

Form PRO-05 Version 1.3

## NATIONAL CALL FOR TENDER – INSTRUCTIONS TO BIDDERS ACTED LEBANON

## Date:

## Tender N°: T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001

ACTED is requesting through this tender a company/consultant to provide detailed written offers for the supply of the following service:

## **PRODUCT SPECIFICATIONS:**

| 1. | Description:              | Mentorship event planner                                 |
|----|---------------------------|--|
| 2. | Service class / category: | Consultancy services                                     |
| 3. | Quantity/unit;            | The consultancy will last for an estimated six (4) weeks |
| 4. | Location                  | ACTED Beirut Office 8th floor, Eshmoun Bldg, Damascus    |
|    |                           | <u>Road, Sodeco, Ashrafieh, Beirut</u>                   |

## **RESPONSIBILITIES OF THE CONTRACTOR:**

| 1. | Terms of delivery:     | Specified in the terms of reference attached, deadline depending on<br>contract signature for the consultancies |
|----|------------------------|---|
| 2. | Date of delivery for:  | <u>4 weeks</u>  |
| 3. | Validity of the offer: | <u>3 months</u>   |

The answers to this tender should include the following elements:

- > A written offer including all the consultancy specifications, the deliverable and price per deliverable
- Quotes should be inclusive of detailed VAT.
- A copy of the consultant ID for national consultants <u>or</u> a copy of the passport alongside a copy of the insurance for international consultants (medical insurance including transportation coverage).

## **GENERAL CONDITIONS:**

1. The closing date of this tender is 04/03/2020 5.00PM Local Lebanon time in ACTED office at the following address :

8th floor, Eshmoun Bldg, Damascus Road, Sodeco, Ashrafieh, Beirut

Tel: +961 01 324331

or emailed both to : lebanon.tender@acted.org and in cc, tender@acted.org

- 2. Tenderers will fill, sign, stamp and return the Offer form according to ACTED's format.
- 3. Tenderers will sign and return all pages of the Consultancy Specifications for which they apply.
- 4. The offer to the call for tender will not result in the award of a contract.
- The offer must be submitted to ACTED Logistics department in a sealed envelope stamped and signed by the company and indicating the tender title, date, and time of submission. The envelope must bear the mention <u>(T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001)</u> not to be opened before 05/03/2020 and the purpose of the offer.
- 6. The offers must be submitted in **English** and prices must be expressed in **USD**.
- 7. ALL THE PAGES OF TENDER DOCUMENTS (instructions to bidders, offer form, Questionnaire, ToRs, Ethical declaration and bidders checklist) have to be signed stamped by the bidder.
- 8. Unseald envelope and late offers will not be considered.



9. To ensure that funds are used exclusively for humanitarian purposes and in accordance with donors' compliance requirements, all contract offers are subject to the condition that contractors do not appear on anti-terrorism lists, in line with ACTED's anti-terrorism policy. To this end, contractors' data shall be automatically processed.

NOTE: ACTED adopts a zero tolerance approach towards corruption and is committed to respecting the highest standards in terms of efficiency, responsibility and transparency in its activities. In particular, ACTED has adopted a participatory approach to promote and ensure transparency within the organization and has set up a Transparency focal point (Transparency Team supervised by the Director of Audit and Transparency) via a specific e-mail address. As such, if you witness or suspect any unlawful, improper or unethical act or business practices (such as soliciting, accepting or attempting to provide or accept any kickback) during the tendering process, please contact the following phone number [00961 1 324 331] and/or send an e-mail to transparency@acted.org.

## **SPECIFIC CONDITIONS:**

The answers to this tender should include the following elements.

- 1. A written offer form (02 OFFER FORM) including detailed pricing and the total price.
- 2. Past project experience: Information provided for each relevant past project shall include a summary sheet (highlighting the client, description of the project, location of project, role of the company, project status-completed or impact of implemented project as well and a completion certificate (recommended) from the client. All documents shall be provided in English (except completion certificates if not available in English). Completion Certificates shall be attached to the relevant project summary sheet for easy consultation.
- 3. Comprehencive outline of the topics to be covered during the workshop
- 4. Concise CVs of key staff expected to work on the projects highlighting their experiences relevant to the project).
- 5. A copy of the insurance for international consultants (medical insurance including transportation coverage).
- 6. The attached terms of reference signed.
- 7. Any relevant certifications the company might have, particularly ISO certifications.
- 8. Any other documents relevant to the TOR.

Name of Bidder's Authorized Representative:

Authorized signature and stamp:

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



## OFFER FORM ACTED Lebanon

Date:

Tender N°: T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001

## To be Filled by Bidder (COMPULSORY)

## **Details of Bidding Company:**

| 1. | Company Name:                           | ()   |
|----|---|--|
| 2. | Company Authorized Representative Name: | <u>()</u>  |
| 3. | Company Registration No:                | <u>()</u>  |
|    |   | No/Country/ Ministry                             |
| 4. | Company Specialization:                 | <u>(                                    </u>     |
| 5. | Mailing Address:                        | <u>()</u>  |
|    |   | Country/Governorate./City/St name/Shop-Office No |
|    | a. Contact Numbers:                     | (Land Line:                                      |
|    |   | / Mobile No: )                                   |
|    | b. E-mail Address:                      | <u>()</u>  |

I undersigned \_\_\_\_\_\_, agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.



## **TECHNICAL SPECIFICATIONS:**

| Specification  | Quan<br>tity | Unit Price<br>[USD] VAT<br>excluded | Unit Price<br>[USD]_VAT<br>included | Total Price<br>[USD]_VAT<br>excluded | Total Price<br>[USD]_VAT<br>included |
|--|--------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| Two events (First event for<br>construction and second for<br>AC/Fridge repair) in line with<br>Terms of Reference (details<br>available in Annex 1) | 2            |                                     |                                     |                                      |                                      |
| TOTAL  |              |                                     |                                     |                                      |                                      |

<u>ANNEX 1-(TOR) INCLUDES ALL THE DETAILED INFORMATION - REFER TO ANNEX 1 BELOW PRIOR TO PRICING FOR</u> <u>SCHEDULE</u>

<u>NB:</u>

- CONSULTANTS ARE REQUESTED TO SEND A DETAILED BUDGET WITH THE PROPOSAL INCLUDING BUT NOT LIMITED TO: COST OF LOCATION, STATIONARY, CATERING, TRAINER FEES, ETC....
- THE DATES MENTIONED IN THE TOR MIGHT BE SUBJECT TO CHANGE

### BIDDER'S TERMS AND CONDITIONS:

- 1. Valid of the offer: \_\_\_\_\_ (recommended: 6 months or more)
- 2. Terms of delivery:

Name of Bidder's Authorized Representative:

Authorized signature and stamp:

Date:



## **STANDARD TERMS OF REFERENCE**

## **Mentorship Event Planner**

Department: Programs - ACTED LEBANON

Area: Beirut and Saida

Expected delivery date: March 2020

### ABOUT ACTED:

ACTED is an international NGO that has been registered in Lebanon since 2006. It has an established country office in Beirut as well as a field office in Akkar. More recently, it has been carrying out activities in the South and in Tripoli.

ACTED works closely with local authorities and civil society stakeholders at the community level to implement priority humanitarian interventions such as emergency multi-purpose cash assistance, WASH projects (including disease monitoring and infrastructural and behavioral response), and Shelter interventions incorporating multiple modalities. ACTED is also implementing long-term development projects to rehabilitate infrastructure, improve agricultural production, increase livelihood opportunities and support state and non-state actors to improve service delivery and social stability through collective development planning.

### BACKGROUND OF PROJECT: ALLIANCE2015 - ACTED

Alliance2015 is a strategic partnership of seven European non-governmental organisations engaged in humanitarian and development activities. The Alliance2015 members operating in Lebanon include ACTED (France), Cesvi (Italy), Concern Worldwide (Ireland), Hivos (The Netherlands).

The Alliance2015 Partnership, represented by lead agency ACTED, Cesvi, Concern and Hivos, is running a programme that aims to address root causes of conflict and instability in Lebanon, through the creation of sustainable income-generating and livelihood opportunities for vulnerable populations. Over three years, Alliance2015 partners are working directly with 1,800 individuals, 18 Social Development Centres (SDCs) and at least 27 Micro, Small and Medium Enterprises (MSMEs) across Lebanon. The integrated programme is targeting vulnerable communities with economic inclusion activities through three main pathways: (1) Building the capacity of SDCs leads to an improved delivery of livelihood-related services; (2) Improving the technical and soft skills of vulnerable individuals to ensure increased economic opportunity and reduce negative coping mechanisms and tensions and (3) Improving the capacity of the private sector leads to growth and job creation. Activities have included providing livelihood-related resources, assets and renovations to each targeted SDC; offering Technical, Vocational and Educational Trainings (TVET) and soft skills trainings, paid apprenticeship programs and job-matching services to vulnerable individuals; and providing businesses development services and value chain support to MSMEs.

## INTRODUCTION

As the program is approaching its end, and with a view to provide beneficiaries with additional support notably in the midst of the economic crisis that has affected Lebanon since the past few months, the Consortium partners are looking to implement small scale mentorship events as described in the below sections. These events will involve the delivery of motivational speeches by professional mentors who can inspire beneficiaries to pursue their professional vocations and hold a positive outlook towards their economic future in the current economic climate. To complement the soft aspect of this activity, the mentor will incorporate more technical elements relevant to the needed skill set to land employment opportunities



and other income generating pathways. With this being said, the mentorship events will be designed based on the technical sectors under the current program: beneficiaries having participated in vocational trainings under the same general sector will be grouped together in a mentorship session. Furthermore, beneficiaries will be given the space to enquire about any specific questions they might have with private sector representatives present in the described event, and to receive professional coaching on how to present themselves in front of businesses through practicing their interview skills and receiving feedback on their Curricula Vitae.

The main objectives of the mentorship event are as follows:

- Long term empowerment of project beneficiaries, directing them into a more positive mind-set towards finding a job, especially when confronted with challenges and hardships that can be out of their control;
- Exposing beneficiaries to high level market professionals who can provide them with relevant technical advice on how they can increase their overall employability status and on different alternatives for income generation.

## **DESCRIPTION OF EVENT ACTIVITIES**

The activities, as envisioned by the Consortium partners, are described in this section in their chronological order.

A- Mentorship Talk

A professional mentor with a solid experience in delivering motivational sessions or positively accompanying and impacting apprentices will be holding a plenary mentorship talk for no less than 50 minutes, attended by a group of 50 to 80 beneficiaries. Ideally, the mentor should have a technical background related to the sector of the event. In case this was not feasible, two distinct mentors will deliver the session, one being an experienced motivational speaker who will focus on the soft components and another being a charismatic industry professional within the sector in question who will be in charge of delivering the technical talk.

Two events will be organized around the sectors of Construction and White Goods Repair (AC and Fridge). The talk should emphasize on the following:

- Motivating the beneficiaries to maintain a positive mind-set, notably in the midst of crises;
- Setting goals and working towards achieving them, as well as learning to build on their strengths and identify their weaknesses while putting solid action points to overcome them (taking initiatives to develop one's set of skills);
- Needed soft and hard skills for building a career in the sector in question;
- Potential pathways for income generation in the sector in question (employment, freelance jobs, contracting services, etc.);
- Simplified map of the main relevant private sector companies in the targeted geographical area.

During their talk, the mentor should include a participatory approach – with the methodology of his/her choice based on his/her previous experience – in order to give a space for the project beneficiaries to share their thoughts, holdbacks and aspirations and make the most of the activity.

## B- Success Stories of Project Beneficiaries

In coordination with the Project Managers of ACTED and Cesvi, 2 beneficiaries having found employment or succeeded in starting any income generating activity in the sector in question will be asked to provide a brief testimony following the mentorship talk. The mentor should meet with these beneficiaries beforehand and coach them on public speaking and the best approach to telling their story. The length of testimonies can vary, but should not exceed a few minutes.

By the end of activity B, beneficiaries will be equally split to participate in either of the following activities (C and D), following which the groups will switch. Each round of activities is expected to last for around 45 minutes.

## C- Networking with Private Sector Representatives

Representatives from 7 to 8 private sector companies in the sector of the event will have small booths and



will be available to give advice and reply to the beneficiaries' queries. Two representatives from medium to large enterprises should be present, one from HR and one from Operations, who can answer questions related to the company's history, its workforce and various lines of operations.

The private sector companies will include recruitment agencies and self-employment platforms.

## D- Mock Job Interviews

Two small spaces will be delineated – either physically separate rooms or small spaces delineated by physical separators – and will be used as interview rooms. One HR representatives of private sector companies participating in the event will be present in each interview room where volunteers will come up to conduct mock interviews. These will allow beneficiaries to practice their interview skills with professional HR personnel in a group setting, similar to the classroom vibe they are accustomed too.

## ASSIGNMENT

ACTED and Cesvi are seeking an experienced organization who has experience in mentorship programs and connections with private sector companies in the sectors of Construction and AC/fridge Repair in the geographical areas specified in the below section.

The service provider is expected to carry on the entire event, which includes, but is not limited to, the following main aspects:

- Identify the location of the event, take care of rental, organization and catering logistics;
- Identify the adequate mentor based on the current Terms of Reference document and secure his/her remuneration based on a signed contract with him/her;
- Identify a list of relevant private sector companies who can offer the described needed support in the current Terms of Reference document;
- Develop a small comprehensive survey to collect the feedback of the participating beneficiaries on the mentorship activity and to which extent the event was successful in introducing new market facts, potential alternatives to income generation and the adoption of a positive mind-set in the midst of crises – to be administered by the end of the event.
- Deliver a final report including a brief analysis of the above mentioned survey.

The service provider should keep a regular coordination with the project team, and get their approval on who will be involved in the above activities prior to confirming their participation in the events.

## Responsibilities of Consortium partners:

- ACTED and Cesvi will be in charge of contacting the project beneficiaries and inviting them to the event;
- ACTED and Cesvi will be in charge of the event's visibility, including its media coverage;
- ACTED and Cesvi will be responsible to approach and invite stakeholders who can be interested in the event and considered as strategic audience in the event.

| CHAIN OF COMMAND                    | WORKING RELATIONS                              |
|-------------------------------------|--|
| Under the authority of:             | External Relations:                            |
| ACTED Livelihoods Project Manager   | ACTED and Cesvi project teams                  |
| Alliance2015 Consortium Coordinator | Selected professional and service providers as |
|                                     | highlighted in the above sections              |

## Desired profile of service provider:

- Solid experience in implementing mentorship programs and events, with a presence in Lebanon for no less than 3 years;
- Proven capacity to design and execute similar scale events. Applicant is expected to present
  portfolio showcasing no less than 5 similar events executed;
- Good network with private sector companies in the target sectors and target areas;



• Experience in implementing projects with Non-Governmental Organizations, especially in the Livelihood sector, will be a strong advantage.

### Deliverables, including geographical scope and timeframe:

• Two events in line with the current Terms of Reference should be organized with the following details:

| Event # | Area   | Sector Timeframe |                      |  |  |
|---------|--------|------------------|----------------------|--|--|
| 1       | Saida  | Construction     | Week 1 of March 2020 |  |  |
| 2       | Beirut | AC/fridge Repair | Week 2 of March 2020 |  |  |

 Results of the administered surveys as well as a brief analysis thereof – to be submitted by no later than one week after the last event.



T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001 Form PRO-06-01 Version 1.3

# BIDDER'S QUESTIONNAIRE ACTED Lebanon

Date :

### Tender N° : T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001

| PART I: INFORMATION                          |                          |                     |                                   |                          |  |
|--|--------------------------|---------------------|-----------------------------------|--------------------------|--|
| A. Company Details an                        | d General Informatio     |                     |                                   |                          |  |
| Name of Company                              |                          |                     | Trading As                        |                          |  |
| Address (headquarters)                       |                          |                     | Telephone                         |                          |  |
| Zip Code (headquarters)                      |                          |                     | Fax                               |                          |  |
| City (headquarters)                          |                          |                     | E-mail address 1                  |                          |  |
|  |                          |                     |                                   |                          |  |
| PO Box                                       |                          |                     | E-mail address 2                  |                          |  |
| Country (headquarters)                       |                          |                     | Website address                   |                          |  |
| Parent Company or                            |                          |                     | Subsidiaries/ Associates/         |                          |  |
| name of owner                                |                          |                     | Overseas Representative           |                          |  |
| Sales Person's Name                          |                          |                     | Sales Person's Position           |                          |  |
| Sales Person's phone                         |                          |                     | Sales Persons' E-mail             |                          |  |
| Governance of the compar                     | ny: Chairman, Vice-Chair | man, Treasurer or   | Secretary of the Board of Directo | ors or Board of Trustees |  |
| Name (as in passport or                      |                          |                     | Date of birth (mm/dd/yyyy)        |                          |  |
| other government-issued                      |                          |                     |                                   |                          |  |
| photo ID)                                    |                          |                     |                                   |                          |  |
| Government-issued                            |                          |                     | Type of ID                        |                          |  |
| photo Identification                         |                          |                     |                                   |                          |  |
| Document (ID) number                         |                          |                     | Deale as title in annualization   |                          |  |
| ID country of issuance                       |                          |                     | Rank or title in organization     |                          |  |
| Other names used<br>(nicknames or            |                          |                     | Gender (e.g. male, female)        |                          |  |
| pseudonyms not listed                        |                          |                     |                                   |                          |  |
| as "Name")                                   |                          |                     |                                   |                          |  |
| Current employer and                         |                          |                     | Occupation                        |                          |  |
| job title:                                   |                          |                     | occupation                        |                          |  |
| Address of residence                         |                          |                     | Citizenship(s)                    |                          |  |
| Province/Region                              |                          |                     | E-mail address                    |                          |  |
| Is the individual a U.S.                     | □Yes                     | □No                 | Professional Licenses – State     |                          |  |
| citizen or legal                             |                          |                     | Issued Certifications             |                          |  |
| permanent resident?                          |                          |                     |                                   |                          |  |
|  | ny: CEO, Executive Dire  | ctor, Deputy Direct | tor, President or Vice-President  |                          |  |
| Name (as in passport or                      |                          |                     | Date of birth (mm/dd/yyyy)        |                          |  |
| other government-issued                      |                          |                     |                                   |                          |  |
| photo ID)                                    |                          |                     |                                   |                          |  |
| Government-issued                            |                          |                     | type of ID                        |                          |  |
| photo Identification<br>Document (ID) number |                          |                     |                                   |                          |  |
| ID country of issuance                       |                          |                     | Rank or title in organization     |                          |  |
| Other names used                             |                          |                     | Gender (e.g. male, female)        |                          |  |
| (nicknames or                                |                          |                     | Gender (e.g. male, lemale)        |                          |  |
| pseudonyms not listed                        |                          |                     |                                   |                          |  |
| as "Name")                                   |                          |                     |                                   |                          |  |
| Current employer and                         |                          |                     | Occupation                        |                          |  |
| job title:                                   |                          |                     | •                                 |                          |  |
| Address of residence                         |                          |                     | Citizenship(s)                    |                          |  |
| Province/Region                              |                          |                     | E-mail addresses                  |                          |  |
| Is the individual a U.S.                     | □Yes                     | □No                 | Professional Licenses – State     |                          |  |
| citizen or legal                             |                          |                     | Issued Certifications             |                          |  |
| permanent resident?                          |                          | 011.64              |                                   |                          |  |
| Management of the compa                      | ny: Chief Finance Office | r or Chief Accounta |                                   |                          |  |
| Name (as in passport or                      |                          |                     | Date of birth (mm/dd/yyyy)        |                          |  |
| other government-issued                      |                          |                     |                                   |                          |  |



| Government-issued<br>phot identification       type of ID         Document (D) number       Rank or tille in organization         ID country of issuince       Gender (e.g. male, female)         Other names so<br>peaddoryms not listed<br>as "Name")       Cocupation         Connent encloper and<br>job tile:       Occupation         Address of residence       Citizenship(s)         ProvinceRegion       E-mail addresses         Is the individual a US.<br>clitzen of legal       Professional Lenness - State<br>Issued Certifications         permanent resident?       Cocupation         Corugary's staff & insurance       No.<br>Full Time         Employees       Employee average work wage per hour:         So Man to Women:       Any employee(s) with relatives working with ACTED?         No. of Children:       What is the legal minimum wage paid?         No. of Children:       What is the legal minimum wage paid?         Type of Business<br>(multiple choices       Consulting Company         Type of Business<br>(multiple choices       Goodd / supplies         parsib   | photo ID)                 |                            |                   |                                  |                           |      |     |  |
|--|---------------------------|----------------------------|-------------------|----------------------------------|---------------------------|------|-----|--|
| photo identification   | Government-issued         |                            |                   | type of ID                       |                           |      |     |  |
| ID courty of issuance       Rank or tille in organization         Other names used<br>(incicnames or<br>pseudoryms not listed<br>as Name')       Gender (e.g. maie, female)         Address of residence       Citizenship(s)         ProncenRegion       E-mail addresses         Is the individual a U.S.<br>corparent staff R surance       Professional Licenses – State<br>Is the individual a U.S.<br>company staff R surance         No. Full Time<br>Employees:       Employee average work wage per hour.         Yes       No. of Children:         No. of Children:       Any employee(s) with relatives working with ACTED?         Yes       No and Children:         No. follidren:       What is the legal minimum wage paid?         Yes       INO<br>in what capetify?         Are flexible working hours offered?       Yes         Yes       INO<br>in what capetify?         Are flexible working hours offered?       Yes         Yes       Staff covered by health insurance?         Organgers staff       Query of the company         Yage of business<br>(multiple choices<br>possible):       Authorized Agent       Other, please specify :         Sector of business<br>(multiple choices<br>possible):       English       Arabic         Yes       English       Arabic         Yes Established:       English       Arabic         Ye   | photo Identification      |                            |                   |                                  |                           |      |     |  |
| Other names used<br>(inchances or<br>pseudoryms not listed<br>as Name?)       Gender (e.g. male, female)         Current employer and<br>job title:       Occupation         Address of residence       Citizenship(s)         ProvinceRagion       E-mail addresses         Is the individual a U.S.<br>clutzent or legal<br>permanent resident?       ProvinceRagion         Company's staff & insurance       No         No. GUI Time       Employee average work wage per hour:         Endpoyees:       Any employee(s) with relatives working with ACTED?       IYes         's of Mon to Women:       Any employee(s) with relatives working with ACTED?       IYes       INo         No. of Children:       Whet is the legal minimum wage pad?       IYes       INo         No and charguance       Staff coverad by health insurance?       IYes       INo         Mame of insurance       Consulting Company       Trader       IYes       INo         Description of the Company       Consulting Company       Other, please specify :       Image: Secord for Second insurance       Image: Secord for Second insurance       Image: Secord for Second insurance         Description of the Company       Consulting Company       Other, please specify :       Image: Secord for Second insurance   | · · · ·                   |                            |                   |                                  |                           |      |     |  |
| (nickness or pseudoryms not listed as Name)  Current employer and job title:  Address of residence  Critzenship(s)  Address of residence  Critzenship(s)  Professional Licenses – State  State individual a U.S.  State indi  |                           |                            |                   |                                  |                           |      |     |  |
| as "kame")  Cournet enployer and  Job tile:  Address of residence  Froince/Region  E-mail addresses  Froince/Region  Froince/R |                           |                            |                   | Gender (e.g. male, lemale)       |                           |      |     |  |
| Current employer and job title:       Occupation         Address of residence       Citizenship(s)         Province/Region       E-mail addresses         Is the individual a U.S. orizen or legal permanent resident?       Ernolizenses - State source work wage per hour:         Company's staff & insurance       No         No. Full Time       Employee average work wage per hour:         Employees:       Employee average work wage per hour:         Staff Koment       Any employee(s) with relatives working with ACTED?         No. of Children:       What is the legal minimum wage paid?         No. of Children:       What is the legal minimum wage paid?         What are their ages?       Are flexible working hours offered?         Name of insurance       Company         Typa of Business       Manufacturing         Insurance       Consulting Company         Typa of Business       Goods / supplies         Inducted Agent       Other, please specify :         Sector of Business       Goods / supplies         Working languages:       French         Prench       Other, please specify :         Year Established:       Country of registration:         Licence number:       Valid untit         Working languages:       French       Other, please specify : <td>pseudonyms not listed</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | pseudonyms not listed     |                            |                   |                                  |                           |      |     |  |
| job tite:       Citizenship(s)         Address of residence       Citizenship(s)         Province/Region       E-mail addresses         Is the individual a U.S.       Professional Licenses – State<br>subscience of the subscience         Demmant resident?       Company's staff insurance         Company's staff insurance       Any employee(s) with relatives working with ACTED?       Yes       No.         No. Foll Time       Any employee(s) with relatives working with ACTED?       Yes       No.         No. of Children:       What is the legal minimum wage paid?       Yes       No.         No. of Children:       What is the legal minimum wage paid?       Yes       No.         Name of insurance       Are flexible working hours offered?       Yes       No.         Owner of insurance       Consulting Company       Trader       Pescription of the Company         Type of Business       Goods / supplies       Works       Works         (multiple choices       Services       Services       Services         possible):       Authorized Agent       Other, please specify :  |                           |                            |                   | Occupation                       |                           |      |     |  |
| Province/Region       E-mell addresses         Is the individual a U.S.<br>clicen or legal<br>permanent resident?       Professional Licenses - State<br>Issued Certifications         No. Full Time<br>Employees:       Employees average work wage per hour.         % of Men to Women:       Any employee(s) with relatives working with ACTED?         No. Full Time<br>Employees:       Employees         % of Men to Women:       Any employee(s) with relatives working with ACTED?         No. of Children:       What is the legal minimum wage paid?         In what capacity?       Are paid vacations offered?         What are their ages?       Are flexible working hours offered?         Name of insurance<br>company:       Consulting Company         Type of Business       Goods / supplies         Insufficient devices       Services         Ossible):       Equipment         Vear Established:       Country of registration:         Licence number:       Valid until:         Working languages:       French         Spanish       Other, please specify :   | job title:                |                            |                   |                                  |                           |      |     |  |
| Is the individual a US.       Image: Single Si   |                           |                            |                   |                                  |                           |      |     |  |
| entrane or legal      Yes       Issued Certifications         permanent resident?       Employees:       Employees average work wage per hour.         No. Full Time       Employees(s) with relatives working with ACTED?       Yes       No         % of Men to Women:       Any employee(s) with relatives working with ACTED?       Yes       No         No. of Children:       What is the legal minimum wage paid?       Yes       No         In what capacity?       Are flexible working hours offered?       Yes       No         What are their ages?       Are flexible working hours offered?       Yes       No         Ompany:       Description of the Company       Staff covered by health insurance?       Yes       No         Description of the Company       Goods / supplies       Works  |                           |                            |                   |                                  |                           |      |     |  |
| permanent resident?  |                           | □Yes                       | ⊡No               |                                  |                           |      |     |  |
| No. Full Time       Employee average work wage per hour:         Employees:       Any employee(s) with relatives working with ACTED?       \No.         No. of Children:       What is the legal minimum wage paid?       \Pes       \No.         In what capacity?       Are paid vacations offered?       \Pyes       \No.         Name of insurance       Staff covered by health insurance?       \Pyes       \No.         Name of insurance       Consulting Company       Trader       \Pyes       \No.         Description of the Company       Consulting Company       Trader       \Pyes       \No.         Sector of Business       Goods / supplies       \Works       \Works       \Pyes       \Pyes         Sector of Business       Goods / supplies       \Works       \Pyes       \Pyes       \Pyes         Year Established:       County of registration:       \Leanset       \Pyes       \Pyes       \Pyes         Ucence number:       Prench       Chinese       \Pyes       \Pyes       \Pyes       \Pyes         Vari Number:       English       Arabic       \Pyes       \Pyes       \Pyes       \Pyes         Vari Number:       Spanish       Other, please specify :       \Pyes       \Pyes       \Pyes       \Pyes       \Pyes <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | -                         |                            |                   |                                  |                           |      |     |  |
| Employees:       Employee average work wage per hour:         % of Men to Women:       Any employee(s) with relatives working with ACTED?         No. of Children:       What is the legal minimum wage paid?         In what capacity?       Are paid vacations offered?         What are their ages?       Are flexible working hours offered?         Name of insurance       Staff covered by health insurance?         company:       Manufacturing         Type of Business       Manufacturing         (multiple choices       Consulting Company         Type of Business       Goods / supplies         working hours offered?       Yes         Sector of Business       Goods / supplies         Invitiple choices       Services         possible):       Authorized Agent         Other, please specify :   |                           | ce                         |                   |                                  |                           | T    |     |  |
| % of Men to Women:       Any employee(s) with relatives working with ACTED?       IVes       No.         No. of Children:       What is the legal minimum wage paid?       IVes       No.         In what capacity?       Are paid vacations offered?       IVes       No.         What are their ages?       Are flexible working hours offered?       IVes       No.         Mame of insurance.       Staff covered by health insurance?       IVes       No.         Description of the Company       Consulting Company       Trader       No.         possible):       Authorized Agent       Other, please specify :   |                           |                            |                   | Employee average work wage       | per hour:                 |      |     |  |
| In what capacity?       Are paid vacations offered?       IYes       No         What are their ages?       Are flexible working hours offered?       IYes       No         Name of insurance       Staff covered by health insurance?       IYes       No         Description of the Company       Irader       Investigation of the Company       Irader         Type of Business       Consulting Company       Irader       Image: Consulting Company       Image: Consulting Company         Sector of Business       Goods / supplies       Works       Image: Consulting Company       Image: Consulting Company       Image: Consulting Company         Sector of Business       Goods / supplies       Works       Image: Consulting Company       Image: Consulting Con   |                           |                            |                   | Any employee(s) with relatives   | working with ACTED?       | □Yes | □No |  |
| What are their ages?       Are flexible working hours offered?       □Yes       No         Name of insurance<br>company:       Staff covered by health insurance?       □Yes       No         Description of the Company       □Staff covered by health insurance?       □Yes       No         Description of the Company       □Staff covered by health insurance?       □Yes       No         Description of the Company       □Trader       □Staff covered by health insurance?       □Yes       No         Description of the Company       □Trader       □Staff covered by health insurance?       □Yes       No         Description of the Company       □Trader       □Staff covered by health insurance?       □Yes       No         Description of the Company       □Trader       □Staff covered by health insurance?       □Yes       No         Sector of Business<br>(mutiple choices       □Sconsulting Company       □Trader       □Staff covered by health insurance?       □Yes       □Yes         Sector of Business       □Goods / supplies       □Works       □Works       □Yes       □Yes       □Yes         Sector of Business       □Goods / supplies       □Works       □Other, please specify :   | No. of Children:          |                            |                   | What is the legal minimum wag    | e paid?                   | □Yes | □No |  |
| Name of insurance<br>company:       Staff covered by health insurance?       IYes       No         Description of the Company       Trader       (mutiple choices)       Consulting Company       Trader         possible):       Authorized Agent       Other, please specify :   | In what capacity?         |                            |                   | Are paid vacations offered?      |                           | □Yes | □No |  |
| company:   | What are their ages?      |                            |                   | Are flexible working hours offer | □Yes                      | □No  |     |  |
| Company       Image: Company         Type of Business       Image: Consulting Company       Image: Consulting Company         possible):       Image: Authorized Agent       Other, please specify :   |                           |                            |                   | <b>_</b>                         |                           |      | ΠNo |  |
| Type of Business       Manufacturing       Manufacturing         (multiple choices       Consulting Company       Trader         possible):       Authorized Agent       Other, please specify :   |                           | company.                   |                   |                                  |                           |      |     |  |
| Trader         possible):       Authorized Agent       Other, please specify :   | Description of the Compar |                            |                   |                                  |                           |      |     |  |
| possible):       Authorized Agent       Other, please specify :  |                           | -                          |                   |                                  |                           |      |     |  |
| Sector of Business<br>(multiple choices       Goods / supplies       Works         Sector of Business<br>(multiple choices       Goods / supplies       Works         possible):       Equipment       Other, please specify :   |                           | -                          |                   |                                  |                           |      |     |  |
| Octoor of Displays and the last 3 years?       Image: Services and the last 3 years?         Other, please specify :   |                           |                            | nt                |                                  | Decity :                  |      |     |  |
| possible):       Equipment       Other, please specify :   | Sector of Business        | Goods / supplie            | S                 | □ Works                          |                           |      |     |  |
| Year Established:       Country of registration:         Licence number:       Valid until:         Working languages:       English         Spanish       Other, please specify :         Chinese       Spanish         Bank Address:       French         Bank Address:       Account Number:         Bank Address:       Account Name:         Swift/BIC number:       Standard Payment Terms:         Has the company been audited in the last 3 years?       Image: Standard Payment Terms:         Year:       Year:       Year:         USD:       USD:       Year:         USD:       USD:   |                           |                            |                   |                                  |                           |      |     |  |
| Licence number:       Valid until:         Working languages:       English         Spanish       Other, please specify :         Technical documents available in:       English         Spanish       Other, please specify :         B. Financial Information       Other, please specify :         VAT Number:       Tax Number:         Bank Name:       Bank Account Number:         Bank Address:       Account Name:         Swift/BIC number:       Standard Payment Terms:         Has the company been audited in the last 3 years?       IYes INo         Please attach a copy of the company's most recent Annual or Audited Financial Report       Attached         Annual Value of Total Sales for the last 3 Years:       Year:       USD:         USD:       USD:       USD         Annual Value of Export Sales for the last 3 years       Year:       USD   | possible):                | Equipment                  |                   | Other, please s                  | pecify :                  |      |     |  |
| Image:                                | Year Established:         |                            |                   | Country of registration:         |                           |      |     |  |
| Working languages:       French       Chinese         Spanish       Other, please specify :  | Licence number:           |                            |                   | Valid until:                     |                           |      |     |  |
| Spanish       Other, please specify :  |                           | English                    |                   | Arabic                           |                           |      |     |  |
| Technical documents available in:       English       Arabic         Brench       Chinese         Spanish       Other, please specify :         B. Financial Information         VAT Number:       Tax Number:         Bank Name:       Bank Account Number:         Bank Address:       Account Name:         Swift/BIC number:       Standard Payment Terms:         Has the company been audited in the last 3 years?       IYes INO         Please attach a copy of the company's most recent Annual or Audited Financial Report       Attached         Annual Value of Total Sales for the last 3 Years:       Year:       Year:         USD:       Year:       USD         Annual Value of Export Sales for the last 3 years       Year:       USD   | Working languages:        | French                     |                   | □ Chinese                        |                           |      |     |  |
| Technical documents available in:       French       Chinese         Spanish       Other, please specify :   |                           | Spanish                    |                   | Other, please s                  | oecify :                  |      |     |  |
| available in:  French    B. Financial Information     VAT Number:   Bank Name:   Bank Name:   Bank Address:   Account Number:   Bank Address:   Swift/BIC number:   Has the company been audited in the last 3 years?   Please attach a copy of the company's most recent Annual or Audited Financial Report   Annual Value of Total Sales for the last 3 years:   Year:   USD:   Annual Value of Export Sales for the last 3 years  |                           | English                    |                   | Arabic                           |                           |      |     |  |
| B. Financial Information         VAT Number:         Bank Name:         Bank Name:         Bank Address:         Swift/BIC number:         Has the company been audited in the last 3 years?         Please attach a copy of the company's most recent Annual or Audited Financial Report         Annual Value of Total Sales for the last 3 years:         Year:       Year:         USD:       USD         Annual Value of Export Sales for the last 3 years   |                           | □ French                   |                   |                                  |                           |      |     |  |
| B. Financial Information         VAT Number:         Bank Name:         Bank Name:         Bank Address:         Bank Address:         Account Number:         Bank Address:         Swift/BIC number:         Has the company been audited in the last 3 years?         Please attach a copy of the company's most recent Annual or Audited Financial Report         Annual Value of Total Sales for the last 3 Years:         Year:       Year:         USD:       USD:         Annual Value of Export Sales for the last 3 years  | avaliable in:             | □ Spanish                  |                   | □ Other, please s                | pecify :                  |      |     |  |
| Bank Name:       Bank Account Number:         Bank Address:       Account Name:         Swift/BIC number:       Standard Payment Terms:         Has the company been audited in the last 3 years?       Image: Company Standard Payment Terms:         Has the company been audited in the last 3 years?       Image: Company Standard Payment Terms:         Please attach a copy of the company's most recent Annual or Audited Financial Report       Image: Company Standard Payment Terms:         Year:       Year:       Year:         USD:       Vear:       USD         Annual Value of Export Sales for the last 3 years       Year:   | B. Financial Information  | on                         |                   | · •                              | · ·                       |      |     |  |
| Bank Address:       Account Name:         Swift/BIC number:       Standard Payment Terms:         Has the company been audited in the last 3 years?       Image: Company Standard Payment Terms:         Please attach a copy of the company's most recent Annual or Audited Financial Report       Image: Company Attached         Annual Value of Total Sales for the last 3 Years:       Year:       Year:         Year:       USD:       USD         Annual Value of Export Sales for the last 3 years       Image: Company State  | VAT Number:               |                            |                   | Tax Number:                      |                           |      |     |  |
| Swift/BIC number:       Standard Payment Terms:         Has the company been audited in the last 3 years?       Image: Standard Payment Terms:         Please attach a copy of the company's most recent Annual or Audited Financial Report       Image: Standard Payment Terms:         Please attach a copy of the company's most recent Annual or Audited Financial Report       Image: Standard Payment Terms:         Annual Value of Total Sales for the last 3 Years:       Year:       Year:         Year:       USD:       USD         Annual Value of Export Sales for the last 3 years       Image: Standard Payment Terms:   | Bank Name:                |                            |                   | Bank Account Number:             |                           |      |     |  |
| Has the company been audited in the last 3 years?          □Yes □No          Please attach a copy of the company's most recent Annual or Audited Financial Report          □ Attached          Annual Value of Total Sales for the last 3 Years:          Year:<br>USD:<br>Annual Value of Export Sales for the last 3 years   | Bank Address:             |                            |                   | Account Name:                    |                           |      |     |  |
| Please attach a copy of the company's most recent Annual or Audited Financial Report   | Swift/BIC number:         |                            |                   | Standard Payment Terms:          |                           |      |     |  |
| Annual Value of Total Sales for the last 3 Years:     Year:     Year:       USD:     USD:     USD  | Has the company been au   | dited in the last 3 years? |                   |                                  | □Yes □                    | No   |     |  |
| Year:     Year:       USD:     USD:       Annual Value of Export Sales for the last 3 years  |                           |                            | Annual or Audited | Financial Report                 | Attache                   | d    |     |  |
| USD: USD: USD USD  |                           | es for the last 3 Years:   | 1                 |                                  |                           |      |     |  |
| Annual Value of Export Sales for the last 3 years  |                           |                            |                   |                                  |                           |      |     |  |
| Year: Year: Year:  |                           | les for the last 3 years   |                   |                                  | · · -                     |      |     |  |
| USD: USD:  | Year:                     |                            | Year:             |                                  | Year:<br>USD <sup>.</sup> |      |     |  |



