



KWAI TSING SAFE COMMUNITY AND HEALTHY CITY ASSOCIATION

TENDER PROPOSAL FOR **PROVISION OF CHINESE MEDICINE CLINICAL SERVICE** **UNDER Community Involvement Programme**

This document issued by Kwai Tsing Safe Community and Healthy City Association (KTSCHCA) and all its authorized employees, agents, subsidiaries, or subsidized organizations contains the standard terms and conditions used for tendering requirements for the CHINESE MEDICINE CLINICAL SERVICE (reference no. KTSCHCA/CI/CHINESEMEDICINE/2024). KTSCHCA may issue an addendum to these terms and conditions whenever necessary.

Community Involvement Programme --- Home Affairs Department

KTSCHCA-2024

INTERPRETATION

In this document and the tender invitation letter, unless the context otherwise requires:

- “Contract” means the contract hereunder and reference to the terms thereof shall include the terms of tender in all parts hereof unless inconsistent with the context of such reference.
- “Goods” means the articles, materials, and/or services referred to the Tender Schedules provided by the Tenderer in response to the requirements stated in the Tender.
- “Deliverables” means all reports, drawings, documents, software, and certificates of other items described in the Tender Schedules provided by the Tenderer in response to the requirements stated in the Tender.
- “Kwai Tsing Safe Community and Healthy City Association” means Kwai Tsing Safe Community and Healthy City Association (KTSCHCA) and all its authorized employees, agents, subsidiaries, or subsidized organizations.
- “KTSCHCA’s Representative” means any person authorized to act on behalf of KTSCHCA for the purposes of the Contract.
- “Tenderer” means the person or persons and/or the firm or the company referred to in the “Offer to be Bound” section of the tender document.
- “Supplier”/“Consultant” means the Tenderer whose tender is accepted as hereinafter provided.
- /“Service Provider”

“Tender Closing Date” means the latest date (Hong Kong time) by which tenders must be lodged.

“Business Day” means Monday to Friday, except Saturday, Sunday, Public Holidays, and a gale warning day or a black rainstorm warning day as defined in Section 71(2) of the Interpretation and General Clauses Ordinance (Chapter 1) of the Laws of Hong Kong Special Administrative Region.

“Day” means calendar day.

TENDER PROPOSAL

1. BACKGROUND

Kwai Tsing Safe Community and Healthy City Association (KTSCHCA) was selected to participate in the Community Involvement Programme (CI Fund), for providing community service to the residents in Kwai Tsing District. Services related to “Chinese Medicine Clinical Service” is part of the salient quantifiable achievements expected from the CI Fund.

2. INVITATION OF TENDER

2.1 This invitation document aims to invite a tender proposal from an interested tenderer to apply for the provision of Chinese Medicine Clinical Service under CI Fund operated by KTSCHCA.

2.2 The contract is for 5 months, tentatively to be implemented on 1 August 2024 and end on 31 January 2025.

3. TENDER

3.1 The tender relates to the supply of all (or any part) of the goods specified in the contract.

3.2 The invitation to tender shall not be altered by the tenderer. Any modification considered necessary by the tenderer should be the subject of a separate letter accompanying the tender document. Any altered or erased part(s) should be initialed by the tenderer in ink.

3.3 The interested tenderer is required to submit a tender that complies with the requirement specified in this invitation document.

3.4 Failure in complying with the requirement of this invitation document may render the tender proposal invalid.

3.5 Subsequent adjustment to a tender proposal after submission will not be allowed.

3.6 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.

3.7 Tenders shall remain open for not less than ninety (90) days after the tender closing date. If tenderers are unable to comply with this requirement, they must clearly

state in the tender the period for which their tender is valid for acceptance.

3.8 The prices quoted by the tenderer are to be in Hong Kong dollars.

Such prices shall be net prices allowing for all trade and cash discounts and shall include the cost of containers, packing, packing materials and delivery.

3.9 Tenderers should make certain the prices quoted are accurate before submitting their quotations. Under no circumstances will KTSCHCA accept any request for price adjustment on grounds that a mistake has been made in the tender prices.

4. NEGOTIATION

4.1 KTSCHCA reserves the right to negotiate with any tenderer about the terms of the offer.

5. PUBLICITY

5.1 The service provider shall submit to KTSCHCA's representative all advertising or other publicity material relating to the contract or the products supplied or other work done in connection with the contract wherein KTSCHCA's name is mentioned or language used from which a connection with KTSCHCA can reasonably be inferred or implied. The service provider shall not publish or use any advertising or other publicity material without the prior written consent of KTSCHCA.

6. PRESENTATION BY TENDERER

6.1 As part of the tender evaluation exercise, tenderers may be invited to present to KTSCHCA their company background and experience in providing the services required.

7. SERVICE SPECIFICATION

7.1 Trained and licensed personnel to provide "Chinese Medicine Clinical Service" to Kwai Tsing residents. Each resident is eligible to see a Chinese Medicine Practitioner and receive a maximum of 6 consultations to alleviate the symptoms of post-influenza or other infections. The Association will subsidize a sum not larger than \$200 for Chinese medicine in each consultation.

7.2 The definition of eligible persons must provide proof to receive the rehabilitation

service. The proof of eligibility is listed below:

(a) Proof of valid address.

(b) Documents proving valid receipt of subsidy scheme funding.

.

7.3 Trained personnel are medical assistant, registered Chinese medicine practitioner etc. to screen persons prior to Chinese medicine diagnosis

7.4 Trained personnel need to:

(1) Properly store patient record and transport medical equipment.

7.5 Goals of Service:

(1) Coordinate scheduling and provide staffing for Chinese medicine clinical service.

(2) Administer Chinese medicine diagnosis and decoction service to service users.

8. **PAYMENT SCHEDULE**

8.1 After the contract has been executed and accepted by KTSCHCA, an invoice should be sent by the supplier to KTSCHCA for payment settlement. 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.

8.2 Payment will be made on pro-rata by phases until the completion of the Chinese Medicine Clinical Service”.

8.3 Service provider shall produce an invoice for each sum becoming payable to the named person to be informed by KTSCHCA in writing.

9. **SELECTION CRITERIA**

9.1 An “Independent Vetting Committee”, appointed by KTSCHCA will assess the tender submitted in Schedule 1 and make recommendation.

9.2 The selection of the service provider will be based on price, quality, completeness and conformity to the specification.

9.3 Applicants should note that incomplete offers or partial proposals will not be considered.

10. **SERVICE PROVIDER’S TENDER PROPOSAL**

10.1 The service provider shall demonstrate the ability in undertaking the work assignment and shall contain at least the following information in the tender proposal:

- a) A detailed description of how the service provider is going to provide the required services;
- b) Tender proposal may not be considered if the service provider fail to submit the above information.

10.2 The proposed roles and responsibilities of the service provider and related staff should be listed clearly if it is specifically required to deliver the services for the work assignment;

10.3 The service provider shall declare in the tender proposal:

- a) Any dependencies, limitations and assumptions of the work assignment;
- b) Any potential risks of the work assignment;
- c) Any suggestions related to the service delivery for the work assignment and the requirements specified in the brief.

10.4 Service provider must complete all the service provider’s schedules in this invitation document for tender proposal.

11. **TENDER SUBMISSION**

11.1 Tender Closing Date and Notes to Tenderer

Closing Date and Time	30 July 2024 at 12:00p.m.
Name of Organisation	Kwai Tsing Safe Community and Healthy City Association
Address	No.1, LG 2/F, Yat King House, Lai King Estate, Kwai Chung, N.T., Hong Kong, China.

A) Service Provider is required to submit the tender proposal including all the contract schedules (Schedule 1 - 3) in a sealed envelope clearly marked with title of “Tender Proposal for Provision of Chinese Medicine Clinical Service under Community Involvement Programme (CI Fund)” **(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 tender proposal.

- B) The service provider must submit two sets of identical tender proposals in a sealed envelope to the above-mentioned location no later than 12:00p.m. on 30 July 2024.

11.2 Time Extension in case of Rainstorm/Typhoon

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.

11.3 KTSCHCA's representative shall not be responsible for any mislaid tender or any tender submitted by methods other than those indicated under this clause.

12. **CANCELLATION OF INVITATION**

Without prejudice to KTSCHCA's right to cancel the tender, where there are changes of requirement after the tender proposal submission closing date for operational or whatever reasons, KTSCHCA is not bound to accept any conforming tender proposals and reserves the right to cancel the tender.

13. **ENQUIRIES**

For any enquiry concerning this invitation document, please contact

Name: Ms. Irene Leung

Phone number: 2436 3363

Fax number: 2370 1027

Email address: ceo@ktschca.org.hk

CONTRACT SCHEDULES

SCHEDULE 1 - Tender Proposal for Chinese Medicine Clinical Service

- 1.1 Tenderer shall provide in this Schedule, which shall include, but not limited to, details of how the applicant is going to provide the required services. Separate sheet can be used if space is not adequate for elaboration.
- 1.2 Tenderer should submit a tender application form according to the requirement in this tender proposal.
- 1.3 Basic Information (Narratives not required)

(1) Qualifications

A) Experience on Provision of Chinese Medicine Clinical Service (Please also provide the document for patient consent)

B) Organization

i)	Company size and resources
ii)	Background of applicant (including track records)
iii)	Personnel a) No. of personnel responsible for Chinese Medicine Clinical Service (with professional qualifications illustrated)

b) Personnel experience

c) 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											
Chinese Medicine Practitioner in charge	Name: _____ Medical Organization: _____											
Qualification and number of on-site staff provide during service period (e.g. doctor / registered nurse / supporting staff)	<table border="1"> <thead> <tr> <th data-bbox="555 360 1007 412">Qualification of the on-site staff</th> <th data-bbox="1007 360 1477 412">Number</th> </tr> </thead> <tbody> <tr> <td data-bbox="555 412 1007 472"></td> <td data-bbox="1007 412 1477 472"></td> </tr> <tr> <td data-bbox="555 472 1007 533"></td> <td data-bbox="1007 472 1477 533"></td> </tr> <tr> <td data-bbox="555 533 1007 593"></td> <td data-bbox="1007 533 1477 593"></td> </tr> <tr> <td data-bbox="555 593 1007 640" style="text-align: right;">Total</td> <td data-bbox="1007 593 1477 640"></td> </tr> </tbody> </table>		Qualification of the on-site staff	Number							Total	
Qualification of the on-site staff	Number											
Total												
Name of Chinese Medicine Clinic management software												
The function of the Chinese Medicine Clinic management software	<input type="checkbox"/> Patient record <input type="checkbox"/> Prescription for Chinese Medicine <input type="checkbox"/> Accounting (Including payment) <input type="checkbox"/> Chinese medicine guideline <input type="checkbox"/> Sick leave certificate (put a ✓ as appropriate)											
Would be available to work at corresponding locations	<input type="checkbox"/> Head office (Lai King) <input type="checkbox"/> Tsing Yi Community Health Centre (Tsing Yi) <input type="checkbox"/> Jockey Club Kwai Chung Community Health Centre (Tai Wo Hau)											
Would provide training on the usage of Chinese Medicine Clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate)											
Method of Chinese Medicine consultation service	<input type="checkbox"/> Face to face <input type="checkbox"/> Online (put a ✓ as appropriate)											
Would provide prescription for Chinese Medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate)											
Would provide Chinese Medicine decoction service	<input type="checkbox"/> Yes <input type="checkbox"/> No (put a ✓ as appropriate)											
Would provide Chinese Medicine delivery service	<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

Name of Applicant: _____

Signature of Person Authorized to sign Proposal:

Company Chop

Name in Block Letters:

Date:

Telephone No.:

Fax No.:

SCHEDULE 2

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 sessions within contract period of CI Fund

2.3 Minimum number of bookings per Session (3.5 hours):

2.4 Charges for Provision of Chinese Medicine Clinical Services:
 (include staff cost and other expenses incurred)

Items	Unit Price (HKD\$) Please fill-in "N/A" if service is not available	Remarks
Chinese medicine management software installation fee		
Chinese medicine management software training session		
Diagnosis service		
Prescription for Chinese Medicine		
Decoction service for Chinese Medicine		
Delivery service for Chinese Medicine		
<u>Others</u> (Please Specify: _____)		

Name of Applicant: _____

Signature of Person Authorized
to sign Proposal:

Company Chop

Name in Block Letters:

Date:

Telephone No.:

Fax No.:

SCHEDULE 3

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 service provider’s invoice.

3.3 All invoices and correspondence concerning payment should be addressed to:
Ms. Irene Leung,
Kwai Tsing Safe Community & Healthy City Association,
No.1, LG 2/F, Yat King House, Lai King Estate, Kwai Chung, N.T., Hong Kong, China.
email: ceo@ktschca.org.hk

3.4 Name of Applicant: _____

Signature of Person Authorized
to sign Proposal:

Name in Block Letters:

Telephone No.:

Company Chop

Date:

Fax No.:
