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| --- |
| **CFP PROPOSAL FORM** Project Name :Digital Access – CFPOrganisation Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Call For Proposal for Digital Access****IMDA** |
|  |
|  |  |  | **INFO-COMMUNICATIONS MEDIA DEVELOPMENT AUTHORITY** |  |
|  |  |  | 10 Pasir Panjang Road#10-01 Mapletree Business CitySingapore 117438Tel : (65) 6377 3800Website : www.imda.gov.sg |  |
| **For IMDA Internal Use** |
| Date Received | : |  |  |  |  |  |  |  |  |  |
| Officer-in-charge | : |  |  |  |  |  |  |  |  |  |
|  |

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| --- | --- |
|  | **Call For Proposal Form for Digital Access :** **Home Broadband plan(s) and internet-enabled device(s) for the low-income households in Singapore** |

**Notes to Participating Organisation/Consortia**

1. Participants may participate in this Call for Proposal (“CFP”) either as a single organisation or as a Consortium.
2. Where the Participant is a single organisation, the Participant must obtain a copy of this proposal submission form and submit the proposal to IMDA with all Parts and Annexes herein (with the exception of Part II) duly completed.
3. Where the Participant is a Consortium, each member of the Consortium is required to obtain a copy of this CFP Proposal Form. For submission purposes, only one Proposal need be submitted by the Consortium Lead on behalf of all members of the Consortium, duly completed as follows:
4. The Declaration in Part I must be signed by authorized representatives of each and every member in the Consortium.
5. Parts II, IV and Annexes A and B are to be completed and submitted by the Consortium Lead on behalf of the Consortium it is representing.
6. Every member of the Consortium, including the Consortium Lead, must each complete a copy of Part III and the Consortium Lead shall submit the copies of Part III completed by each member of the Consortium as part of the Proposal.
7. The Consortium Lead shall be primarily responsible for the submission of the Proposal. In the event that an award of Grant is made to the Consortium in respect of its proposal, the Consortium Lead shall also be primarily responsible for directing and coordinating the implementation of the project and all other matters which are to be performed by the Consortium.
8. For the avoidance of doubt, this CFP Proposal Form shall be read with and shall be subject to the Important Notices as set out in Appendix A of the Requirement Specifications for the Digital Access - CFP.

6. Participants are to submit the following by **25 November 2019, 5.00pm**:

1. One (1) hardcopy of the proposal to the following address.

**Digital Access - Call for Proposal**

**Attention to: Digital Inclusion Division**

Infocomm Media Development Authority (IMDA)

10 Pasir Panjang Road, #03-01 Mapletree Business City, Singapore 117438

1. One (1) softcopy of the proposal, via email to digitalacces@imda.gov.sg

# 7. For enquiries on the submission of the proposal, please email to:.

Ms Gillian Tan

Email: digitalaccess@imda.gov.sg

Subject line: Digital Access – Call For Proposal

#  PART I – DECLARATION

We have read and understood the requirements and notices in the Digital Access Call for Proposal document issued by IMDA on 4 November 2019 and this Proposal is submitted in response thereto. We acknowledge that the submission of this proposal does not impose any obligations or constitute the acceptance of any terms and conditions on the part of IMDA. We hereby declare that the information submitted pursuant to this Proposal is accurate, true and complete.

|  |
| --- |
| **Organisation/Consortium Lead** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Designation and Organisation, Stamp and DateSignature of Organisation/Consortium Lead’s representative (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the organisation) |
| **Other Members of Consortium (if applicable)** *Note: Please add rows if needed.* |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Designation and Organisation, Stamp and DateSignature of Consortium Member’srepresentative (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the organisation) |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Designation and Organisation, Stamp and DateSignature of Consortium Member’srepresentative (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the organisation) |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Designation and Organisation, Stamp and DateSignature of Consortium Member’srepresentative (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the organisation) |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name, Designation and Organisation, Stamp and DateSignature of Consortium Member’srepresentative (The signatory should be the Chief Executive Officer, Managing Director or equivalent in the organisation) |

*Note: Please add rows if needed.*

# PART II – CONSORTIUM INFORMATION

## (Not applicable where a Participant is submitting a Proposal as a single organisation; to be completed and submitted by the Consortium Lead only, on behalf of the Consortium it is representing.)

## Contact Person for Future Correspondence (Consortium Lead)

|  |  |
| --- | --- |
| Lead Organisation |  |
| Contact Person  |  |
| Designation |  |
| DID |  | Fax |  |
| Mobile No.  |  | Email  |  |

## Consortium Composition

There are two categories of participating organisations, Type 1 or Type 2:

**Type 1** organisations incur costs directly to complete the proposed project. Therefore, they are eligible to claim costs incurred from IMDA. However, Type 1 organisations are not allowed to charge other Type 1 organisations in the consortium for costs incurred in the project.

**Type 2** organisations charge Type 1 organisations in the consortium for provision of products and / or services. Type 2 organisations are not eligible to claim costs incurred from IMDA.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Organisation** | **Role of Organisation in Consortium** | **Principal Business Activity** | **Type** |
| 1 | Consortium Lead |  |  |  |
| 2 | Participating Organisation 1 |  |  |  |
| 3 | Participating Organisation 2 |  |  |  |
| 4 | Participating Organisation 3 |  |  |  |
| 5 | Participating Organisation 4 |  |  |  |

*Note: Please add rows if needed.*

# PART III – ORGANISATION INFORMATION

*(Where a Participant is a consortium,* ***each*** *member of the consortium, including the consortium lead, is required to complete a copy of Part III and all copies of Part III completed by each member of the consortium shall be submitted by the consortium lead as part of the proposal.)*

## Organisation Data

|  |  |
| --- | --- |
| Organisation Name |  |
| Mailing Address (if different from registered address) |  |
| Telephone  |  | Fax  |  |
| Country of Incorporation |  | Corporate Web Site URL |  |
| ACRA Number / Unique Entity Number (UEN) |  | Date of Registration |  |
| Paid -up Capital (S$) |   |

### Organisation Registration: (please tick one)

□ Sole Proprietorship

□ Partnership

□ Private Limited (non-exempt limited by shares)

□ Public Limited (limited by shares)

□ Research Institute / Institute of Higher Learning

□ Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supporting Document to be submitted**

1. **Latest** ACRA search of the Organisation’s business profile or UEN search, if organisation is not ACRA registered (Not more than 3 months)
2. Certified copies of 3 years of FULL set of the **latest** audited financial / management report (if Organisation is exempted from audit under Companies Act)

## Corporate Relations

|  |  |  |  |
| --- | --- | --- | --- |
| Substantial Shareholders | *Name of Stakeholder* | *Country registered / Nationality* | *% Share* |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
|  | *Name of Company* | *Business Activities* | *% Share* |
| **Parent Company** |   |  |  |
| **Subsidiaries** | 1.  |  |  |
| 2..  |  |  |
| 3..  |  |  |
| 4.  |  |  |
| 5.  |  |  |
| **Other related companies** (For Corporate share ≥ 20%) | 1.  |  |  |
| 2..  |  |  |
| 3..  |  |  |
| 4..  |  |  |
| 5..  |  |  |
| 6..  |  |  |
| 7..  |  |  |
| 8..  |  |  |

Additional information may be provided in separate attachments.

## Organisation Structure

(Please attach organisational chart and operational chart if available)

Total number of full time employees :

Number of technical personnel :

Key Management Personnel (Please attach biography if available):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation** | **Years of Related Experience** | **Professional/Academic Qualification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Other Grants awarded to / Application in process by the Organisation \*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Awarding Organisation** | **Description of Grants / Awards** | **S$** | **Status (ongoing / completed)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*\* Please indicate incentives, grants and/or loans awarded to you by Infocomm Development Authority of Singapore (IMDA), and/or other government agencies and other financial institutions.*

## Contact Person for Future Correspondence

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| DID |  | Fax |  |
| Mobile No.  |  | Email Address |  |

# PART IV – DETAILS OF PROPOSAL

# EXECUTIVE SUMMARY

Please provide a summary of the proposal in one paragraph or two.

# SCOPE OF PROPOSAL

As stated in paragraph 10 of the Digital Access CFP - Requirements Specification document, please provide the Details of Proposal in a separate document.