Part 5**

**Annex B**

**TECHNICAL PROPOSAL – Lot 1**

|  |  |
| --- | --- |
| **B1** | **Proposal** |
| GUIDE | *The responses to this section are mandatory.* |
| ***a*** | Please attach a separate document marked “Lot 1 B1 – Proposal” that demonstrates that you understand the Authority’s requirements and provides details of how you propose to meet the specification/requirements set out in Part 6 of this Invitation to Tender and meet the evaluation criteria in Part 4. |
| ***b*** | Please provide documented evidence from the company(ies) that will provide the air ambulance services that they meet the minimum regulatory requirements for the services (as indicated in section 4.2). |

**Guidance notes for the Technical and Quality evaluation criteria**

**TQ1: Guaranteed response time for emergency call**

Tenderers should provide a list of aircraft on which they can call that can operate to St Helena and their locations.

Tenderers should provide evidence of their response times to medical evacuations by air from South African bases over the previous three years from initial contact to despatch of the aircraft.

**TQ2: Aircraft types**

Tenderers should provide a list and description of the aircraft types that they would envisage being available to meet the medical evacuation requirements. The detail must include:

1. An evaluation of the aircraft’s technical capability to operate to and from St Helena, within the requirements of the aircraft operator’s regulator, specifically fuel reserve requirements at St Helena
2. A plan layout of the aircraft cabin(s), identifying the facilities and equipment on board

**TQ3: Capability to operate direct to St Helena**

Tenderers should submit evidence to support any statement regarding operations to St Helena that do not require a technical stop (in either direction) based on the fuel capacity of each aircraft type proposed, and using 85% probability never exceed wind data for each sector.

Tenderers should provide documented evidence that the aircraft operator, and/or the regulatory authority, will permit the flight times and flight sectors required for the operation, within the constraints of any flight time duty limitations that may apply.

**TQ4: Medical staffing**

Tenderers should detail the range of qualifications of medical staff that would be offered for a medical evacuation flight.

Examples of typical experience levels of each category of medical professional – nurse, paramedic, doctor – should be provided.

**TQ5: Aircraft capacity**

Tenderers should detail the potential numbers and any restrictions that might apply to the carriage of additional patients on a medical evacuation flight.

|  |  |  |
| --- | --- | --- |
| **B2** | **Necessary Resources** | |
| GUIDE | *Response to this question is mandatory.* | |
| ***a*** | Please confirm that you understand and agree that, if successful, you will provide all the necessary resources required to meet the timely and satisfactory completion of you proposal and/or the contract deliverables. |  |

**TECHNICAL PROPOSAL – Lot 2**

|  |  |
| --- | --- |
| **B1** | **Proposal** |
| GUIDE | *The responses to this section are mandatory.* |
| ***a*** | Please attach a separate document marked “Lot 2 B1 – Proposal” that demonstrates that you understand the Authority’s requirements and provides details of how you propose to meet the specification/requirements set out in Part 6 of this Invitation to Tender and meet the evaluation criteria in Part 4. |

**Guidance notes for the Technical and Quality evaluation criteria**

**TQ1: Physical location of hospital facilities**

Tenderers should submit a list of all healthcare and private hospital facilities that would be available for use by SHG as part of the services.

The detail should include the physical location and distance from appropriate air access options – OR Tambo International Airport, Lanseria International Airport and/or Cape Town International Airport.

**TQ2: Scope and level of facilities**

Tenderers should submit full details of the facilities available at each healthcare or private hospital, by clinical speciality. Tenderers should note that these will be evaluated during site visits to be made as part of the Tender evaluation process.

**TQ3: Quality of care provision**

Tenderers should submit documented evidence of the accreditation and certification status for the company and all healthcare and private hospitals offered as part of the Tender.

**TQ4: Transfer facilities**

Tenderers should describe, in detail, the processes that will be offered, and any logistical requirements from SHG, in relation to patient transfer:

* From any medical evacuation flight to hospital
* From the Comair scheduled service at OR Tambo International Airport to hospital
* From the Comair scheduled service at OR Tambo International Airport onto a domestic connection to Cape Town and transfer from Cape Town International Airport to hospital
* Support to patients returning to St Helena following hospital visit, primarily at OR Tambo International Airport

**TQ5/TQ6: Access to services**

Tenderers should provide details of all pathology laboratory services and radiology reporting services offered as part of the Tender.

Tenderers should specify any requirements associated with the carriage of Dangerous Goods on aircraft, in compliance with the IATA Dangerous Goods Regulations.

**TQ7: Deployment of medical professionals**

Tenderers should outline their ability to deploy medical professionals – differentiated by nurses, paramedics or doctors – on the Comair flight between Johannesburg and St Helena to accompany a patient from the island to South Africa.

Tenderers should specify:

* The indicative cost for each category of medical professional;
* The advance notice requirements for each category of medical professional;
* Any other requirements associated with this requirement.

**TQ8: Transfer options**

Tenderers should state their ability to transfer non-stretcher patients arriving on the Comair service from St Helena to another location in South Africa, using commercial air transportation.

|  |  |  |
| --- | --- | --- |
| **B2** | **Necessary Resources** | |
| GUIDE | *Response to this question is mandatory.* | |
| ***a*** | Please confirm that you understand and agree that, if successful, you will provide all the necessary resources required to meet the timely and satisfactory completion of you proposal and/or the contract deliverables. |  |

**Part 5**

**Annex C**

**COMMERCIAL PROPOSAL – Lot 1**

|  |  |
| --- | --- |
| **C1** | **Costs** |
| GUIDE | *Responses to these questions are mandatory.*  *All prices quoted are to:*   * *Exclude any customs duty that may be payable in St Helena.* * *Include all costs associated with the services, using the input costs identified below where relevant.* |
| ***a*** | As a separate document marked “Lot 1 C1 - Costs” please complete the matrices below, identifying the indicative costs for each aircraft type, each route.  The cost conditions that you should assume are provided below. |

**Cost matrices**

Please complete the two matrices below, based on the aircraft types indicated as being available, against the cost methodology detailed below.

Option 1: Cost per flight based on between 1 and 14 flights per year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aircraft type** | **St Helena – Johannesburg**  **£ or Rand** | **St Helena –**  **Cape Town**  **£ or Rand** | **St Helena – Windhoek (Namibia)**  **£ or Rand** | **St Helena – London**  **£ or Rand** |
| [Specify type] |  |  |  |  |
| [Specify type] |  |  |  |  |
| [Specify type] |  |  |  |  |

Option 2: Cost based on between 15 and 50 flights per year )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Aircraft type** | **St Helena – Johannesburg**  **£ or Rand** | **St Helena – Cape Town**  **£ or Rand** | **St Helena – Windhoek (Namibia)**  **£ or Rand** | **St Helena – London**  **£ or Rand** |
| [Specify type] |  |  |  |  |
| [Specify type] |  |  |  |  |
| [Specify type] |  |  |  |  |

**Cost methodology**

You are required to provide the costs per medevac flight in the matrices above based on the following inputs:

1. Fuel prices: current cost of aviation fuel at the aircraft’s base (state the figure used per litre) and a price on St Helena of £1.00 per litre (subject to change). You should note that any contract will include a formula covering fuel price variations, based on fuel usage data – please include anticipated fuel burn figures for each flight sector and aircraft type
2. Airport and navigation costs: all costs at the aircraft’s base and any technical stops to be included in the figures. Landing and aircraft handling costs at St Helena are to be ignored, as these will be covered directly by SHG. You should note that any contract will include provisions for changes on an annual basis for changes in external costs
3. All other costs: to be included in the figures provided, to include, *inter alia*, all operating costs, commissions’ payable, provision of one paramedic per flight. You should note that any contract will be based on a fixed annual price for these elements

**Cost weighting methodology**

The following methodology will be used to compare commercial proposals. Tenderers should note that the availability of different aircraft types will be regarded positively, and scored higher as part of the technical criteria.

Tenders submitted in a currency other than Sterling will have their costs converted to Sterling at the exchange rate prevailing on the deadline for tender submissions.

**C1: Option 1 evaluation (40%)**

Option 1 costs, for flights up to fourteen per year, will be weighted as follows:

1. The arithmetic average cost for all submitted aircraft types for flights between St Helena and Johannesburg multiplied by 50%
2. The arithmetic average cost for all submitted aircraft types for flights between St Helena and Cape Town multiplied by 50%

The two figures will be added together to arrive at a weighted average cost per flight which will be used to compare submissions.

**C1: Option 2 evaluation (60%)**

Option 2 costs, for flights in excess of fourteen per year, will be weighted as follows:

1. The arithmetic average cost for all submitted aircraft types for Option 2 flights (15 – 50 per year) between St Helena and Johannesburg multiplied by 50%
2. The arithmetic average cost for all submitted aircraft types for Option 2 flights (15 – 50 per year) between St Helena and Cape Town multiplied by 50%

|  |  |
| --- | --- |
| **C2** | **Payment Terms** |
| GUIDE | *Response to this question is mandatory.*  *Payment will only be made against successful delivery of agreed milestones* |
| ***a*** | Please detail as a separate document marked “Lot 1 C2 - Payment Terms” your proposed payment terms. |

**Annex C**

**COMMERCIAL PROPOSAL – Lot 2**

|  |  |
| --- | --- |
| **C1** | **Costs** |
| GUIDE | *Responses to these questions are mandatory.*  *All prices quoted are to:*   * *Exclude any customs duty that may be payable in St Helena.* * *Include all costs associated with the services.* |
| ***a*** | As a separate document marked “Lot 2 - Costs” please complete the matrices below, identifying the indicative figures for each cost category. |

Tenderers should note that the cost evaluation for Lot 2 will assess the discounted price offered to SHG for each category, within minimum technical and quality standards evaluated.

**C1: Scale of Fees for Private Hospitals**

(sample of cost elements taken from the Government Gazette, South Africa, Vol. 598, 24 April 2015, No. 38714, in accordance with the COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993.) Applicants are encouraged to use these categories but can add further ones if deemed applicable.

|  |  |  |
| --- | --- | --- |
| **Cost element** | **Standard Scale of fees** | **Discount offered** |
| General Wards: Surgical cases per day |  |  |
| General Wards: Thoracic and neurosurgical cases (including laminectomies and spinal  fusion): per day |  |  |
| Medical and neurological cases: per day |  |  |
| Day admission which includes all patients discharged by 23:00 on date of admission |  |  |
| Psychiatric Ward (inclusive, in: Ward fee, Pharmaceuticals, Occupational Therapy) |  |  |
| General Rehabilitation ward ( Inclusive fee: ward fee, general rehabilitation management ( Physiotherapy, Doctors, Nursing, Occupational Therapy) |  |  |
| Sub-Acute Rehabilitation ward ( Daily ) Professionals are charged separately |  |  |
| Intensive Care Unit: per day |  |  |
| High Care Ward: per day |  |  |
| Other: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C2: Published tariffs for procedures and consumables**

(sample of cost elements taken from the Government Gazette, South Africa, Vol. 598, 24 April 2015, No. 38714, in accordance with the COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993.) Applicants are encouraged to use these categories but can add further ones if deemed applicable.

|  |  |  |
| --- | --- | --- |
| **Cost element** | **Standard Tariffs** | **Discount offered** |
| Emergency fee: for all emergencies including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections. |  |  |
| Emergency Fee: use of a procedure room, e.g.  for application of plaster, stitching of wounds. |  |  |
| Minor Theatre per minute |  |  |
| Major Theatre per minute |  |  |
| Internal Fixators | (depending on the prosthesis) |  |
| External Fixators | (depending on the prosthesis) |  |
| Others:… |  |  |
|  |  |  |

**C3: Hospital supply chain costs**

|  |  |  |
| --- | --- | --- |
| **Cost element** | **Standard costs** | **Discount offered** |
| Pharmaceuticals |  |  |
| Consumables |  |  |
| Equipment |  |  |
| Staff |  |  |
|  |  |  |

**C4: Medical staff accompanying patients on scheduled flights (10%)**

|  |  |
| --- | --- |
| **Category of medical professional** | **Cost, excluding airfare** |
| Doctor |  |
| Paramedic |  |
| Nurse |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **C5** | **Payment Terms** |
| GUIDE | *Response to this question is mandatory.*  *Payment will only be made against successful delivery of agreed milestones* |
| ***a*** | Please detail as a separate document marked “Lot 2 - Payment Terms” your proposed payment terms. |

**Part 5**

**Annex D**

**Undertakings**

|  |  |  |
| --- | --- | --- |
| **D1** | **Validity** | |
| GUIDE | *Response to this question is mandatory.* | |
| ***a*** | Please confirm your Tender is valid and capable of acceptance for 120 calendar days from the Tender closing date. |  |
| If No, please detail the validity period you are proposing. | |

|  |  |  |
| --- | --- | --- |
| **D2** | **Undertaking** | |
| GUIDE | *The response to this question is mandatory.* | |
| On behalf of the Company submitting this Tender I certify and declare;   1. That I have the authority to commit the Company to the terms detailed in the Invitation to Tender and Tender response; and 2. that this tender is made in good faith; and 3. we have not fixed or adjusted the amount of the tender in accordance with any agreement or arrangement with any other person; and 4. that we have no knowledge either of the sum quoted or of any other particulars of any other tender for this contract; and 5. that no member of staff or other person acting on behalf of the Company submitting this Tender has communicated, or will communicate, with any elected Member, Officer or employee of SHG (except the person stated in this ITT) with regard to the application of the Company’s tender; and 6. that the information provided in this Tender is accurate; and 7. we have not, and we undertake that we will not, before the award of any contract for the work: 8. Disclose the tender price or any other figures or other information in connection with the tender to any other party (including any other company or part of a company forming part of a group of companies of which I am/we are a part). 9. Enter into any agreement or arrangement with any person that they shall refrain from tendering, that they shall withdraw any tender once offered, or that they shall vary the amount of any tender to be submitted. 10. Otherwise collude with any person with the intent of preventing or restricting full competition. 11. Pay, give or offer to pay or give any sum of money or other valuable consideration directly or indirectly to any person for doing or having done any act or thing of the sort described above in relation to this tender.   I acknowledge that any breach of the foregoing provisions shall lead automatically to this tender being disqualified and may lead to myself and/or the Company I represent being automatically de-selected from future contract opportunities and depending on the seriousness of the breach to possible criminal or civil proceedings.  I also understand that it is an offence, to give or offer any gifts or consideration whatsoever as an inducement or reward in connection with this Tender to any elected Member, Officer or employee of SHG.  After careful consideration of the documents referred to in this Invitation to Tender, we confirm we have the capability to undertake the requirements detailed in the Specification / Scope of Works and hereby offer to enter into the determined Form of Contract and carry out the whole of the requirements detailed in the Specification / Scope of Works to your satisfaction for the sum detailed in section C1 of our response. | | |
| Signed for and on behalf of the Company **SIGNATURE** | |  |
| **PRINT** Name of person signing on behalf of the Company | |  |
| **PRINT** Position/status in the Company | |  |
| **PRINT** Company’s name and address | |  |
| Date | |  |