Evaluation of the ‘Exploring Social Franchising and Licensing Programme’

*Tender proposal form*

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| **Response to:** | Evaluation of the ‘Exploring Social Franchising and Licensing Programme’ |
| **Lead applicant:** |  |
| **Organisation:** |  |

**Contents:**

1. Proposal
2. Management and communications
3. Details of team members
4. Resources
5. About your organisation
6. Contract

Before completing this form please read the invitation to tender (ITT) carefully.

Please complete the form in Arial typeface (font 11 points). The Health Foundation will only accept proposals submitted using this form.

**Full proposals must be submitted by 12.00 (midday) on Friday 27 October 2017 and should specify costs (including any VAT).** Please email your proposal to donna.buxton@health.org.uk

If you have any queries relating to the content of the ITT, the tendering process, or the nature of the service required, please contact Donna Buxton, Research Manager by email at the address above, in the first instance.

**Section 1: Proposal**

* 1. Please use this section to provide an overview of your proposal (in no more than 300 words).

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* 1. **Detailed proposal:** Please provide details of your proposed approach, ensuring you refer to the ITT.

Your proposal should be a **maximum of six sides of A4** paper using Arial font of 11 points.

Your proposal must include a detailed description of the work, ensuring the following topics are addressed:

* How your proposal will meet the aims of the evaluation (aims)
* Your approach and methodology (methodology)
* Your relevant experience and expertise (expertise)
* Capacity to deliver the evaluation on time, on budget and to the required standard
* Value for money (value for money)

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**Section 2: Engagement, communications and management**

2.1 Please use this section to describe how you envisage **working with partners** and other stakeholders to deliver this work.

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2.2 Please provide a project management plan. This should include an outline of proposed research activities and milestones and governance arrangements.

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2.3 Please include a risk register for the project and explain how you will mitigate against these risks.

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**Section 3: Details of team members**

3.1 Please provide details of the key members of your team who will be working on the programme of work. Please copy the table below to include additional team members.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

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| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

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| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

**Section 4: Resources.**

We require full costing of your proposal.

The Health Foundation wishes to maximise the return it provides to beneficiaries and obtain best value from external suppliers.

**When considering the resources required, please note the timeframe within which you are required to complete the work.**

4.1 What is the total cost of your proposal? Please include VAT in your costing.

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4.2 Please provide a list of your proposed activities indicating staff and any other relevant costs, using the attached budget template.

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**Section 5: About your organisation**

* 1. Organisation details

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| **Lead applicant (to whom all correspondence will be addressed)** |
| Organisation name |  |
| Company and/or charity number |  |
| VAT Number (if applicable) |  |
| Nature/form of organisation if not a limited company |  |
| Address |  |
| Registered address (if different) |  |
| Website address |  |

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| --- | --- |
| Primary contact name including position and title |  |
| Phone numbers (office and mobile) |  |
| Fax number |  |
| Email address |  |

* 1. Organisational description

In less than 300 words, please provide a brief description of the lead organisation in terms of its activities/services and the organisational governance and management structure.

* 1. Accounts (to be completed by non-university applicants only)

In addition to completing the box below please also provide copies of the last two years of your annual report and accounts (if publicly held) or balance sheets/income statements if not. (If available, full audited accounts should be provided although prepared statements may be accepted).

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| --- | --- | --- | --- |
|   | The year before last  | Last year | This year projected |
| Period  |  |  |  |
| Annual Turnover |  |  |  |
| Number of Employees |  |  |  |
| Profitability  |  |  |  |

5.4 Please provide details of your third party liability insurance.

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5.5 Additional information

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| Has your organisation ever had a contract terminated for default? |  |
| How many staff does your organisation employ?  |  |
| Has your organisation provided services to the Health Foundation previously? |  |
| Names of joint applicants/partners (where appropriate) |  |
| Is there any additional information about your organisation that you feel we should be aware of which has not been requested in this document? |  |

5.6 References

Please provide two references of organisations with whom (or lead team members) have undertaken research in the past two years, who have confirmed they would be willing to be approached by the Health Foundation. Please include full name, postal address, telephone number and email address, and explain how you have worked with these organisations.

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| Name: Position: Organisation: Postal address: Telephone: Email: Brief description of the work undertaken for this organisation:  |

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| --- |
| Name: Position: Organisation: Postal address: Telephone: Email: Brief description of the work undertaken for this organisation:  |

**Section 6: Contracts**

6.1 Do you agree to all the terms and conditions in our sample contract? If not, please give details.

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Confirmed on behalf of the organisation:

Name:

Position:

Date: