

TENDERER'S OFFER		FORM A
<p>To: Down Syndrome Association (Singapore) 9 Bishan Place, #09-01, Junction 8 Office Tower (Singapore 579837)</p>		
Company/ Name of Tenderer:		
Tenderer Address:		
<p>I/ We, _____ (company/ name in block letters) hereby offer and undertake the acceptance of this tender to provide Enrichment Program at DSA as outlined in the Conditions of Contract.</p> <p>We understand that this document is proprietary to DSA and the information contained herein is confidential. Without DSA's written permission, this document, either in whole or part, must not be reproduced in any form or by any means or disclosed to others or used for purposes other than its evaluation. It may not be disclosed to any third party outside of the agreed Confidentiality Agreement of the contract.</p> <p>Whilst care and attention has been exercised in the preparation of this document, it remains subject to contract and all warranties whether express or implied by statute, law or otherwise are hereby disclaimed and excluded. These limitations are not intended to restrict continuing business discussions between DSA and Tenderer. Any proposal received by DSA is subject to a contract with Tenderer.</p> <p>The tender is made and subject to the Conditions of Tender and we agree that our tender remains open for consideration for 90 days commencing on the closing date for the submission of tenders on 27 October 2021, 11.59pm.</p> <p>We understand that DSA is not bound to accept the lowest or any Tender Offers. We agree that you may accept our tender in whole or in part in accordance with the Tender Guidelines.</p> <p>Unless and until a formal agreement is executed, as may be required by DSA in the Tender Guidelines, our offer with any authorised Variations and your written acceptance thereof shall constitute a binding agreement between us.</p> <p>We further undertake to give you any further information, which you may require.</p> <p>Name _____</p> <p>Signature _____</p> <p>Dated _____</p>		

TENDERER'S PROFILE		FORM B
Tenderer's Name:		
Tenderer's Address:		
Year of Establishment/ Experience: (if applicable)		
Tenderer's Company or Business Registration No: (if applicable)		
<p><i>Please include a copy of the following:</i></p> <ul style="list-style-type: none"> • Organisation Chart • Latest Audited Balance Sheet and P&L Statement <p><i>* individual Tenderer does not need to submit the above information</i></p>		
Authorised Signature:	Tenderer's Official Stamp: (if applicable)	
Name:	Telephone/Mobile No: Fax:	
Designation:	Email:	

DECLARATION OF CONFLICT OF INTEREST		FORM C
<p>I/ We, _____ (company/ name in block letters) hereby declare that to the best of my knowledge and belief that I/ the management of our company have/ do not have (*delete where appropriate) a conflict of interest or a perceived conflict with Down Syndrome Association (Singapore).</p> <p>I/ We, would like to report on the following potential conflict of interest (please elaborate):</p>		
Area of Conflict	Details	
Affiliated* to another vendor, supplier, or any other providing or bidding for services, having a direct or indirect interest in any business transaction(s), agreement or investment.		
Affiliated* to someone who has business dealings or transactions with Down Syndrome Association (Singapore) which could result in benefit to me.		
Affiliated* to any board/ management/ staff involved in Down Syndrome Association (Singapore).		

*Affiliated refers to being connected to another party who could be one of the following:
Spouse, domestic partner, child, parents, siblings or close associates; any corporate, business or non-profit organisation of which you serve as staff, office, board member, partner, participate in the management or are employed by; any trust of other estates in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity.

CURRENT AND COMPLETED SERVICES/ PROJECTS BY TENDERER'S COMPANY WITHIN THE PAST 2 YEARS (PART 1) <i>Tenderer may expand rows to list all projects within the past 2 years.</i>				FORM D (PART 1)
Clients/ Organisations offering services to Persons with Special Needs	Service/ Project Title	Description of Service/ Project <i>please indicate the number of participants involved</i>	Start Date	End Date (Estimated if not completed)

CURRENT AND COMPLETED SERVICES/ PROJECTS BY TENDERER'S COMPANY WITHIN THE PAST 2 YEARS (PART 2)				FORM D (PART 2)
<i>Tenderer may expand rows to list all projects within the past 2 years.</i>				
Other clients/ organisations	Service/ Project Title	Description of Service/ Project <i>please indicate the number of participants involved</i>	Start Date	End Date (Estimated if not completed)

INSTRUCTORS' PROFILE			FORM E
(Please complete below and state clearly the qualifications and experience of all the staff(s) in your team who will be assigned to this project, if awarded.)			
Name	Designation	Years of experience	Highest Qualification
<p>Please include a copy of the Curriculum vitae of all instructors in your team who would be assigned to this project stating the following details.</p> <ul style="list-style-type: none"> - Teaching and Performance Experience (Past and Current projects) - Awards (if any) - Portfolio (if any) - Photo 			

REFERENCES		FORM F
	Reference 1	Reference 2
Name		
Company		
Designation		
Email Address		
Contact Number		

PROPOSED LESSON PLAN		FORM G (PART 1)
<p>State your proposed lesson plans for each class (for example Junior & Senior class where applicable)</p> <p><i>E.g.</i></p> <ul style="list-style-type: none"> • <i>The objective of the activities</i> • <i>Activities that will be taught in a lesson</i> • <i>Provision of accredited certification</i> <p><i>You may upload additional supporting documents separately.</i></p>		

PROPOSED LESSON PLAN		FORM G (PART 2)
<p>List annual goals/ outcomes the participants will achieve through the delivery of this program.</p>		
<p>State how would the program be modified should it be taught virtually in adherence to the Government's advisory.</p>		
<p>State reasons why you should be awarded this Tender.</p>		

TENDERER'S OFFER		FORM H
Description	Price <i>please indicate if the price is for: per hour/ per student/ per session</i>	
<u>Provision of conducting weekly Enrichment Program</u> (Example below)		
Instructor Fees for XXX Program	\$XX/ per hour/ per student/ per session	
<u>Others (If any)</u>		