## Schedule 4: Proposal form

**An editable version of this form is available on the GETS listing for this RFP.**

 **[*Supplier to insert date***]

Lisa Williams, Director of Operations

C/- Sophie Iles

Pharmac

By electronic transfer using GETS ([www.gets.govt.nz](http://www.gets.govt.nz))

Tēnā koutou,

**Proposal for the supply of non-injectable testosterone presentation form.**

Set out below is further information in support of our proposal. You may expand the boxes below to suit the content of your response, please remove any guidance in [*square brackets*]

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| 1. **Our Contact 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]* |
| 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]* |
| Does our organisation identify as Māori owned? Pharmac is committed to the Government’s progressive procurement approach to increase the diversity of government suppliers and achieve broader economic and social outcomes with a specific focus on Māori businesses. As part of this approach, Pharmac is committed to gaining a better understanding of how our agency can support the economic and social outcomes for Māori through this procurement. One aspect is understanding what roles Māori businesses have in the pharmaceutical supply chain and how we can support Māori businesses in those roles.Pharmac is therefore gathering information from organisations as to whether they identify as a Māori business. A Māori business for Government procurement purposes is:* One that has at least 50% Māori ownership, or
* A Māori Authority as defined by Inland Revenue.
 | [*Yes / No]* *As part of adopting a progressive procurement policy. Pharmac are committed to understand and support what roles Māori businesses play in our supply chain.* *You may also add any further comment on how your company supports economic and social outcomes for Māori* |

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| 1. **Our Point of Contact**
 |
| Contact person: | *[i.e., who communications relating to the attached bid(s) should be made to]* |
| Position: |  |
| Phone number: |  |
| Mobile number: |  |
| Email address: |  |

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| 1. **Information About Our Organisation**
 |
| 1. Information about our Organisation structure:
 | *[you may embed organisational charts or similar]* |
| 1. Information about our management and technical skills:
 |  |
| 1. Information about our financial resources:
 |  |
| 1. Information about our, or our supplier’s, existing supply commitments, including other markets supplied:
 |  |
| 1. Information about our, or our supplier’s, previous supply performance, and ability to ensure continuity of supply of the proposal items (s)
 |  |
| 1. Information about our quality assurance processes:
 |  |
| 1. The New Zealand Government is committed to sustainable and inclusive government procurement and the [Supplier Code of Conduct](https://www.procurement.govt.nz/assets/procurement-property/documents/supplier-code-of-conduct.pdf) outlines the Government’s expectations of suppliers in this respect, please outline
* How your organisation meets or exceed the expectations set out in the Supplier Code of Conduct.
 |  |
| 1. How our Organisation supports social, economic, cultural, and environmental outcomes beyond supply of Pharmaceuticals (see New Zealand Government Procurement [Broader Outcomes](https://www.procurement.govt.nz/broader-outcomes/)).

How our organisation:* Supports New Zealand businesses, including Māori, Pasifika, and regional businesses, as well as social enterprises (if relevant)
* Supports improving conditions for New Zealand workers and support workforce diversity
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| 1. **Details of pharmaceutical presentation (duplicate this table for more than one presentation)**
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| * + - * 1. Chemical name
 |  |
| * + - * 1. Brand name
 |  |
| * + - * 1. Form
 | *[e.g. capsule/tablet, patch, gel/cream]* |
| * + - * 1. Strengths
 | *[e.g. mg per ml]* |
| * + - * 1. Pack size
 |  |
| * + - * 1. Packaging type
 |  |
| * + - * 1. Shelf life
 | *[include months from date of manufacture, months after opened (if relevant) and temperature to be stored at]* |
| * + - * 1. Labelling and images
 | *[please embed into your response form or upload to GETS separate to response forms]* *Minimum specification requirements for images:** *On a plain background (preferably white)*
* *Minimal shadows and good lighting*
* *The product should take up 80% of the photo*
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| 1. **Details of pharmaceutical manufacture (duplicate this table for more than one presentation)**
 |
| * + - * 1. Name and address of manufacturer/s of the pharmaceutical (including API manufacturer, manufacture of final dose form, packaging etc)
 |  |
| * + - * 1. Details of pharmaceutical manufacturing sites and their registration with Medsafe or other international regulatory body
 | *[e.g. TGA, FDA, MHRA]* |
| * + - * 1. Batch size/s
 |  |
| * + - * 1. Lead time (time from notification of award to product being available to supply the New Zealand market)
 |  |
| * + - * 1. Approximate manufacture time
 |  |
| * + - * 1. Approximate time for shipping
 |  |

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| 1. **Evidence of market approval and any other required consents**
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| * + - * 1. Evidence for market approval and any other required consents, include date of market approval.
 | *[please attach a copy of Medsafe Gazette notice, either by embedding the document here, or uploading a clearly titled document to GETS alongside this form]* |
| * + - * 1. For any proposal products without market approval, but where the dossier has been submitted to Medsafe, please provide evidence of the submission, the status of the regulatory approval application.
 | *[N/A if product is approved by Medsafe]* |
| * + - * 1. For any proposal products without market approval and where the dossier has not been submitted to Medsafe, please provide details of the planned submission date and anticipated timeframes to achieve registration.
 | *[N/A if product is approved by Medsafe]* |
| * + - * 1. Insert the details of any other consents required for the proposed presentation and any further details that are relevant to assessing the likelihood and timing of your brand gaining all the necessary consents.
 | *[N/A if product is approved by Medsafe]* |
| * + - * 1. Please confirm that you will supply physical sample of the proposed presentation, to be provided within 10 business days of Pharmac’s request.
 | *[whether or not Pharmac requires a sample will be determined upon initial evaluation of your proposal, please wait to hear from us]* |

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| 1. **Context surrounding proposed product and capability to support the product(s)**
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| 1. Key features of our proposal
 |  |
| 1. Confirmation that there are no intellectual property barriers (including patent barriers) to our supply of this product for the proposed indications in New Zealand, with additional information if required:
 |  |
| 1. Information about our ability to ensure the continuity of supply of the pharmaceutical, including other countries where the product is widely in use:
 |  |
| 1. Information about our previous supply performance, existing supply commitments and relevant expertise:
 |  |
| 1. Information relating to the education support plan for the introduction of your treatment(s), including information regarding compounding (if relevant) and stability data once compounded; training for clinicians regarding administration; information regarding the launch of your pharmaceutical in other jurisdictions; and any relevant information relating to the management of potential risks around misuse of the specific testosterone product.
 | *[you can attach supporting information (clinician support materials or similar) either by embedding the document here, or uploading a clearly titled document to GETS alongside this form]* |
| 1. How our Organisation would support improving access and responsible use of these medicines (e.g., services and resources that would be offered).
* In the context of a strained health system, for groups experiencing health disparities in New Zealand, specifically Māori and Pacific peoples (but also those living in high socioeconomic deprivation, those living rurally, those who’ve been refugees, and those with disabilities), how would you support implementation of your proposal to ensure that access to treatment is equitable and contributes to equitable outcomes.
 |  |
| 1. Reasons why Pharmac should accept our proposal.
 |  |
| 1. Any additional information Pharmac should consider under its Factors for Consideration Framework.
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| 1. **Labour and human rights**
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| 1. Visibility over our supply chain?

Please select one of the below options and explain why you have selected this option:**High:** we have mapped the full supply chain for key products and services used by our organisation and have identified key suppliers at all levels of your supply chain.**Moderate**: we have identified major suppliers and have partially or fully mapped the supply chains for key products and services of our supply chain.**Developing**: we have identified major suppliers. We have very limited or no visibility of our supply chains for key products and services of our supply chain. **Other**: summary of the current status of our supply chain visibility  |  |
| 1. Our organisation has a policy or policies in place to deal with modern slavery and worker exploitation
 | Yes |  | No |  |
| 1. Our organisation has systems to monitor compliance with these policies?
 | Yes |  | No |  |
| 1. If you said yes to either of the two above questions, please attach or link.

If the answer is no, please provide information on what your organisation is doing, or plans to do, to manage modern slavery and worker exploitation risk. |  |
| 1. Our organisation performs 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
 | Yes |  | No |  |
| 1. If yes, please describe how your organisation performs its due diligence for modern slavery and worker exploitation concerns.

If no, does your organisation plan to introduce measures to screen prospective suppliers from modern slavery and worker exploitation in future? |  |
| 1. Our organisation complies with recognised standards
 | Yes |  | No |  |
| 1. If yes, please identify the standard and outline the degree to which your organisation complies.
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| 1. **Environmental Sustainability**
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| 1. Our Organisation has an environmental/sustainability policy?
 | Yes |  | No |  |
| 1. Our Organisation has a sustainability report?
 | Yes |  | No |  |
| 1. If yes to either of the two above questions, please attach or link:
 |  |
| 1. How does your Organisation contribute to environmental sustainability?
 | *Please describe the measures you take to contribute to environmental sustainability – in general and specifically in relation to this RFT* |
| 1. Our Organisation has received environmental/sustainability award(s)
 | Yes |  | No |  |
| 1. If yes, provide details:
 |  |
| 1. Our Organisation has received environmental fine/prosecution(s)
 | Yes |  | No |  |
| 1. If yes, provide details:
 |  |
| 1. Our Organisation has received environmental audit(s), or complies with a recognised standard?
 | Yes |  | No |  |
| 1. If yes, provide details:
 |  |

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| 1. **Pricing and Terms of Supply**
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| As outlined in the RFP, you are required to submit prices for each presentation you are intending to supply for.All prices must be in New Zealand dollars and exclusive of GST.  |
| **Individual market price** | **Only one presentation is listed**  |
| **Gel/Cream** | *Proposal price* |
| **Transdermal patches** | *Proposal price* |
| **Capsules/Tablets**  | *Proposal price* |

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| 1. **Funding scenarios**
 |
|  | **All three presentations are listed** | **Only transdermal patches and caps/tabs listed** | **Only gel/cream and caps/tabs listed** | **Only gel/cream and transdermal patches listed** |
| **Combined Market Price for Gel/Cream** | *Proposal price* |  | *Proposal price*  | *Proposal price* |
| **Combined Market Price for capsules/tablets** | *Proposal price* | *Proposal price* | *Proposal price* |  |
| **Combine Market Price for transdermal patches** | *Proposal price* | *Proposal price* |  | *Proposal price* |

Signed for and on behalf of **<insert name of supplier>** by

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<Insert name>
<Insert designation>**