*Tender response form*

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| **Response to:** | Strategic communications support for the Collaboration for Wellbeing and Health |
| **Lead applicant:** |  |

**Contents:**

Part 1: Eligibility screener

Part 2: Full proposal

1. Proposal
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Before completing this form please re-read the invitation to tender (ITT) and accompanying materials 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 23:59 on Monday 2 December 2019, should specify cost, and must include any VAT.** Please email your proposal to **sarah.lawson@health.org.uk.**

We will inform you if you have been shortlisted by Tuesday 10 December 2019, with interviews taking place on **Thursday 19 December 2019.**

If you have any queries relating to the content of the ITT or the tendering process of the nature of the service required please contact Kathleen Smit, Senior Strategy and Engagement Manager, by email at kathleen.smit@health.org.uk at the address above, in the first instance.

PART 1: ELIGIBILITY SCREENER

Organisations that are eligible to tender should:

* Be legal entities
* Have a strong track record in:
  + Strategic communications
  + Engaging with a broad range of sectors
  + Working across the UK

1. Is the lead organisation a legal entity (Company, Charity, LLP)?

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1. Please specify what type of organization the lead organisation is (including description if not registered as one of the above)

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1. What was the income of the lead organisation in the most recent financial year?

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1. Please provide an overview of your organisation’s track record in strategic communications (max 300 words)

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1. Please provide an overview of your organisation’s track record in engaging with a broad range of sectors to understand their views and perspectives and translating these into clear and actionable recommendations (max 300 words)

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1. Please provide evidence that supports your organisation(s)’s ability to work across the UK (max 200 words)

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**PART 2: FULL PROPOSAL**

**Section 1: Proposal**

* 1. Please use this section to provide an overview of your proposal (in no more than 250 words).

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* 1. **Detailed proposal:** Please give us the details of your proposed approach remembering to refer back to the ITT.

Your proposal may be a **MAXIMUM of 8 sides of A4** paper using Arial font of 11 points.

Your proposal must include detailed plans ensuring the following issues are addressed:

* How your proposal will meet the needs of the Health Foundation
* Your approach and methodology
* Your relevant experience and expertise
* Capacity to deliver and value for money

**Section 2: Management and communications**

2.1 Please use this section to describe how you envisage working with the Health Foundation and the other stakeholders in this work. Additionally, please give details of how you will ensure we are kept informed of the project's progress (in no more than 250 words).

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2.2 Please provide a project management plan.

2.3 Please consider any risks in relation to the proposal and how you will mitigate against these. (In no more than 200 words)

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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 Why do you consider your bid value for money?

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4.3 Please provide full justification for your costs, including the time spent on the project by each member of your team and all other relevant costs.

NOTE: You have the option of completing this box or the accompanying budget template sent out with the ITT.

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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 |  |
| Postal address |  |
| E-Mail address |  |

* 1. Organisational description

Please provide a brief description of the lead organisation in terms of its activities/services and the organisational governance and management structure. (Word limit 300 words) .If bidding in partnership, please add boxes below to provide similar descriptions of partner organisations.

* 1. Accounts

In addition to completing the box below please also provide copies of the last 2 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 |  |  |  |
| No 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 for which you (or lead team members) have undertaken market research or engagement 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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| 1. Name:   Position:  Organisation:  Postal address:  Telephone:  E-mail:  Brief description of the work undertaken for this organisation: |

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| 1. Name:   Position:  Organisation:  Postal address:  Telephone:  E-mail:  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 (attached)? If not, please give details.

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Signed on behalf of the organisation:

Name:

Position:

Date: