**Kwai Tsing Safe Community and Healthy City Association**

**Tender Proposal for**

**Provision of Influenza Vaccination Service under**

**Signature Project Scheme (SPS)**

**Tender Reference:**

**KTSCHCA/SPS/TEN/VACCINE/2018**

Signature Project Scheme --- Kwai Tsing District Council

* Enhancement of Community Healthcare

**August 2018**

1. **SCOPE OF THE PROVISION SERVICE**
	1. This invitation aims to invite proposal from interested organizations to apply for the provision of Influenza Vaccination Service under Signature Project Scheme (SPS) operated by Kwai Tsing Safe Community and Healthy City Association (KTSCHCA).
	2. The contract is for 6 months, tentatively to be implemented in October 2018 and end on 31 March 2019.
2. **TERMS & CONDITIONS**
	1. Interested organization are required to submit Proposal which comply to the requirement specifies in this Tender.
	2. Interested organization must confirmed that the Proposal submitted is in accordance with the terms, condition and other matters referred to this Tender.
	3. Failure in complying with the requirement of this Tender may render the Proposal invalid.
	4. Subsequent adjustment to Proposal after submission will **NOT** be allowed.
	5. The proponent, its employees and agents shall not offer any advantage (as defined in the Prevention of Bribery Ordinance (Cap201)) to any member of the Vetting Committee or the staff of Secretariat Office with a view to influencing the award of the sponsorship. Any such offer by the proponent or its employees and agents will render the sponsorship agreement null and void, and the proponent may be held liable for any loss or damage which KTSCHCA may sustain.
3. **BACKGROUND**

Kwai Tsing Safe Community and Healthy City Association (KTSCHCA) was selected to participate in the Kwai Tsing Signature Project Scheme (SPS) – Enhancement of Community Healthcare, for the health promotion of the residents in Kwai Tsing District. Influenza Vaccination is part of the salient quantifiable achievements expected from the SPS.

1. **SERVICE SPECIFICATION**

**Types of services required:**

* 1. Trained and licensed personnel to administer influenza vaccinations to Kwai Tsing Residents aged 12-64 years old. The definition of eligible persons will depend on the official announcement made by relevant Government departments before the Vaccination Schemes launched this year.
	2. Trained personnel (i.e. medical assistant or certified nursing assistant) to screen persons prior to vaccination (e.g. temperature check, review of consent forms for contraindications/precautions to vaccination, etc.).
	3. Trained personnel to properly store and transport vaccines, medications, and medical supplies according to manufacturers’ recommended specifications.
	4. Trained and licensed personnel to respond to acute medical adverse events following vaccine administration.

**Goals of Service:**

* 1. Coordinate scheduling and provide staffing for influenza immunization.
	2. Administer influenza vaccinations to service users.
	3. Properly store, transport, and maintain vaccines, medicines, and medical supplies.
	4. Respond to and manage any adverse medical events following vaccine administration.
1. **PAYMENT SCHEDULE**
	1. Payment will be made on pro-rata by phases until the completion of the vaccination service.
	2. Service provider shall produce an invoice for each sum becoming payable to the named person to be informed by KTSCHCA in writing.
2. **SELECTION CRITERA**
	1. An Independent Vetting Committee, appointed by KTSCHCA will assess the proposals submitted in Schedule 1 and make recommendation.
	2. The selection of the service provider will be based on price, quality, completeness and conformity to the specification.
	3. Applicants should note that incomplete offers or partial proposals will not be considered.
3. **CONTRACTOR PROPOSAL**
	1. The Proposal to be submitted shall demonstrate the Contractor’s ability in undertaking the work assignment and shall contain at least the following information:
		1. A detailed description of how the Contractor is going to provide the required services (including the maintenance of cold chain);
		2. Contractor failing to submit the above may result in the Proposal not to be considered.
	2. The proposed roles and responsibilities of the Contractor and users that are specifically required to deliver the services for the work assignment should be listed clearly;
	3. The Contractor shall declare in the Proposal:
		1. Any dependencies, limitations and assumptions of the work assignment;
		2. Any potential risks of the work assignment;
		3. Any other suggestions related to the service delivery for the work assignment and the requirements specified in the Brief.
	4. Contractor must complete all the Contract Schedules of this Invitation Document for Proposal.
4. **PROPOSAL SUBMISSION**
	1. Contractor is required to submit their Proposal including all the Contract Schedules (Schedule 1 – 3) in a sealed envelope clearly marked with your company name with title of “Proposal for Provision of Influenza Vaccination Service under

Signature Project Scheme (SPS)”. Relevant printed or visual material to illustrate the proposed work approach should also be submitted as part of the Proposal.

* 1. The Contractor must submit five sets of identical proposals in sealed envelope to the following location no later than 17:00 on 17 August 2018.

Kwai Tsing Safe Community and Health City Association

Procurement Department

Shop No. 1, LG 2/F, Yat King House, Lai King Estate,

Kwai Chung, New Territories

09:00 – 17:00

* 1. If a black rainstorm warning signal or typhoon signal No. 8 or above is announced by the Hong Kong Observatory for any duration between 2:00pm to 4:00 pm on the proposal closing date, the proposal closing time will be deferred to 5:00pm on the next working day (i.e. expect Saturday and Sunday) when the black rainstorm warning signal or typhoon signal No.8 or above is no longer in force.
1. **CANCELLATION OF TENDER**

Without prejudice to KTSCHCA’s right to cancel the Tender, where there are changes of requirement after the proposal submission closing date for operational or whatever reasons, KTSCHCA is not bound to accept any conforming Proposals and reserves the right to cancel the Tender.

1. **ENQUIRIES**

For any enquiry concerning this Tender please contact

Mr. Eric Tong

Project Officer

Kwai Tsing Safe Community and Healthy City Association

Tel: 2436 3363

Fax: 2370 1027

Email: pm2\_cco@ktschca.org.hk

**CONTRACT SCHEDULES**

**SCHEDULE 1 – Proposal for Influenza Vaccination Service**

1.1 Applicants shall provide in this Schedule the proposal for provision of influenza vaccination service which shall include, but no limited to, a details of how the Applicant is going to provide the required services. Separate sheet can be used if space is not adequate for elaboration.

1.2 Applicants should submit a proposal application form according to the requirement in part (4).

1.3 Basic Information

(Narratives not required)

I. Qualifications

A. Experience on Vaccination Administration (Please also provide the document for patient consent)

B. Organization

 i) Company size and resources

 ii) Background of applicant (including track records)

C. Personnel

 i) No of personnel responsible for vaccination (with professional qualifications illustrated)

 ii) Personnel experience

III. Other

Litigation

*The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.*

*Statements regarding litigation will not carry any point value but are required.*

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Authorized Company Chop

to sign Proposal:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Letters: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. : Fax No. :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 2 – Price Schedule**

The charges for the implementation by phases shall include all service charges identified to be necessary for the successful implementation of the services.

Minimum number of Vaccine required per Session (3 hours): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charges for provision of Influenza Vaccination Services:

(Include staff cost and other expenses incurred)

|  |  |  |
| --- | --- | --- |
| No of vaccine provided | Unit Price (per Vaccine) | Remarks |
| ≤1000 Vaccine |  |  |
| 1001-2000 Vaccine |  |  |
| 2001-4000 Vaccine |  |  |
| >4000 Vaccine. |  |  |
| Others (Please Specify: |  |  |

Name of Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Authorized to sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal and Company Chop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULE 3 – Terms of payment**

3.1 Payment for the Service of this Contract shall be payable upon completion of the required service.

3.2 Any payment payable by the KTSCHCA hereunder will be paid within 30days after any such payment is payable and upon receipt of the Contractor’s invoice.

3.3 All invoices and correspondence concerning payment should be addressed to

Mr. Eric Tong

Project Officer

Kwai Tsing Safe Community & Healthy City Association

Tel: 2436 3363

Fax: 2370 1027

Email: pm2\_cco@ktschca.org.hk

Name of Service Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Authorized to sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposal and Company Chop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in Block Letters: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_