| C. Expe  | C. Experience  |                    |                        |                                       |                          |                |     |  |
|--|--|--------------------|------------------------|---------------------------------------|--------------------------|----------------|-----|--|
| Company's recent business with ACTED and/or other International Aid Agencies or United Nations Agencies: |  |                    |                        |                                       |                          |                |     |  |
| #  | Organisation   | Contact person     | Phone/E-mail           | Goods/Works/Services                  | Value (USD)              | Destinatio     | on  |  |
| 1  |  | ,                  |                        |                                       |                          |                |     |  |
|  |  |                    |                        |                                       |                          |                |     |  |
| 2  |  |                    |                        |                                       |                          |                |     |  |
| 3  |  |                    |                        |                                       |                          |                |     |  |
| 4  |  |                    |                        |                                       |                          |                |     |  |
| 5  |  |                    |                        |                                       |                          |                |     |  |
| -  | your company's m   | ain area of        |                        |                                       |                          |                |     |  |
|  | expertise?   |                    |                        |                                       |                          |                |     |  |
| What is y  | your company's bu  | isiness            | □ National □           | Restricted to (specify location) :    |                          |                |     |  |
| coverage   |  |                    |                        |                                       |                          |                |     |  |
|  | n countries has yo   |                    |                        |                                       |                          |                |     |  |
|  | and/or managed   | projects in        |                        |                                       |                          |                |     |  |
| the last 3   | any other informat   | ion that           |                        |                                       |                          |                |     |  |
|  | rates your compai  |                    |                        |                                       |                          |                |     |  |
|  | tions and experier   |                    |                        |                                       |                          |                |     |  |
| awards)  | -  |                    |                        |                                       |                          |                |     |  |
|  | national or interna  |                    |                        |                                       |                          |                |     |  |
|  | ofessional Organi  |                    |                        |                                       |                          |                |     |  |
|  | our company is a n   |                    |                        |                                       |                          |                |     |  |
|  | nical Capability   |                    |                        |                                       |                          | - • •          |     |  |
|  | Quality Assurance  |                    |                        |                                       |                          | □ Attac        | hed |  |
|  | Certification/Qualit   | ication            |                        |                                       |                          | □ Attac        | hed |  |
| Docume   |  | contation          |                        |                                       |                          |                |     |  |
|  | onal Offices/Repre   |                    | Services your compa    | any sells:                            |                          |                |     |  |
| 1)   |  |                    | 6)                     | arry sens.                            |                          |                |     |  |
| 2)   |  |                    | 7)                     |                                       |                          |                |     |  |
| 3)   |  |                    | 8)                     |                                       |                          |                |     |  |
| 4)   |  |                    | 9)                     |                                       |                          |                |     |  |
| 5)   |  |                    | 10)                    |                                       |                          |                |     |  |
| - /  | main assets of you   | r company (trucks  | - /                    | heavy & valuable equipment, premise   | s & warehouses producti  | on sites etc.) |     |  |
| 1)   |  |                    | 6)                     |                                       |                          |                |     |  |
| 2)   |  |                    | 7)                     |                                       |                          |                |     |  |
| 3)   |  |                    | 8)                     |                                       |                          |                |     |  |
| 4)   |  |                    | 9)                     |                                       |                          |                |     |  |
| 5)   |  |                    | 10)                    |                                       |                          |                |     |  |
| E. Misc  | ellaneous  |                    | ,                      |                                       |                          |                |     |  |
| Does vo  | ur company have  | an Environmental   | Policy? (Yes/No)       |                                       | □Yes                     | □No            |     |  |
| -  |  |                    | ,                      |                                       |                          |                |     |  |
| Does you   | ur company have  | an Ethical Trading | Policy? (Yes/No)       |                                       | □Yes                     | □No            |     |  |
| •  | ur company have  |                    | ,                      |                                       | □Yes                     | □No            |     |  |
| Is your c<br>(Yes/No)  |  | t with the EU Gen  | eral Data Protection F | Regulation (or equivalent)?           | □Yes                     | □No            |     |  |
| lf you an  | swered yes to the  | above two questi   | ons, please attach co  | pies of your policy:                  |                          | □ Attac        | hed |  |
| has ente   | Has your company ever been bankrupt, or is in the process of being wound up, having its affairs administered by the courts, has entered into an arrangement with creditors, has suspended business activities, is the subject of proceedings concerning these matters, or is in any analogous situation arising from a similar procedure provided for in national law? |                    |                        |                                       |                          |                | ⊡No |  |
|  | If you answered yes,<br>please provide details:  |                    |                        |                                       |                          |                |     |  |
| Has you<br>judicata?   |  | en convicted of a  | n offence concerning   | its professional conduct by a judgmer | nt which as force of res | □Yes           | □No |  |
|  | If you answered yes,<br>please provide details:  |                    |                        |                                       |                          |                |     |  |



| Has your company ever been guilty of grave professional misconduct proven by other means?   |   |  |   |  |     |  |  |
|---|---|--|---|--|-----|--|--|
| If you answered yes,<br>please provide details:   |   |  |   |  |     |  |  |
| Has your company ever not fulfilled its obligations relating to the paym taxes in accordance with the law of the country in which it is established the contract is to be performed?  |   |  |   | □Yes   | □No |  |  |
| If you answered yes, please provide details:  |   |  |   |  |     |  |  |
| Has your company ever been the subject of a judgement, which has the in a criminal organisation or any other illegal activity?  | ne force of res judica  | ata for fraud,                                       | corruption, involvement   | □Yes   | □No |  |  |
| If you answered yes,<br>please provide details:   |   |  |   |  |     |  |  |
| Has your company ever been declared to be in serious breach of contract for failure to comply with its contractual obligations, following another procurement procedure or grant award procedure financed by a donor country?   |   |  |   |  |     |  |  |
| If you answered yes,<br>please provide details:   |   |  |   |  |     |  |  |
| Has your company ever been declared to be in serious breach of contr<br>following another procurement procedure or grant award procedure fin  |   |  | contractual obligations,  | □Yes   | □No |  |  |
| If you answered yes,<br>please provide details:   |   |  |   |  |     |  |  |
| Has your company ever been in any dispute with any Government Agency, the United Nations, or International Aid Organisations (including ACTED)?   |   |  |   |  | □No |  |  |
| If you answered yes,<br>please provide details:   |   |  |   |  |     |  |  |
| Do you agree with terms   |   | it of ACTED s  | staff & external auditors   | □Yes   | □No |  |  |
|   | to your office?   |  |   |  |     |  |  |
| I, the undersigned warrant that the information provided in this form is<br>as possible in writing. I also understand that ACTED does not do busir<br>practices that are in breach of ACTED's Child Protection, Sexual Explo  | PART II: CERTIFICATION I, the undersigned warrant that the information provided in this form is correct, and in the event of changes, details will be provided to ACTED as soon as possible in writing. I also understand that ACTED does not do business with companies, or any affiliates or subsidiaries, which engage in any practices that are in breach of ACTED's Child Protection, Sexual Exploitation and Abuse Protection, Conflict of Interest, Anti-fraud, Anti-terrorism |  |   |  |     |  |  |
| Policy and Data Protection Policies (available on request).   |   |  |   |  |     |  |  |
| Policy and Data Protection Policies (available on request). Name:   | Date:   |  |   | d, Anti-terror   |     |  |  |
|   | Date:<br>Place:   |  |   | d, Anti-terror   |     |  |  |
| Name:   |   |  |   | d, Anti-terror   |     |  |  |
| Name:       Title/Position       E-mail address (for contact for verification   | Place:  |  |   | d, Anti-terror   |     |  |  |
| Name:         Title/Position         E-mail address (for contact for verification purposes):         Phone number (for contact for verification   | Place:<br>Signature:<br>Company   |  | For ACTED   |  |     |  |  |
| Name:         Title/Position         E-mail address (for contact for verification purposes):         Phone number (for contact for verification purposes):  | Place:<br>Signature:<br>Company   | ched   | For ACTED   | use only   |     |  |  |
| Name:         Title/Position         E-mail address (for contact for verification purposes):         Phone number (for contact for verification purposes):         Check list of supporting documents   | Place:<br>Signature:<br>Company<br>Stamp:   |  |   | use only<br>cked   |     |  |  |
| Name:       Title/Position         E-mail address (for contact for verification purposes):       Phone number (for contact for verification purposes):         Phone number (for contact for verification purposes):       Trading license  | Place:<br>Signature:<br>Company<br>Stamp:   | ched   | 🗆 Che   | use only<br>cked<br>cked   |     |  |  |
| Name:       Title/Position         Title/Position       E-mail address (for contact for verification purposes):         Phone number (for contact for verification purposes):       Phone number (for contact for verification purposes):         Check list of supporting documents       1)         Trading license       2)         VAT registration/tax clearance certificate   | Place:<br>Signature:<br>Company<br>Stamp:<br>Attac  | ched<br>ched   | □ Che<br>□ Che  | use only<br>cked<br>cked<br>cked   |     |  |  |
| Name:       Title/Position         Title/Position       E-mail address (for contact for verification purposes):         Phone number (for contact for verification purposes):       Phone number (for contact for verification purposes):         Check list of supporting documents       1)         Trading license       2)         VAT registration/tax clearance certificate         3)       Company profile  | Place:<br>Signature:<br>Company<br>Stamp:<br>Attac<br>Attac   | ched<br>ched<br>ched                                 | Che   | use only<br>cked<br>cked<br>cked<br>cked                                 |     |  |  |
| Name:       Title/Position         E-mail address (for contact for verification purposes):       Phone number (for contact for verification purposes):         Phone number (for contact for verification purposes):       Phone number (for contact for verification purposes):         Check list of supporting documents       1)         1)       Trading license         2)       VAT registration/tax clearance certificate         3)       Company profile         4)       Proof of trading/dealership/agent   | Place:<br>Signature:<br>Company<br>Stamp:<br>Attac<br>Attac<br>Attac<br>Attac   | ched<br>ched<br>ched<br>ched                         | Che   | use only<br>cked<br>cked<br>cked<br>cked<br>cked                         |     |  |  |
| Name:       Title/Position         E-mail address (for contact for verification purposes):       Phone number (for contact for verification purposes):         Phone number (for contact for verification purposes):       Phone number (for contact for verification purposes):         Check list of supporting documents       1         1)       Trading license         2)       VAT registration/tax clearance certificate         3)       Company profile         4)       Proof of trading/dealership/agent         5)       Evidence of similar contracts   | Place:<br>Signature:<br>Company<br>Stamp:<br>Attac<br>Attac<br>Attac<br>Attac<br>Attac  | ched<br>ched<br>ched<br>ched<br>ched                 | Che   | use only<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked         |     |  |  |
| Name:       Title/Position         E-mail address (for contact for verification purposes):       Phone number (for contact for verification purposes):         Phone number (for contact for verification purposes):       Phone number (for contact for verification purposes):         Check list of supporting documents       1         1)       Trading license         2)       VAT registration/tax clearance certificate         3)       Company profile         4)       Proof of trading/dealership/agent         5)       Evidence of similar contracts         6)       References   | Place:<br>Signature:<br>Company<br>Stamp:<br>Attac<br>Attac<br>Attac<br>Attac<br>Attac<br>Attac   | ched<br>ched<br>ched<br>ched<br>ched<br>ched         | Che   | use only<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked         |     |  |  |
| Name:       Title/Position         E-mail address (for contact for verification purposes):       Phone number (for contact for verification purposes):         Phone number (for contact for verification purposes):       Phone number (for contact for verification purposes):         Check list of supporting documents       1         1)       Trading license         2)       VAT registration/tax clearance certificate         3)       Company profile         4)       Proof of trading/dealership/agent         5)       Evidence of similar contracts         6)       References         7)       Particulars of CEO and key personnel | Place:<br>Signature:<br>Company<br>Stamp:<br>Attac<br>Attac<br>Attac<br>Attac<br>Attac<br>Attac<br>Attac  | ched<br>ched<br>ched<br>ched<br>ched<br>ched<br>ched | Che     Che | use only<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked<br>cked |     |  |  |

Company Name:



Authorized Representative Name: \_\_\_\_\_

\_\_\_\_

Signature:

Stamp:



Form PRO-06-02 Version 1.3

## BIDDER'S ETHICAL DECLARATION - ACTED Lebanon

| <u>Date</u> :       |   |
|---------------------|---|
| Tender N°:          | T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001 |
| Tenderer's name:    |   |
| Tenderer's address: |   |

CODE OF CONDUCT:

## 1. Labour Standards

The labour standards in this code are based on the conventions of the International Labour Organisation (ILO).

## • Employment is freely chosen

There is no forced, bonded or involuntary prison labour. Workers are not required to lodge `deposits' or their identity papers with the employer and are free to leave their employer after reasonable notice.

## • Freedom of association and the right to collective bargaining are respected

Workers, without distinction, have the right to join or form trade unions of their own choosing and to bargain collectively. The employer adopts an open attitude towards the legitimate activities of trade unions. Workers representatives are not discriminated against and have access to carry out their representative functions in the workplace. Where the right to freedom of association and collective bargaining is restricted under law, the employer facilitates, and does not hinder, the development of parallel means for independent and free association and bargaining.

## • Working conditions are safe and hygienic

A safe and hygienic working environment shall be provided, bearing in mind the prevailing knowledge of the industry and of any specific hazards. Adequate steps shall be taken to prevent accidents and injury to health arising out of, associated with, or occurring in the course of work, by minimising, so far as is reasonably practicable, the causes of hazards inherent in the working environment. Workers shall receive regular and recorded health and safety training, and such training shall be repeated for new or reassigned workers. Access to clean toilet facilities and potable water and, if appropriate, sanitary facilities for food storage shall be provided. Accommodation, where provided, shall be clean, safe, and meet the basic needs of the workers. The company observing the standards shall assign responsibility for health and safety to a senior management representative.

## • Child Labour shall not be used

There shall be no new recruitment of child labour. Companies shall develop or participate in and contribute to policies and programmes, which provide for the transition of any child found to be performing child labour to enable her/him to attend and remain in quality education until no longer a child. Children and young people under 18 years of age shall not be employed at night or in hazardous conditions. These policies and procedures shall conform to the provisions of the relevant International Labour Organisation (ILO) standards.

## • Living wages are paid

Wages and benefits paid for a standard working week meet, at a minimum, national legal standards or industry benchmarks. In any event wages should always be high enough to meet basic needs and to provide some discretionary income. All workers shall be provided with written and understandable information about their employment conditions in respect to wages before they enter employment, and about the particulars of their wages for the pay period concerned each time that they are paid. Deductions from wages as a disciplinary



measure shall not be permitted nor shall any deductions from wages not provided for by national law be permitted without the express and informed permission of the worker concerned. All disciplinary measures should be recorded.

### • Working hours are not excessive

Working hours comply with national laws and benchmark industry standards, whichever affords greater protection. In any event, workers shall not on a regular basis be required to work in excess of the local legal working hours. Overtime shall be voluntary, shall not exceed local legal limits, shall not be demanded on a regular basis and shall always be compensated at a premium rate.

## • No discrimination is practised

There is no discrimination in hiring, compensation, access to training, promotion, termination or retirement based on race, caste, national origin, religion, age, disability, gender, marital status, sexual orientation, union membership or political affiliation.

### • Regular employment is provided

To every extent possible work performed must be on the basis of a recognised employment relationship established through national law and practice. Obligations to employees under labour or social security laws and regulations arising from the regular employment relationship shall not be avoided through the use of labour-only contracting, sub-contracting or home-working arrangements, or through apprenticeship schemes where there is no real intent to impart skills or provide regular employment, nor shall any such obligations be avoided through the excessive use of fixed-term contracts of employment.

### • No harsh or inhumane treatment is allowed

Physical abuse or discipline, the threat of physical abuse, sexual or other harassment and verbal abuse or other forms of intimidation shall be prohibited.

## **B. Environmental Standards**

Suppliers should as a minimum comply with all statutory and other legal requirements relating to the environmental impacts of their business. Detailed performance standards are a matter for suppliers, but should address at least the following:

#### Waste Management

Waste is minimised and items recycled whenever this is practicable. Effective controls of waste in respect of ground, air, and water pollution are adopted. In the case of hazardous materials, emergency response plans are in place.

### • Packaging and Paper

Undue and unnecessary use of materials is avoided, and recycled materials used whenever appropriate.

## Conservation

Processes and activities are monitored and modified as necessary to ensure that conservation of scarce resources, including water, flora and fauna and productive land in certain situations.

#### • Energy Use

All production and delivery processes, including the use of heating, ventilation, lighting, IT systems and transportation, are based on the need to maximise efficient energy use and to minimise harmful emissions.

## • Safety precautions for transport and cargo handling



All transport and cargo handling processes are based on the need to maximise safety precautions and to minimise poential enjuries to ACTED beneficiaries and staff as well as the suppliers's employees or those of its subcontractors.

## C. Business Behaviour

The conduct of the supplier should not violate the basic rights of ACTED's beneficiaries.

The supplier should not be engaged

1. in the manufacture of arms

2. in the sale of arms to governments which systematically violate the human rights of their citizens; or where there is internal armed conflict or major tensions; or where the sale of arms may jeopardise regional peace and security.

## D. ACTED procurement rules and regulations

Suppliers should comply with ACTED procurement rules and regulations outlines in ACTED Logistics Manual Version 1.2. or above. In particular, ACTED's procurement policy set out in Section 2.1 and 2.4. (contract awarding). By doing so, Suppliers acknowledge that they do not find themselves in any of the situations of exclusion as referred to under section 2.4.2.

## **Operating Principles**

The implementation of the Code of Conduct will be a shared responsibility between ACTED and its suppliers, informed by a number of operating principles, which will be reviewed from time to time.

ACTED will:

1. Assign responsibility for ensuring compliance with the Code of Conduct to a senior manager.

2. Communicate its commitment to the Code of Conduct to employees, supporters and donors, as well as to all suppliers of goods and services.

3. Make appropriate human and financial resources available to meet its stated commitments, including training and guidelines for relevant personnel.

4. Provide guidance and reasonable non-financial support to suppliers who genuinely seek to promote and implement the Code standards in their own business and in the relevant supply chains, within available resources.

5. Adopt appropriate methods and systems for monitoring and verifying the achievement of the standards.

6. Seek to maximise the beneficial effect of the resources available, e.g. by collaborating with other NGOs, and by prioritising the most likely locations of non-compliance.

ACTED expects suppliers to:

1. Accept responsibility for labour and environmental conditions under which products are made and services provided. This includes all work contracted or sub-contracted and that conducted by home or other outworkers.

2. Assign responsibility for implementing the Code of Conduct to a senior manager.

3. Make a written Statement of Intent regarding the company's policy in relation to the Code of Conduct and how it will be implemented, and communicate this to staff and suppliers as well as to ACTED.

## Both parties will

1. require the immediate cessation of serious breaches of the Code and, where these persist, terminate the business relationship.

2. Seek to ensure all employees are aware of their rights and involved in the decisions which affect them.

3. Avoid discriminating against enterprises in developing countries.

4. Recognise official regulation and inspection of workplace standards, and the interests of legitimate trades unions and other representative organisations.

5. seek arbitration in the case of unresolved disputes.



## **Qualifications to the Policy Statement**

The humanitarian imperative is paramount. Where speed of deployment is essential in saving lives, ACTED will purchase necessary goods and services from the most appropriate available source.

ACTED can accept neither uncontrolled cost increases nor drops in quality. It accepts appropriate internal costs but will work with suppliers to achieve required ethical standards as far as possible at no increase in cost or decrease in quality.

I undersigned [ ], agree to adopt the above Code of Conduct and to commit to comply with the labour and environmental standards specified, both in my own company and those of my suppliers.

Name & Position of Tenderer's authorized representative

Authorized signature



# BIDDER'S CHECK LIST ACTED Lebanon

Date:

## Tender N°: T/11CQC/T16/AJB//BRT/PRG/12-02-2020/001

# BEFORE SENDING YOUR BIDDING DOCUMENTS, PLEASE CHECK THAT EACH OF THE FOLLOWING ITEM IS COMPLETE AND RESPECTS THE FOLLOWING CRITERIA :

| Description   |     | filled in<br>Bidder |         | Purchase | nly (to be filled in by<br>Committee) |  |
|---|-----|---------------------|---------|----------|---------------------------------------|--|
| Decemption  |     | uded                | Present |          | Comments                              |  |
| 1.An original and one copy of the bid have been provided  | Yes | No                  | Yes     | No       |                                       |  |
| 2. PART 1 (form PRO-05) – Instructions to Bidders is attached, filled, signed and stamped by the supplier.  |     |                     |         |          |                                       |  |
| 3. PART 2 (form PRO-06) –Offer Form is attached, filled, signed and stamped by the supplier. (compulsory)   |     |                     |         |          |                                       |  |
| 4. The prices in the Offer Form are in <u>USD</u><br>(compulsory)   |     |                     |         |          |                                       |  |
| 5.The Terms of Reference is attached, filled, signed and stamped by the supplier (compulsory)   |     |                     |         |          |                                       |  |
| 6. PART 3 (form PRO-06-01)– Bidders<br>Questionnaire Form is attached, filled, signed and<br>stamped by the supplier. <b>(compulsory)</b>                               |     |                     |         |          |                                       |  |
| 7. PART 4 – (form PRO-06-02)– Bidder's Ethical Declaration is attached, filled, signed and stamped by the supplier. <b>(compulsory)</b>                                 |     |                     |         |          |                                       |  |
| 8. The Bidding documents are filled in <b>English</b> .   |     |                     |         |          |                                       |  |
| 9. ANNEXES – Proofs of past performances in a similar field of activity (e.g. past deliveries of similar items) are provided  |     |                     |         |          |                                       |  |
| 10. ANNEXES – A Copy of Company registration<br>documents and license are included  |     |                     |         |          |                                       |  |
| 11. ANNEXES – A copy of the legal representative ID for national consultants & a copy of the passport alongside a copy of their insurance for international consultants |     |                     |         |          |                                       |  |
| 12. CVs of the relevant consultant (compulsory)   |     |                     |         |          |                                       |  |

Name & Position of Bidder's authorized representative

Authorized signature