

TPF-1: Technical Proposal Submission Form

[Location, Date]

To: *Frantz Celestin*

Ladies/Gentlemen:

We, the undersigned, offer to provide the Services for Provision of support in linking Private Sector that can provide job training, mentorship, internships, apprenticeships and offer employment opportunities to returned migrants as part of their socio-economic reintegration in accordance with your Request for Proposal (RFP) and our Proposal. We are hereby submitting our Proposal, which includes this Technical Proposal, and a Financial Proposal.

If negotiations are held after the period of validity of the Proposal, we undertake to negotiate on the basis of the proposed staff. Our Proposal is binding upon us and subject to the modifications resulting from Contract negotiations.

We acknowledge and accept IOM's right to inspect and audit all records relating to our Proposal irrespective of whether we enter into a contract with IOM as a result of this proposal or not.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

TPF – 2: Service Providers

TERMS OF REFERENCE

BACKGROUND:

Assisted voluntary return and reintegration (AVRR) is a key strategy in ensuring the humane and orderly movement of migrants. It is an indispensable component of a migration management approach which is intended to be mutually beneficial to migrants, governments and other sectors of society affected by migration. IOM implements the AVRR which has well-tailored reintegration measures supporting the socio-economic reintegration of returnees in their countries of origin.

IOM through its AVRR projects is implementing actions to ensure the sustainable reintegration of returning Nigerian migrants in close collaboration with the Government of Nigeria. These projects provide support which aims at involving returning migrants in income-generating activities to promote inclusive local development while also reducing the socioeconomic challenges in the areas and the impact of return migration

To create employment opportunities and income generating activities for returned migrants and unemployed youths, IOM is requesting for proposals from stakeholders who have expertise to assess the capacity and identify private sector organizations across different sectors who can provide livelihood opportunities to returned migrants.

OBJECTIVE

The main objective is to promote partnership between stakeholders who have expertise to identify private sectors who have the capacity to provide on the job training, mentorship, internships, apprenticeships and offer employment opportunities to returned migrants as part of their socio-economic reintegration.

METHODOLOGY AND SCOPE OF WORK

The stakeholder undertakes the following project activities in strict accordance with below responsibilities to reintegrate (job placements) for returnees and unemployed youths.

- Assessment and identification of private sector partners that have capacity to contribute to the reintegration assistance of returning migrants through vocational/on the job trainings, job placements etc.)
- Organize and facilitate regular meetings between IOM and potential privates.
- To oversee the training of beneficiaries on the relevant skills needed to operate and excel in their job placements in coordination with potential employers.
- Coordinate all communication between IOM and identified private sectors.
- Liaise with private sectors to secure job placements for returnees and unemployed youths once they have received appropriate training (s).
- Ensure the adherence to the binding agreement between the identified private sectors, IOM and beneficiaries
- Jointly conduct monitoring of the trainees, employees and identify strength, weakness, challenges and outcomes in coordination with IOM and the private sector partner.

- Ensure a conducive, non-hazardous training and working environment during the engagement period.

QUALIFICATION AND EXPERIENCE

- The criteria for selecting the stakeholder are:
- Must have at-least 5years' experience in working with private sectors and companies involved in income generating activities and job opportunities.
- Demonstrated a good network of partners that are directly involved in job creation and job placements in sectors such as private security, health care, hospitality, support services, agriculture, cleaning and maintenance etc.
- Interested applicants must operate in Lagos, Edo, Delta Ogun, Imo or nearby states.
- Personal commitment, efficiency and flexibility, together with the ability to work both independently under minimum supervision and with large diverse project teams.
- Experience working in Nigeria on private sector partnership.
- An excellent understanding of the current job creations, job placements environment and the Nigeria employment structure.
- Professional experience working with private sectors and other companies in income generating activities

COMPETENCIES

- Confirmed interest assessment and identification of private sector partners capable of providing job opportunities to returned migrants as their reintegration support.
- Project development and management skills.
- Excellent command of the English language.
- Strong interpersonal and networking skills.
- Strong oral and written communication skills.
- Creative and result oriented.
- Computer proficiency including working with knowledge of MS Office products (Word, Excel, PowerPoint)

Each submission must include among other Documents and Forms requested in this RFP:

A technical proposal, with detailed methodology and work plan (max 4 pages), along with:

- Samples of previous work;
- Details of the organizational structure, including CVs and description of expertise of consultant/research team (relevant work experience, technical training and education);
- Overview of (past and current) companies or organizations previously served, with up-to-date contact details;
- Programs and projects (past and current) with short descriptions;
- Three professional reference, with complete contact details;

TPF – 4: Team Composition and Task Assignments

1. Technical/Managerial Staff		
Name	Position	Task

2. Support Staff		
Name	Position	Task

TPF – 5: Format of Curriculum Vitae (CV) for Proposed Professional Staff

Proposed Position: _____

Name of Firm: _____

Name of Staff: _____

Profession: _____

Date of Birth: _____

Years with Firm/Entity: _____ Nationality: _____

Membership in Professional Societies: _____

Detailed Tasks Assigned: _____

Key Qualifications:

[Give an outline of staff member's experience and training most pertinent to tasks on assignment. Describe degree of responsibility held by staff member on relevant previous assignments and give dates and locations. Use about half a page.]

Education:

[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained. Use about one quarter of a page.]

Employment Record:

[Starting with present position, list in reverse order every employment held. List all positions held by staff member since graduation, giving dates, names of employing organizations, titles of positions held, and locations of assignments. For experience in last ten years, also give types of activities performed and client references, where appropriate. Use about two pages.]

Languages:

[For each language indicate proficiency: excellent, good, fair, or poor in speaking, reading, and writing.]

Certification:

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe me, my qualifications, and my experience. I understand that any willful misstatement described herein may lead to my disqualification or dismissal, if engaged.

[Signature of staff member and authorized representative of the firm] Date: _____
Day/Month/Year

Full name of staff member: _____

Full name of authorized representative: _____

TPF-6: Time Schedule for Professional Personnel

			Months (in the Form of a Bar Chart)												
Name	Position	Activities	1	2	3	4	5	6	7	8	9	10	11	12	Number of Months
															Subtotal (1) _____
															Subtotal (2) _____
															Subtotal (3) _____
															Subtotal (4) _____

Full-time: _____ Part-time: _____
 Reports Due: _____
 Activities Duration: _____
 Location: _____

Signature _____ of _____ Authorized _____ Representative:

Full Name: _____

Title : _____

TPF-7: Activity (Work) Schedule

A. Field Investigation and Other Activities														
No.	Activity/Work Description	Duration												
		1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10t h	11t h	12t h	
1														
2														
3														
4														
5														

B. Completion and Submission of Reports

Reports	Date
1. Inception Report	
2. Interim Progress Report (a) First Status Report (b) Second Status Report	
3. Draft Report	
4. Final Report	

Section III. Financial Proposal - Standard Forms

FPF-1: Financial Proposal Submission Form

[Location, Date]

To: *[Name of Chairperson and address of IOM Mission]*

Ladies/Gentlemen:

We, the undersigned, offer for support in linking private sector that can provide employment opportunities to returned and potential migrants in Nigeria the selected Nigerian returned migrants and other as part of their socio-economic reintegration in accordance with your Request for Proposal (RFP) and our Proposal (Technical and Financial Proposals). Our attached Financial Proposal is for the sum of *[Amount in words and figures]*. This amount is exclusive of the local taxes, which we have estimated at *[Amount(s) in words and figures]*.

Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to expiration of the validity period of *[insert validity period]* of the Proposal.

We acknowledge and accept the IOM right to inspect and audit all records relating to our Proposal irrespective of whether we enter into a contract with the IOM as a result of this Proposal or not.

We confirm that we have read, understood and accept the contents of the Instructions to Service Providers (ITC), Terms of Reference (TOR), the Draft Contract, the provisions relating to the eligibility of Service Providers, any and all bulletins issued and other attachments and inclusions included in the RFP sent to us.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

FPF– 2: Summary of Costs

Costs	Currency	Amount(s)
Total Amount of Financial Proposal ¹		

¹ Indicate total costs, net of local taxes, to be paid by IOM in each currency. Such total costs must coincide with the sum of the relevant subtotal indicated in all Forms FPF-3 provided with the Proposal.

Authorized Signature:

Name and Title of Signatory:

FPF-3: Breakdown of Costs by Activity

Group of Activities (Phase): ² <hr/> <hr/>	Description: ³ <hr/> <hr/>	
Cost Component	Costs	
	Currency	Amount
Remuneration ⁴		
Reimbursable Expenses ⁴		
Subtotals		

¹ Form FPF3 shall be filed at least for the whole assignment. In case some of the activities require different modes of billing and payment (e.g. the assignment is phased, and each phase has a different payment schedule), the Service Provider shall fill a separate Form FPF-3 for each Group of activities.

² Names of activities (phase) should be same as, or corresponds to the ones indicated in Form TPF-7.

³ Short description of the activities whose cost breakdown is provided in this Form.

⁴ For each currency, Remuneration and Reimbursable Expenses must coincide with relevant Total Costs indicated in FPF-4 and FPF-5.

Authorized Signature:

Name and Title of Signatory:

FPF-4: Breakdown of Remuneration per Activity

[Information provided in this Form should only be used to establish payments to the Service Provider for possible additional services requested by Client/IOM]

Name of Staff	Position	Staff-month Rate
Professional Staff		
1.		
2.		
3.		
4.		
5.		
Support Staff		
1.		
2.		
3.		
4.		
5.		

¹ Names of activities (phase) should be same as, or corresponds to the ones indicated in Form TPF-8.

² Short description of the activities whose cost breakdown is provided in this Form.

Authorized Signature:

Name and Title of Signatory: