

To\إلى:	-	Date\التاريخ:	-
From\من:	Delegation	Purchase Dossier Ref:	LBDEL0043
For\لأجل:	Provision of Self-care and Psychosocial Support Services for the staff		

Object: Provision of Self-care and Psychosocial Support Services for the staff.

TDH-It is looking to provide for its staff self-care, emotional well-being, mental health activities, as a primary need identified among its employees. You are kindly requested to fill in the below inquiries so the organization can assess your proposal, noting that you will be possibly requested to implement face to face and/or remote activities in TDH-It's offices located across the Country, as follows:

- In Baabda over a period of approximately 8 months, 2 times per week covering 4 hours each day.
- In Zahle over a period of approximately 8 months, 1 time per month covering 4 hours each day.
- In Ain over a period of approximately 8 months, 2 times per month covering 4 hours each day.
- In Tyr office over a period of approximately 8 months, 1 time per month covering 4 hours each day.

The expected deliveries/tasks can be described as follows:

- Implementation of Face to Face Group/Individual/Peer to peer sessions.
- Implementation of Remote Group/Individual/Peer to peer sessions.
- Monthly reports and recommendations
- Areas: Office of Baabda, Hazmieh, Zahle, Ain, Tyr (availability to travel to local activities' centers if needed by the organization.

Interested candidates should send a proposal, of no more than 2 pages, that answers the following:

- 1. Please indicate your title and your background major.**
- 2. Please describe your experience in the past five years, demonstrating competence to perform the required task**
- 3. What kind of psychological support can be provided to TDH-its staff working in the organization?**

4. Please indicate below from the following options what kind of sessions can be provided to staff?
 - a. Individual sessions
 - b. Group sessions
 - c. Peer to peer support sessions
 - d. Self-care activities

5. Please provide below your proposal and budget for each of the following (price per session, indicating the length of the session):
 - a. Individual support
 - b. Group sessions
 - c. Peer to peer sessions
 - d. Self-care activities
 - e. Please detail each service with and without transportation costs

Please add at least 2 references:

In addition to the above, please provide the following information:

Name:

Address:

Phone:

Payment Conditions:

- a) Weekly – Monthly or specify:
- b) Pricing per: Session or Hour
If other: please specify:
- c) Cheque or Bank transfer
If other, please specify:

Qualifications: masters' degree or higher in Clinical Psychology (at least 1 CV).

Financial offer:

Face to face :

N°	Cost USD			Nbr of Sessions	Unit Type / الوحدة	Currency / العملة
	Individual Session	Group Session	Peer to peer			
Baabda				1		USD
Zahle				1		USD
Ain-Baalback				1		USD
Tyr				1		USD

*Please specify the unit type if per hour or session or other.

Remote:

N°	Cost USD			Nbr of Sessions	Unit Type / الوحدة	Currency / العملة
	Individual Session	Group Session	Peer to peer			
Baabda				1		USD
Zahle				1		USD
Ain-Baalback				1		USD
Tyr				1		USD

*Please specify the unit type if per hour or session or other.

Date:

Name and Signature: