**Anexo 01**

**Expediente para presentar Propuesta Técnica**

Fecha generación de propuesta: XXX de XXX de 2023

Propuesta Técnica

|  |  |
| --- | --- |
| Numero de SpP: | RFP-CATALYZE- WBR-2023-0392  |
| Fecha de convocatoria: | 08 de agosto de 2023 |
| Propósito  | Realizar estudio de mercado para el diseño de la plataforma de educación financiera del Banco Promerica y su impacto para las PyMEs-LPM. |
| Proyecto | CATALYZE  |

**CONTENIDO:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Nombre** | **Persona Juridica** | **Persona Natural** |
| 1 | Información Institucional o del Consultor Individual | Aplica | Aplica |
| 2 | Capacidades técnicas y calificaciones* 1. Personal clave
	2. Rendimiento pasado
	3. Enfoque Metodologico
 | Aplica | Aplica |
| 3 | Local (Non-U.S.) Company Data Sheet / Hoja de datos de la empresa local (no estadounidense) | Aplica | No Aplica |
| 4 | Código de Conducta del Socio Comercial de Palladium | Aplica | Aplica |
| 5 | Certificaciones: Certification Regarding Debarment and Suspension, Certification Regarding Lobbying, Certification Regarding Terrorist Financing, Certification of Compliance with Laws and the U.S. Foreign Corrupt Practices Act. | Aplica | Aplica |

1. **INFORMACIÓN INSTITUCIONAL O DEL CONSULTOR INDIVIDUAL**

|  |  |
| --- | --- |
| Nombre del ofertante |  |
| Persona de contacto(igual a postor en caso de persona natural) |  |
| Teléfono |  |
| Correo electrónico |  |
| Dirección |  |
| Nombres de miembros del directorio (sólo para empresas) |  |
| Nombre del representante legal (sólo para empresas) |  |
| 03 referencias comerciales de experiencias similares incluyendo información de contacto (nombre, cargo, teléfono y correo electrónico). |  |
| Firma del ofertante (persona o representante legal de empresa). |  |
| Fecha |  |

1. **CAPACIDADES TECNICAS Y CALIFICACIONES**
	1. **PERSONAL CLAVE**

|  |  |
| --- | --- |
| **Nombre de Consultor encargado**  |  |
| **Formación académica** |  |
| **Máximo nivel académico alcanzado** |  |

(Con experiencia competente y relevante en inversiones o asesoramiento financiero de al menos 36 meses)

|  |  |  |
| --- | --- | --- |
| **Nombre de la Experiencia / para quien fue realizada** | **Función** | **Descripción** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Adjuntar currículo**

* 1. **EXPERIENCIA DEL OFERTANTE**

**Describir la ex**riencia en asignaciones similares las cuales deberán contar con evidencia demostrable;

En los últimos 05 años enfatizar experiencias pasadas en el diseño y realización de focus group, y/o estudios de mercado, aquellos que tengan vinculación al sector financiero en El Salvador, serán mejor valorados.

|  |  |
| --- | --- |
| Mediante mi firma suscribo la declaración jurada que los servicios han sido realizados y que cuento con los documentos probatorios por presentar en caso sea elegido | FIRMA |

* 1. **ENFOQUE METODOLOGICO**

|  |  |
| --- | --- |
| ¿Qué entiendo de la Actividad WBR de CATALYZE?Y de la consultoría planteada en la SdP |  |
| ¿Qué estrategia usaré para identificar empresas PYME – LPM con necesidades de financiamiento? |  |
| ¿Como se diseñaran los focus group, entrevistas y otros medios que se utilizaran para completar el trabajo propuesto? |  |
| Que metodología se utilizará para seleccionar a los participantes |  |
| Resumen de la capacidad para analizar la plataforma digital del Banco Promerica, y/o su comprensión del sistema financiero de El Salvador, con un enfoque en las pequeñas y medianas empresas lideradas por mujeres |  |

1. **LOCAL (NON-U.S.) COMPANY DATA SHEET / HOJA DE DATOS DE LA EMPRESA LOCAL (NO ESTADOUNIDENSE)**

**COMPANY DATA SHEET**

**REMIT TO INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Vendor Name** | **Telephone Number** | **Fax Number** |
|       |       |       |
| **Street Address** | **City/State/Zip Code** | **Country** |
|       |  |       |
| **Federal Tax ID** | **DUNS Number** | **NAICS Code** (North American Industry Classification System Code) |
|       |       |       |

**MAILING INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Vendor Name** | **Street Address** | **City/State/Zip Code** |
|  |       |       |
| **Sales Contact** | **Title** | **Sales Contact Telephone Number** |
|  |  |  |
| **Billing Contact** | **Title** | **Billing Contact Telephone Number** |
|       |       |       |

|  |  |
| --- | --- |
| **Business Type** | **Vendor Type** |
| [ ]  A Division[ ]  An Affiliate[ ]  A Subsidiary (     %)[ ]  A Wholly Owned Subsidiary[ ]  Independently Owned & Operated | [ ]  Manufacturer [ ]  Distributor [ ]  Reseller [ ]  Value-Added Reseller | [ ]  Consultant/Individual[ ]  Subcontractor[ ]  Integrator[ ]  Retailer |
| **PRIMARY SERVICES/SUPPLIES:**       |
| Does your company have a commercial published price list? [ ]  Yes [ ]  NoDoes your company hold a GSA Schedule? [ ]  Yes [ ]  No If yes, please provide your GSA Schedule Number:      Do you have a US Government approved job cost accounting system? [ ]  Yes [ ]  No If no, do you have an adequate job cost accounting system that will support cost-type contracts? [ ]  Yes [ ]  No If yes, what system are you using?      Do you have a US Government approved purchasing system? [ ]  Yes [ ]  NoDo you have a US Government approved property system? [ ]  Yes [ ]  NoIf you are a large business, do you have a corporate master small business subcontracting plan? [ ]  Yes [ ]  No |
| **SMALL BUSINESS ADMINISTRATION CLASSIFICATION (SBA Type):*** Eligibility as a small business is based upon the regulations issued by the Small Business Administration. Per 13 CFR Part 121 of the Federal Acquisition Regulation. (If in doubt, consult the SBA office in your area or the SBA Website: [www.sba.gov](http://www.sba.gov).)
* Eligibility as a small disadvantaged business is first based on eligibility as a small business, as noted above. Second, disadvantaged status consists of at least 51% ownership of a firm by a disadvantaged person(s) and daily management and control of the firm by such disadvantaged person(s). Disadvantaged are minority groups, specifically Black Americans, Hispanic Americans, Native Americans (Aleuts, Eskimos, American Indians, and Hawaiians), Asian Pacific Americans, and firms which have been admitted to the SBA's 8(a) program. (See FAR 19.102 for the current, complete identification of Size Standards)
 |
| [ ]  Large Business[ ]  Small Business[ ]  Small Disadvantaged Business - Certified[ ]  Small Disadvantaged Business - Uncertified[ ]  Woman Owned Small Business[ ]  HBCU/MI | [ ]  HUBZone – Certified[ ]  HUBZone – Uncertified[ ]  Veteran Owned Small Business[ ]  Service Disabled Veteran Owned Small Business [ ]  Non-Profit[ ]  Foreign |
| **NUMBER OF EMPLOYEES:**       | **INDUSTRY CERTIFICATION:** |
| The number of employees should include the total of all employees located in all division, affiliates, subsidiaries, and the parent company. | **ISO 9001:2000** | **ISO 9001 Certificate Available** |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **CMMI Maturity Level** | **CMMI Certificate Available** |
| [ ]  No [ ]  2 [ ]  3 [ ]  4 [ ]  5 | [ ]  Yes [ ]  No |
| **ABILITY TO ACCEPT ACI / E-PROCUREMENT PMT** | **PAYMENT TERMS:** |
| [ ]  Yes [ ]  No | [ ]  **Immediately** [ ]  **15 Days** [ ]  **30 Days** [ ]  **45 Days** [ ]  **CC** |

**PARENT COMPANY INFORMATION (IF DIFFERENT):**

|  |  |
| --- | --- |
| **Vendor Name** | **Telephone Number** |
|  |  |
| **Street Address** | **City/State/Zip Code** |
|       |       |

**BUSINESS INFORMATION:**

**CERTIFICATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Title: |       |
| Typed/Printed: |       | Date: |       |

1. **CÓDIGO DE CONDUCTA DEL SOCIO COMERCIAL DE PALLADIUM**

El Código de Conducta del Socio Comercial de Palladium se puede descargar en su totalidad en: <http://www.thepalladiumgroup.com/policies>

[ENLACE DE DESCARGA EN ESPAÑOL](https://palladiumgroup.sharepoint.com/Operations/_layouts/15/guestaccess.aspx?docid=07aa98accd0054debb74d0da977ba7573&authkey=AXco-B1S3mfEo7I-v7EnB5U)

Declaro haber leído el código de conducta y estar de acuerdo.

|  |  |
| --- | --- |
| Nombre del ofertante |  |
| Firma del ofertante (consultor individual o representante legal de empresa). |  |
| Cargo |  |
| Fecha |  |

1. **CERTIFICACIONES**
	1. **Certification Regarding Debarment and Suspension**
2. Subcontractor certifies to the best of its knowledge and belief that it and its “principals” (as defined below):
	1. Are not presently debarred, suspended, proposed for disbarment, or declared ineligible for the award of contracts by any Federal agency;
	2. Have not within a three-year period preceding this Subcontract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) contract or subcontract; violation of Federal or State antitrust statues relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
	3. Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with, commission of any of the offenses enumerated in paragraph b. of this certification;
	4. Have not, within a three-year period preceding this Subcontract, been notified of any delinquent Federal taxes in an amount that exceeds $3,500 for which the liability remains unsatisfied; and
	5. Have not within a three-year period preceding this Subcontract had one or more contracts terminated for default by any Federal agency.
3. “Principal” means an officer, director, owner, partner, or a person having primary management or supervisory responsibilities within a business entity (*e.g.*, general manager, plant manager, head of a division or business segment, and similar positions).
4. Subcontractor shall not enter into any lower-tier subcontract in excess of $35,000 with a subcontractor that is debarred, suspended, or proposed for debarment by any U.S. executive agency, unless approved in advance by the Company.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

|  |  |
| --- | --- |
| Business Name:  |  |
| Authorized Representative Name (print) |  |
| Authorized Representative Title (print)  |  |
| Authorized Representative Signature |  |
| Date |  |

* 1. **Certification Regarding Lobbying**

By signing this contract, Subcontractor certifies to the best of its knowledge and belief that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any US agency, a member of US Congress, an officer or employee of US Congress, or an employee of a member of US Congress on Subcontractor’s behalf in connection with the awarding of this Subcontract or awarding, making, entering into, extending, continuing, renewing, amending, or modifying any Federal contract, grant, loan, or cooperative agreement.

If any registrants under the Lobbying Disclosure Act of 1995 have made a lobbying contact on behalf of Subcontractor with respect to this Subcontract, Subcontractor shall complete and submit to the Company OMB Standard Form LLL, Disclosure of Lobbying Activities, to provide the name of the registrants. Subcontractor need not report regularly employed officers or employees of the offeror to whom payments of reasonable compensation were made.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

|  |  |
| --- | --- |
| Business Name:  |  |
| Authorized Representative Name (print) |  |
| Authorized Representative Title (print)  |  |
| Authorized Representative Signature |  |
| Date |  |

* 1. **Certification Regarding Terrorist Financing**

By signing and submitting this application, the Subcontractor provides and is bound by the certification set out below:

1. Subcontractor, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3. The certification in the preceding sentence will not be deemed applicable to material support or resources provided by the Subcontractor pursuant to an authorization contained in one or more applicable licenses issued by the U.S. Treasury’s Office of Foreign Assets Control (OFAC).

2. The following steps may enable Subcontractor to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, Subcontractor will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury’s Office of Foreign Assets Control (OFAC) and is available online at <https://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx> or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by the Company to Subcontractor.

b. Before providing any material support or resources to an individual or entity, Subcontractor also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the “1267 Committee”) [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, Subcontractor should refer to the consolidated list available online at the Committee’s website: <https://www.un.org/sc/suborg/en/sanctions/1267/aq_sanctions_list>.

c. Before providing any material support or resources to an individual or entity Subcontractor will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. Subcontractor also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification:

1. “Material support and resources” means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.
2. “Training" means instruction or teaching designed to impart a specific skill, as opposed to general knowledge.
3. “Expert advice or assistance" means advice or assistance derived from scientific, technical, or other specialized knowledge.
4. “Terrorist act” means-
	1. an act prohibited pursuant to one of the 19 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: https://www.un.org/sc/ctc/resources/international-legal-instruments/); or
	2. an act of premeditated, politically motivated violence perpetrated against noncombatant targets by sub-national groups or clandestine agents; or
	3. any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.
5. “Entity” means a partnership, association, corporation, or other organization, group or subgroup.
6. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless Subcontractor has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.
7. Subcontractor’s obligations under paragraph 1 are not applicable to the procurement of goods and/or services by Subcontractor that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless Subcontractor has reason to believe that a vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

*Any violation, notified or discovered, of this Certification prior to completion of the Subcontract work shall be grounds for voidance of the Subcontract in its entirety by the Company and no costs shall be recoverable by the Subcontractor. Any violation of this Certification, notified or discovered after any of the Work has been performed under this Subcontract, shall result in immediate termination of this Subcontract by the Company and no payments for any Work performed or goods delivered prior to such termination shall be made without express written approval of USAID.*

|  |  |
| --- | --- |
| Business Name:  |  |
| Authorized Representative Name (print) |  |
| Authorized Representative Title (print)  |  |
| Authorized Representative Signature |  |
| Date |  |

* 1. **Certification of Compliance with Laws and the U.S. Foreign Corrupt Practices Act**

Subcontractor shall comply with all laws and regulations in the jurisdictions where it is performing under this Agreement. Contractor is familiar with applicable anti-corruption, anti-bribery, anti-kickback, laws and regulations and will not undertake any actions that may violate these laws and regulations. Contractor is familiar with the U.S. Foreign Corrupt Practices Act (the “FCPA”), its prohibitions and purposes, and will not undertake any actions that may, if taken by a U.S. person, violate the FCPA.

Accordingly, Contractor hereby agrees that:

1. Contractor will not employ a person who is a governmental official or employee, including employees of government owned or government-controlled corporations, agencies or bodies.
2. Contractor will not, directly or indirectly, make any payment, offer or promise to make any payment or transfer of anything of value to a governmental official or employee, or to any political party or any candidate for political office, with the purpose of influencing decisions favorable to the Contractor and its business in contravention of the FCPA or other applicable laws.
3. Contractor will immediately advise the Company in writing in the event that any person employed by or associated with Contractor becomes such government official, political party official or candidate.
4. Contractor shall maintain true and accurate records necessary to demonstrate compliance with the Agreement (including the requirements of this Certification) and shall provide to the Company evidence of such compliance upon simple request.
5. Contractor shall provide the Company and/or its representatives, with access to financial records and supporting documentation to demonstrate the existence of normal and anticipated payment patterns and financial arrangements as well as transparency in expenses and accounting records related to transactions arising out of this Application.
6. Contractor understands that if it fails to comply with any of the provisions of this Certification (irrespective of the size, nature or materiality of such violation), such failure shall be deemed to be a material breach of any resulting Agreement and, upon any such failure, the Company shall have the right to terminate any Agreement with immediate effect upon written notice to Contractor, without penalty or liability of any nature whatsoever.

|  |  |
| --- | --- |
| Business Name:  |  |
| Authorized Representative Name (print) |  |
| Authorized Representative Title (print)  |  |
| Authorized Representative Signature |  |
| Date |  |