# Schedule 4: Proposal Form

Instructions for Respondents

* + 1. Check that you have all the relevant documents, including:
			- The Request for proposals (RFP) which outlines the procurement process.
			- The RFP Response Form (this one) to fill out your response.
			- The Pricing Response Form to provide the pricing details of your proposal.
			- The Vaccine Presentation Spreadsheet to provide the presentation details of you proposed vaccine/s.
		2. Please follow the layout of this Response Form:
			- Don’t change the section headings and sequence as this needs to be consistent across all Respondents.
			- Insert any extra images or graphs either as part of your answer or in a separate attachment (but make it clear in the Response Form that you have done so).
			- Do not insert links to long documents. They may not be viewed.
		3. Everything highlighted in **PURPLE** in this document is information for the Respondent (you). Delete these **PURPLE** parts before sending the RFP Response Form.
		4. Write your response in the blue sections. Un-shade the blue once you have filled these out.
		5. Remember to make a note of the Deadline for Questions (**12:00 p.m. (New Zealand time) on 3 September 2025**). The Q & A section is helpful for all Respondents so feel free to ask us if anything is unclear.

Checklist for Respondents

|  |
| --- |
| Have you: |
| 1. | Filled in all sections of the Response Form. |[ ]
| 2. | File size: Your submission should be no greater than 50MB. |[ ]
| 3. | Prepared your proposal 1. This RFP requires a 'two-envelope' approach. This means all financial information relating to price, expenses and costs must be in the separate Pricing Response Form.
2. We prefer that you submit your response through GETS.
 |[ ]
| 4. | Deleted the PURPLE instructions from this Form. |  |
| 5. | Unshaded the blue highlighting where you have filled in your answer. |  |
| 6. | Arranged for the proposal to be submitted electronically before the Deadline for proposals (**5:00 p.m. (New Zealand time) on 19 September 2025**). |[ ]
| 7. | 1. Included the following completed information in your submission:
2. RFP Response Form
3. RFP Pricing Response Form
4. Vaccine Presentation Spreadsheet
5. Evidence of meeting applicable pre-conditions e.g. Medsafe Gazette Notice for each vaccine (if applicable).
 |[ ]



***Request for Proposal (RFP) Response Form***

***In response to the Request for Proposals***

*By: Pharmac*

*For: The supply of Various Vaccines and the influenza vaccine*

*Date of this proposal: [insert date]*

Pharmac Director, Pharmaceuticals
C/- Procurement Manager
Procurement Manager
Pharmac

Tēnā koe

**Proposal for the supply of Various Vaccines and influenza vaccine – commercial in confidence**

In response to your request for proposals (**RFP**) dated **4 August 2025** we put forward the following proposal in respect of vaccines.

1. **About the Respondent**

|  |
| --- |
| **RESPONDENT TIP*** + This section gives basic information about your organisation and identifies your Point of Contact for the RFP process.
	+ If an item is not applicable, e.g. you do not have a registered office, complete the box by stating 'not applicable'.

• This information will be used for proposals regarding both Various Vaccines and the influenza vaccine. |

* + 1. Our company details

|  |  |
| --- | --- |
| Trading name:  | [insert the name that you do business under] |
| Full legal name (if different): | [if applicable] |
| Physical address: | [if more than one office – put the address of your head office] |
| Postal address: | [e.g. P.O Box address] |
| Registered office: | [if you have a registered office insert the address here] |
| Business website: | [URL address] |
| Type of entity (legal status): | [sole trader / partnership / limited liability company / other please specify] |
| Registration number: | [if your organisation has a registration number insert it here e.g. NZBN number] |

* + 1. Our point of Contact

|  |  |
| --- | --- |
| Contact person: | [insert name]] |
| Position: | [insert position] |
| Phone number: | [insert phone number] |
| Mobile number: | [insert mobile number] |
| Email address: | [insert email address] |

1. **Bid Details**

|  |
| --- |
| **RESPONDENT TIP*** Carefully read RFP. Then provide your response by demonstrating your organisation's ability to meet the criteria.
* Keep it simple. If an answer is in another document e.g. a marketing brochure, just cut and paste the relevant part into this form. Do not show the whole document unless necessary - we may not read it all.
* You may include extra information in your proposal but only if it adds value and is relevant.
 |

**2.1 Vaccines Bid For**

|  |
| --- |
| **RESPONDENT TIP*** + Please select which vaccines you are submitting a proposal for below.
	+ Each vaccine will be treated as a separate proposal and evaluated in its own right.
 |

|  |  |
| --- | --- |
| **Vaccine** | **Proposal Submitted For** |
| Various Vaccines |
| Bacillus Calmette-Guerin vaccine |[ ]
| Diphtheria, tetanus and pertussis vaccine |[ ]
| Diphtheria, tetanus, pertussis and polio vaccine |[ ]
| Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine |[ ]
| Haemophilus influenzae type B vaccine |[ ]
| Hepatitis A vaccine |[ ]
| Hepatitis B recombinant vaccine |[ ]
| Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] |[ ]
| Measles, mumps and rubella vaccine |[ ]
| Meningococcal ACWY conjugate vaccine |[ ]
| Meningococcal B multicomponent vaccine |[ ]
| Pneumococcal conjugate vaccine (PCV13 or higher) |[ ]
| Pneumococcal polysaccharide vaccine (PPV23) |[ ]
| Poliomyelitis vaccine |[ ]
| Rotavirus oral vaccine |[ ]
| Varicella vaccine [Chicken pox vaccine] |[ ]
| Varicella zoster vaccine [Shingles vaccine] |[ ]
| Tuberculin test |[ ]
| Influenza Vaccine |
| Influenza vaccine |[ ]

**3. Response to Requirements – Various Vaccines**

**3.1 Pre-conditions – Various Vaccines**

|  |
| --- |
| **RESPONDENT TIP*** + The following pre-conditions relate to Various Vaccines.
	+ You must be able to answer 'yes' to each of these pre-conditions for each Various Vaccine you are submitting a proposal for. Make sure you can verify this.
	+ 'Yes' means you currently meet the pre-condition. If you cannot answer 'yes' to all, your proposal will not be evaluated further.
 |

|  |  |  |
| --- | --- | --- |
| # | Pre-condition | Meets |
| 1. | Proposed vaccine(s) must have current Medsafe approval, or the supplier must be able to demonstrate that they will be able to attain Medsafe approval by the beginning of the supply period. If proposed vaccines already have Medsafe approval, please provide evidence of this (e.g. Medsafe Gazette Notice). | [Yes/No] |
| [If Medsafe approval is not already achieved, please outline your plan to achieve Medsafe approval prior to the supply date here. If you are supplying a bid for more than one unapproved vaccine, please detail the plan for each proposed vaccine separately. ] |
| 2. | The vaccine must be indicated for the prevention of the diseases for which it is commonly supplied. | [Yes/No] |
| 3. | Proposal must include distribution arrangements to the Designated Delivery Point, that complies with your Licence to Sell by Wholesale. | [Yes/No] |

**3.2** **Response to Evaluation Criteria – Various Vaccines**

|  |
| --- |
| **RESPONDENT TIP*** + These are questions relating to the Various Vaccines. Your proposal will be scored against your answers to these criteria. Aim to give answers that are relevant, concise and comprehensive.
	+ Consider the % weighting for each criterion. The higher the weighting the more important it is. Take the weightings into account in deciding how much detail to include.
	+ If you have made any assumption about the Requirements or delivery, clearly state the assumption.
	+ There may be several questions that relate to one criterion. If these questions are not individually weighted assume that they are of equal importance.
	+ If you are bidding for more than one Various Vaccine, you may either submit a separate form for each, or ensure you make it clear in your answers which vaccine information is related to. If only one form is submitted that covers separate Various Vaccines and no differentiation is made, it will be assumed that the information included is true for all Various Vaccines bid for.
 |

|  |
| --- |
| 1. Vaccine Suitability – Various Vaccines Weighting **15%**
 |
| * 1. Please fill in the “Vaccine Presentation” spreadsheet detailing the required information for your vaccine(s). This form can also be found in the Attachments section on GETS. Please ensure this form, along with your RFP Response Form and RFP Pricing Response Form, are submitted on GETS.
 |
| [complete spreadsheet]  |
| * 1. Please provide information supporting the stability of vaccines when exposed to temperatures outside of the cold chain (2-8C):
 |
| [insert answer here] |
| 1. Organisational and Operational Capability – Various Vaccines Weighting 10%
 |
| Company Overview/Track Record |
| * 1. Please describe your organisational structure. Explain why this is sufficient to deliver the Requirements:
 |
| [insert answer here] |
| * 1. Please provide information on your organisation’s management and technical skills:
 |
| [insert answer here] |
| * 1. Please provide information about your organisation’s financial resources:
 |
| [insert answer here] |
| * 1. Please provide information about your previous supply performance and expertise:
 |
| [insert answer here] |
| Logistics/Supply Chain  |
| * + - * 1. Please describe how much visibility you have over your vaccine supply chain. Please include any relevant details of your supply chain plan, and how often this is reviewed:
 |
| [insert answer here] |
| * + - * 1. Please describe how you plan to maintain adequate supply to New Zealand. Please also include how you will respond to changing volume demands:
 |
| [insert answer here] |
| * + - * 1. Please describe how you manage supply issues, including mitigation techniques:
 |
| [insert answer here] |
| * + - * 1. If your bid contains any of the Various Vaccines listed below, that may be required in the event of a disease outbreak, please describe how you would manage additional supply to New Zealand in a short timeframe:

• Meningococcal ACWY conjugate vaccine• Meningococcal B multicomponent vaccine• Measles, Mumps and Rubella• Hepatitis A• Pertussis-containing vaccines |
| [insert answer here] |
| Sustainability  | (Info Only) |
| How does your organisation contribute to environmental sustainability? Please include both in general, and in relation to the requirements in this contract: |
| [insert answer here] |
| Has your organisation received any environmental fines/prosecutions? |
| [insert answer here] |
| Does your organisation comply with any recognised environmental standards? |
| [insert answer here] |
| Modern Slavery | (Info Only) |
| * 1. Briefly describe the reasonable steps your organisation takes to identify, assess and address modern slavery in your operations and supply chains relevant to this contract:
 |
| [insert answer here] |
| * 1. Does your organisation perform due diligence screening of all prospective suppliers to assess the risk of modern slavery or other human rights harms that may occur in its operations and supply chains? If yes, please outline how this is managed:
 |
| [insert answer here] |
| * 1. Does your organisation comply with any recognised standards regarding modern slavery and worker exploitation?
 |
| [insert answer here] |
| Implementation | (Info Only) |
| * 1. Please outline how you will support Health New Zealand with any required implementation activities resulting from this RFP, if successful:
 |
| [insert answer here] |

**4. Response to Requirements – Influenza Vaccine**

**4.1 Pre-conditions – Influenza Vaccine**

|  |
| --- |
| **RESPONDENT TIP*** + The following pre-conditions relate to the influenza vaccine.
	+ You must be able to answer 'yes' to each of these pre-conditions for each influenza vaccine you are submitting a proposal for. Make sure you can verify this.
	+ 'Yes' means you currently meet the pre-condition. If you cannot answer 'yes' to all, your proposal will not be evaluated further.
 |

|  |  |  |
| --- | --- | --- |
| # | Pre-condition | Meets |
| 1. | Proposed vaccine(s) must have current Medsafe approval, or the supplier must be able to demonstrate that they will be able to attain Medsafe approval by the beginning of the supply period. If proposed vaccines already have Medsafe approval, please provide evidence of this (e.g. Medsafe Gazette Notice). | [Yes/No] |
| [If Medsafe approval is not already achieved, please outline your plan to achieve Medsafe approval prior to the supply date here. If you are supplying a bid for more than one unapproved vaccine, please detail the plan for each proposed vaccine separately. ] |
| 2. | The vaccine must be indicated for the prevention of the diseases for which it is commonly supplied. | [Yes/No] |
| 3. | Proposal must include distribution arrangements to the Point of Vaccination, that complies with your Licence to Sell by Wholesale. Please provide evidence of this with your submission. | [Yes/No] |

**4.2 Response to Evaluation Criteria – Influenza Vaccine**

|  |
| --- |
| **RESPONDENT TIP*** + These are questions relating to the influenza vaccine. Your proposal will be scored against your answers to these criteria. Aim to give answers that are relevant, concise and comprehensive.
	+ Consider the % weighting for each criterion. The higher the weighting the more important it is. Take the weightings into account in deciding how much detail to include.
	+ If you have made any assumption about the Requirements or delivery, clearly state the assumption.
	+ There may be several questions that relate to one criterion. If these questions are not individually weighted assume that they are of equal importance.
	+ If you are submitting more than one bid for the influenza vaccine you may either submit a separate form for each, or ensure you make it clear in your answers which vaccine information is related to. If only one form is submitted that covers separate Various Vaccines and no differentiation is made, it will be assumed that the information included is true for all Various Vaccines bid for.
 |

|  |
| --- |
| 1. Vaccine Suitability – Influenza Vaccine Weighting 15%
 |
| * 1. Please fill in the “Vaccine Presentation” spreadsheet detailing the required information for your vaccine/s. This attachment can be found in the Attachments section on GETS. Please ensure this form is submitted with your RFP Response Form, and RFP Pricing Response Form on GETS.
 |
| [complete spreadsheet] |
| * 1. Please provide information supporting the stability of vaccines when exposed to temperatures outside of the cold chain (2-8C):
 |
| [insert answer here] |
| 1. Organisational and Operational Capability – Influenza Vaccine Weighting 10%
 |
| Company Overview/Track Record |
| * 1. Please describe your organisational structure. Explain why this is sufficient to deliver the Requirements:
 |
| [insert answer here] |
| * 1. Please provide information on your organisation’s management and technical skills:
 |
| [insert answer here] |
| * 1. Please provide information about your financial resources:
 |
| [insert answer here] |
| * 1. Please provide information about your previous supply performance and expertise:
 |
| [insert answer here] |
| Logistics/Supply Chain  |
| * + - * 1. Please describe how much visibility you have over your supply chain and the impact that this has on your ability to deliver on contract requirements?
 |
| [insert answer here] |
| * + - * 1. Please describe how you plan to maintain adequate supply to New Zealand, including how you will respond to changing volume demands:
 |
| [insert answer here] |
| * + - * 1. Please describe how you manage supply issues, including any mitigation techniques:
 |
| [insert answer here] |
| * + - * 1. Please describe how you will manage annual strain updates resulting from Medsafe recommendations. Please include an indicative timeline in your response:
 |
| [insert answer here] |
| * 1. Please describe the system that you have in place for vaccinators to place influenza vaccine orders.
 |
| [insert answer here] |
| Sustainability  | (Info Only) |
| * + - * 1. How does your organisation contribute to environmental sustainability? Please include both in general, and in relation to the requirements in this contract:
 |
| [insert answer here] |
| * + - * 1. Has your organisation received any environmental fines/prosecutions?
 |
| [insert answer here] |
| * + - * 1. Does your organisation comply with any recognised environmental standards?
 |
| [insert answer here] |
| Modern Slavery | (Info Only) |
| Briefly describe the reasonable steps your organisation takes to identify, assess and address modern slavery in your operations and supply chains relevant to this contract: |
| [insert answer here] |
| Does your organisation perform due diligence screening of all prospective suppliers to assess the risk of modern slavery or other human rights harms that may occur in its operations and supply chains? If yes, please outline how this is managed: |
| [insert answer here] |
| Does your organisation comply with any recognised standards regarding modern slavery and worker exploitation? |
| [insert answer here] |
| Implementation | (Info Only) |
| * 1. Please outline how you will support Health New Zealand with any required implementation activities resulting from this RFP, if successful:
 |
| [insert answer here] |

1. **Price – Various Vaccines and the Influenza Vaccine**

|  |
| --- |
| **RESPONDENT TIP*** + This section relates to both Various Vaccines and the influenza Vaccine.
	+ Please do not submit any pricing information in this RFP Response Form. Instead, use the RFP Pricing Response form embedded below, or attached in the Attachments section on GETS.
	+ In your pricing information consider all risks, contingencies and other circumstances relating to the delivery of our Requirements and include adequate provision for them.
	+ Document any assumptions that you have made in costing the Requirements.
	+ Please submit a price for each vaccine based on current eligibility criteria. If you wish to submit a bid for widened access criteria, you must also bid for current eligibility criteria.
 |

|  |
| --- |
| Price Weighting 75% |
| Please provide the price for each vaccine included in your bid in the “Pricing Response Form”. This form can be found in the “Attachments” section on GETS. Please remember to submit this form with the RFP Response Form, Vaccine Presentation Spreadsheet, and Medsafe Gazette Notice (if applicable) when you submit your proposal. |
| [complete spreadsheet] |

* 1. **Assumptions**

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| **RESPONDENT TIP*** + An assumption is something that is accepted as true or as certain to happen without proof e.g. that Pharmac (or a third party) will provide certain information or assistance so that the Respondent can accurately cost and price its proposal.
 |

|  |
| --- |
| Assumptions |
| Please state any assumptions you have made in relation to the cost and pricing information. Please specify by vaccine if you have made multiple bids. |
| [insert answer here] |

1. **Proposed Contract**

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| **RESPONDENT TIP*** + The proposed contracts for Various Vaccines and the Influenza Vaccine can be found in the Attachments section on GETS. Pharmac needs to know whether you are prepared to do business based on the Proposed Contract.
	+ Please be aware that applicable contract terms may need to be adapted depending on the outcome of the RFP, for example clauses relating to PSS may need to be adapted in the influenza vaccine listing agreement if two vaccines are to be supplied.
	+ If you have any suggestions or changes that you wish to alter in the Proposed Contract, please note below (and you may be asked why it is important).
	+ In deciding which Respondents to shortlist Pharmac will take into account each Respondent's willingness to meet the Contract terms and conditions.
 |

**Choose one and delete the other:**

Having read and understood the Proposed Contract, I confirm that these terms and conditions are acceptable. If successful, I agree to sign a Contract based on the Proposed Contract.

**OR**

Having read and understood the Proposed Contract in Section 5 of the RFP, I have the following suggestions to make. If successful, I agree to sign a Contract based on the Proposed Contract subject to negotiating the following clauses:

|  |  |  |
| --- | --- | --- |
| Clause | Concern | Proposed solution |
| [insert number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |
| [insert number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |

1. **Declaration**

|  |
| --- |
| **RESPONDENT TIP*** + Here you are asked to make a formal declaration. Select 'agree' or 'disagree' at the end of each row. If you don't, you will be deemed to have agreed.
	+ Have the declaration signed by someone who is authorised to sign and able to verify the declaration, e.g. chief executive or a senior manager.
 |

|  |
| --- |
| Respondent’s declaration |
| Topic | Declaration | Respondent’s declaration |
| RFP Terms: | I/we have read and fully understand this RFP, including the RFP Terms. I/we confirm that the Respondent agrees to be bound by them. | [agree / disagree] |
| Requirements: | I/we have read and fully understand the nature and extent of Pharmac’s Requirements. I/we confirm that the Respondent has the necessary capacity and capability to fully meet or exceed the Requirements and will be available to deliver throughout the relevant supply period. | [agree / disagree] |
| Ethics: | By submitting this proposal, the Respondent warrants that it:* has not entered into any improper, illegal, collusive or anti-competitive arrangements with any Competitor
* has not directly or indirectly approached any representative of Pharmac (other than the Point of Contact) to lobby or solicit information in relation to the RFP
* has not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of Pharmac.
 | [agree / disagree] |
| Conflict of Interest declaration: | The Respondent warrants that it has no actual, potential or perceived Conflict of Interest in submitting this proposal or entering into a Contract to deliver the Requirements.Where a Conflict of Interest arises during the RFP process the Respondent will report it immediately to Pharmac’s Point of Contact. | [agree / disagree] |
| Details of conflict of interest: | [if you think you may have a conflict of interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’]. |

#### **DECLARATION BY THE RESPONDENT**

I/we declare that in submitting the proposal and this declaration:

* the information provided is true, accurate and complete and not misleading in any material respect
* the proposal does not contain any material that will infringe a third party’s intellectual property rights
* I/we have secured all appropriate authorisations to submit this proposal, to make the statements and to provide the information in the proposal and I/we am/are not aware of any impediments to enter into a Contract to deliver the Requirements.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the proposal may result in the proposal being eliminated from further participation in the RFP process and may be grounds for termination of any Contract awarded as a result of the RFP.

By signing this declaration the signatory below represents, warrants and agrees that they have been authorised by the Respondent to make this declaration on its/their behalf.

Signature:

Full name:

Title/position:

Name of organisation:

Date: