

# **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/2020**

Signature Project Scheme --- Kwai Tsing District Council  
- Enhancement of Community Healthcare

**JUNE 2020**

## **1 SCOPE OF THE PROVISION SERVICE**

- 1.1 This Invitation Document aims to invite Proposal from interested contractors 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).
- 1.2 The contract is for 6 months, tentatively to be implemented in September 2020 and end on 31 March 2021.

## **2 TERMS & CONDITIONS**

- 2.1 Interested contractors are required to submit Proposal which comply to the requirement specified in this Invitation Document.
- 2.2 Interested contractors must have confirmed that the Proposal submitted is in accordance with the terms, conditions and other matters referred to this Invitation Document.
- 2.3 Failure in complying with the requirement of this Invitation Document may render the Proposal invalid.
- 2.4 Subsequent adjustment to Proposal after submission will **NOT** be allowed.
- 2.5 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.

## **4 SERVICE SPECIFICATION**

### **Types of services required:**

- 4.1 Trained and licensed personnel to administer influenza vaccinations to Kwai Tsing Residents aged 12-49 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.
- 4.2 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, allergy consultation etc.).
- 4.3 Trained personnel to properly store and transport vaccines, medications, and medical supplies according to manufacturers' recommended specifications.

- 4.4 Trained and licensed personnel to respond to acute medical adverse events following vaccine administration.

**Goals of Service:**

- 4.5 Coordinate scheduling and provide staffing for influenza immunization.
- 4.6 Administer influenza vaccinations to service users.
- 4.7 Properly store, transport, and maintain vaccines, medicines, and medical supplies.
- 4.8 Respond to and manage any adverse medical events following vaccine administration (e.g. Allergic reaction, spot checking etc.).

## **5 PAYMENT SCHEDULE**

- 5.1 Payment will be made on pro-rata by phases until the completion of the vaccination service.
- 5.2 Service provider shall produce an invoice for each sum becoming payable to the named person to be informed by KTSCHCA in writing.

## **6 SELECTION CRITERIA**

- 6.1 An Independent Vetting Committee, appointed by KTSCHCA will assess the Proposals submitted in Schedule 1 and make recommendation.
- 6.2 The selection of the service provider will be based on price, quality, completeness and conformity to the specification.
- 6.3 Applicants should note that incomplete offers or partial proposals will not be considered.

## **7 CONTRACTOR PROPOSAL**

- 7.1 The contractor shall demonstrate the ability in undertaking the work assignment and shall contain at least the following information in the Proposal:
  - 7.1.1 A detailed description of how the Contractor is going to provide the required services (including the maintenance of cold chain);
  - 7.1.2 Proposal may not be considered if the Contractor fail to submit the above information.
- 7.2 The proposed roles and responsibilities of the Contractor and users should be listed clearly if it is specifically required to deliver the services for the work assignment;
- 7.3 The Contractor shall declare in the Proposal:
  - 7.3.1 Any dependencies, limitations and assumptions of the work assignment;
  - 7.3.2 Any potential risks of the work assignment;
  - 7.3.3 Any suggestions related to the service delivery for the work assignment and the requirements specified in the Brief.
- 7.4 Contractor must complete all the Contract Schedules in this Invitation Document for Proposal.

## **8 TENDER SUBMISSION**

- 8.1 Contractor is required to submit their Proposal including all the Contract Schedules (Schedule 1 – 3) in a sealed envelope clearly marked with title of “Proposal for Provision of Influenza Vaccination Service under Signature Project Scheme (SPS)” **(but should not bear any indication which may relate the tender to the tenderer)**. Relevant printed or visual material to illustrate the proposed work approach should also be submitted as part of the Proposal.
- 8.2 The Contractor must submit five sets of identical Proposals in sealed envelope to the following location no later than 12:00 on 20 July 2020.
- 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 – 18:00 (Monday to Friday)  
09:00 – 13:00 (Saturday)
- 8.3 In case a black rainstorm warning signal or tropical cyclone warning signal no. 8 or above is issued between 9:00 a.m. and 12:00 noon on the tender Closing Date, the closing time of this tender will be deferred to 12:00 noon on the next workday (i.e. except Sunday) other than a General Holiday and after the black rainstorm warning signal or tropical cyclone warning signal no. 8 above is cancelled.
- 8.4 KTSCHCA Representative shall not be responsible for any mislaid tender or any tender submitted by methods other than those indicated under this Clause.

## **9 CANCELLATION OF INVITATION**

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.

## **10 ENQUIRIES**

For any enquiry concerning this Invitation Document please contact

Ms. Winky Tam  
Administrative Manager  
Kwai Tsing Safe Community and Healthy City Association  
Tel: 2370 1466  
Fax: 2370 1027  
Email: [pm3\\_cco@ktschca.org.hk](mailto:pm3_cco@ktschca.org.hk)



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.*

iv. Please provide detailed information on the following service items:

Service	Information										
Doctor in charge	Name : _____ Medical Organisation : _____										
Types / names of vaccines and service fees charged  Inactivated quadrivalent injectable <u>seasonal influenza vaccine</u>	<table border="1"> <thead> <tr> <th data-bbox="539 322 979 398">Name</th> <th data-bbox="979 322 1265 398">Expiry Date</th> <th data-bbox="1265 322 1498 398">Lot No.</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 398 979 622"></td> <td data-bbox="979 398 1265 622"></td> <td data-bbox="1265 398 1498 622"></td> </tr> </tbody> </table>	Name	Expiry Date	Lot No.							
Name	Expiry Date	Lot No.									
Method of vaccine storage in doctor's clinic and transportation of vaccines to vaccination venue (put a ✓ as appropriate)	<input type="checkbox"/> Stored in purpose-built vaccine refrigerators <input type="checkbox"/> Stored in domestic refrigerator with regular checking of temperature <input type="checkbox"/> Transported in cold boxes with checking of temperature <input type="checkbox"/> Others, please specify: _____										
Qualification and number of on-site staff provide on day of vaccination (e.g. doctor / registered nurse / enrolled nurse / supportive staff)	<table border="1"> <thead> <tr> <th data-bbox="539 882 1236 943">Qualification of the on-site staff</th> <th data-bbox="1236 882 1498 943">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="539 943 1236 1003"></td> <td data-bbox="1236 943 1498 1003"></td> </tr> <tr> <td data-bbox="539 1003 1236 1064"></td> <td data-bbox="1236 1003 1498 1064"></td> </tr> <tr> <td data-bbox="539 1064 1236 1124"></td> <td data-bbox="1236 1064 1498 1124"></td> </tr> <tr> <td data-bbox="539 1124 1236 1182" style="text-align: right;">Total</td> <td data-bbox="1236 1124 1498 1182"></td> </tr> </tbody> </table>	Qualification of the on-site staff	Number							Total	
Qualification of the on-site staff	Number										
Total											
Would provide consultation before / after vaccination or not	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate)										
Would provide Enquiry Hotline or not	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate) (Hotline No. : _____) (Operating hours of the hotline : _____)										
Would provide Service on weekend or not	<input type="checkbox"/> Yes, on Saturday and Sunday <input type="checkbox"/> No <input type="checkbox"/> Yes, only on Saturday <input type="checkbox"/> Yes, only on Sunday (put a ✓ as appropriate)										
Would providing Service between (Time)	Weekdays : _____ am to _____ pm Saturday : _____ am to _____ pm Sunday : _____ am to _____ pm										
Would handle the clinical waste properly or not	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate)										

Would pre-arrange with licensed clinical waste collectors to collect the clinical waste on the same day	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate)
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Name of Service Provider: \_\_\_\_\_

Signature of Person Authorized to sign:

\_\_\_\_\_

Company Chop:

\_\_\_\_\_

Name in Block Letters:

\_\_\_\_\_

Date:

\_\_\_\_\_

Telephone No. :

\_\_\_\_\_

Fax No. :

\_\_\_\_\_



**SCHEDULE 2 – Price Schedule**

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

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

\_\_\_\_\_

2.3 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		
2001-3000 Vaccine		
>3000 Vaccine.		
Others (Please Specify:		

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

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

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 30 days 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:

Ms. Winky Tam  
Administrative Manager  
Kwai Tsing Safe Community & Healthy City Association  
Tel: 2370 1466  
Fax: 2370 1027  
Email: [pm3\\_cco@ktschca.org.hk](mailto:pm3_cco@ktschca.org.hk)

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

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

Company Chop: \_\_\_\_\_

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

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