

**REQUEST FOR QUOTATION
HEALTH PROMOTION CENTRE
MINISTRY OF HEALTH**

REFERENCE: MOH/HPC/QTN/26-27 (12A)

TITLE: "OUTSOURCING NICOTINE DEPENDENCE INTERVENTION PROGRAM (NDIP) FOR HEALTH PROMOTION CENTRE" - CLUSTERING.

NO.	ITEM/SPECIFICATION	QUANTITY	VENDOR OFFER	
			UNIT PRICE	TOTAL PRICE
Nicotine Dependence Intervention Program (NDIP)				
1.	<u>Preparation:</u> (i) Review and update NDIP content and related forms, and make appropriate improvements. (ii) Make arrangement with school and coordinate with school community.	1		
2.	<u>Implementation (Phase 1):</u> Conduct NDIP among adolescents, targeting at least 80 students from five (5) secondary schools: (i) Two (2) groups of students (8 students per group) from each of the five (5) schools; (ii) Each group of students will attend 4 sessions (1 session per week); (iii) Each session lasts 50–60 minutes; and (iv) Conduct an assessment (e.g., pre/post, attendance, knowledge, tobacco use status, demographics, etc.) and feedback survey to be produced for each group of students that has completed the NDIP.	5 SCHOOLS		
3.	<u>Implementation (Phase 2):</u> Prepare a report of students from each of the five (5) schools that has completed the NDIP.	5 SCHOOLS		
4.	<u>Long-Term Evaluation (6 months):</u> Conduct effectiveness assessment, and prepare a long-term report on adolescents from the five (5) secondary schools.	5 SCHOOLS		
OTHER REQUIREMENTS				
5.	<u>Facilitators for NDIP:</u> (i) Qualified in the field of tobacco dependence (or equivalent) and knowledgeable about adolescent issues. (ii) At least 3 facilitators.	Inclusive in price offered		
6.	Attend meetings arranged by Programme Manager.	Inclusive in price offered		
7.	To assist the Programme Manager with matters related to the Anti-Tobacco Health Promotion Centre, if required.	Inclusive in price offered		
8.	<u>Payments Milestones:</u> Payment shall be made in four phases (Preparation, Phase 1, Phase 2, and Long-Term Evaluation) upon completion and acceptance of each milestone by the Programme Manager.	Inclusive in price offered		

Please State:

- Unit Price
- Total Price
- Price Validity (_____ months)
- Delivery Period (_____ week(s))
- Sample/ Brochure (if any)
- Copy of certificate and previous experience (if any)

Company Name		Company Stamp
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If any query please contact Dr Norhayati Haji Ahmad, Senior Medical Officer, Health Promotion Centre at 2385800 or 2384442 or e-mail finance.hpc@moh.gov.bn.

8.	Payments Milestones: Payment shall be made to the successful tenderer in phases, upon acceptance by the Programme Manager of each milestone deliverable, as follows: Milestone 1: Preparation — 15% Milestone 2: Implementation (Phase 1) — 30% Milestone 3: Implementation (Phase 2) — 35% Milestone 4: Long-Term Evaluation (6 months) — 20%	-		
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	Procurement Requirement
Total Price:	
Price Validity:	
Delivery Period:	
Sample / Brochure:	
Copy of certificate and previous experience (if any):	

The company understood that Ministry of Health reserves the right to appoint different vendor(s) for each of the item stated above, if required.

Company Name				Company Stamp
Contact Person		Contact Number		

If any query please contact **Norhayati Haji Ahmad, Senior Medical Officer, Health Promotion Centre** at 2385800 or 2384442 or e-mail finance.hpc@moh.gov.bn.

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NO.	Please Submit	Submitted?	
		YES	NO
1	Registration of Company/ Business Name		
2	Latest Certificate of Tabung Amanah Pekerja (TAP)		
3	Latest Certificate of Tax Compliance (applicable for SDN BHD only)		
4	List of employee include employee TAP Percentage (%)		