# **memo_letterhead_NEW-01 (2)**

# **Annex 4: Proposal Submission Form - Technical Proposal**

**RFP 02/2021 –Communication strategy**

In order to simplify the evaluation process and obtain maximum comparability, KCSF requires that all responses to the RFP be organized in the manner and format below.

|  |  |
| --- | --- |
|  | Name(s) and address(es) of legal entity or entities submitting this Proposal |
| Name of Tenderer: | [Insert Name of Tenderer] |
| Consortium Members | [Insert Name of Consortium Members if applicable] |
| Regis. No./Unique No. |  |

**CONTACT PERSON**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Address |  |
| Telephone |  |
| e-mail |  |

1. **Understanding of the ToR and Service Approach**

Describe your understanding of the work to be performed, and your firm’s/team of experts’ ability and approach to perform the work within the provided timeframe.

1. **Methodology**

The methodology to be proposed for the Communication Strategy should ensure that the strategy will at minimum define general communication goals and objectives, specific communication channels, specific audiences, key messages, as well as an action plan for implementation of strategic communication activities. In addition, the costed implementation plan for the advocacy and communication strategy including the annual activities related to advocacy and communication should be submitted.

**B1. Outline Implementation Plan** (add columns for weeks as needed)

|  |  |
| --- | --- |
| Activities and sub-activities  | Weeks  |
| 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |  |
| The proposed table of contents and the proposed structure of the Communication Strategy is submitted to KCSF for review & approval |  |  |  |  |  |  |
| Draft Communication Strategy and Costed implementation plan are submitted to KCSF |  |  |  |  |  |  |
| Final Communication Strategy after the revision of KCSF comments is submitted |  |  |  |  |  |  |

**B2. Personnel Assignment Chart**

When preparing the personnel assignment chart please note to connect it with the proposed implementation plan

|  |  |  |
| --- | --- | --- |
| Task /Activity No. | Task / ActivityName | Key Personnel |
| Name and Position | Name and Position | Name and Position | Name and Position | Name and Position | Name and Position |
| 1.1 |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Add rows below: |  |  |  |  |  |  |

1. **System of quality control to guarantee quality of services and adherence to deadlines**

Presentation of methods and systems to be applied to ensure quality control and compliance with deadlines and budget.

1. **Team Qualification**

Present information on the team to be engaged to deliver the required services. For key personnel, CVs that demonstrate relevant qualifications should be attached.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Surname | Position | Years of experience | Profession | Key responsibilities |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Experience on providing similar services**

Provide summarized information on the relevant experience of the past three years and attach maximum reference letters.

|  |  |  |
| --- | --- | --- |
| Ref no (maximum 5) | Type of Service |  |
| Name of Client or entity | Place | Dates (start/end) | Type and scope of services provided | No of staff provided |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |