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| **A. SERVICE PROVIDER BACKGROUND** | | **35** |
| **Expertise and Experience** | |  |
| 1 | Provide background of your firm describing services rendered, years of experience, affiliations/partnerships and any other relevant information |  |
| 2 | List similar assignments that have been carried out in the past by your firm |  |
| **Safety and Soundness** | | |
| 3 | Provide ratings for the bank and/or bank holding company from two of the following agencies: Standard & Poor’s; Moody’s; Thomson Bank Watch; Fitch IBCA. |  |
| 4 | Identify the key measures of your financial strength (e.g., capital ratios, market capitalization, total assets, return on equity, return on assets). |  |
| 5 | List the guarantees that you extend to the services provided by correspondent banks or other third parties involved in the proposed solution. Attach third-party provider responses to all questions in the Safety and Soundness section. |  |
| **Key Personnel** | | |
| 6 | List the names, titles, phone/fax numbers and e-mail addresses of your key personnel responsible for the following components of the proposed services. Briefly describe their experience, professional credentials and tenure in their current positions. |  |
| * Account Opening |  |
| * Electronic banking/bulk payments |  |
| * Mobile money |  |
| * System Testing and Customization |  |
| * Customer Service |  |
| * Relationship Management |  |
| * Cash Management |  |
| 7 | State whether one primary contact will be assigned to manage your relationship with the UN |  |
| 8 | If Yes: List the primary contact’s department; & describe his/her background and experience relevant to this role. |  |
| **Geographical Presence** | | |
| 9 | Describe your presence in this country. Include information about:   * How long you have been operating; * The number of bank branches; * The size of your staff * Number and location of mobile money agents in Nigeria **(indicate ward and state)** |  |
| 10 | List all bank branches in the country by city/town, State, LGA and ward. Attach a Map of the country identifying those cities/towns. |  |
| 11 | List all mobile money agents by State, LGA and ward. Attach a map of the country identifying these locations |  |
| 12 | Describe the relative strengths and weaknesses of your geographic presence/coverage in the country. Provide supporting information where relevant. |  |
| 13 | Describe the responsibilities of your headquarters & branches for delivering the services requested in this RFP. |  |
| 14 | Describe how you will provide the requisite services in areas in which you do not have a direct presence. |  |
| 15 | State whether you will be the sole provider of the requisite services; or whether third parties, such as correspondent banks & outsourced firms, will be involved in providing these services. |  |
| 16 | If third parties are involved, describe all the services that they will provide; & describe your arrangements with each. |  |
| **B. METHODOLOGY AND WORKPLAN** | | **40** |
| **Understanding of terms of reference** | |  |
| 17 | Briefly describe your understanding of our requirements detailing the engagement terms of reference |  |
| **Ebanking / Bulk payment platform** | | |
| **Account Structure** | |  |
| 18 | Describe the bank account structure you recommend to meet the objectives of the project. State whether the structure involves branches of the bank and/or correspondent/ partner banks (process flow diagram to be included). |  |
| 19 | Describe the types of accounts you offer; & list any restrictions on the use of particular types of accounts |  |
| **Clearing system** | | |
| 20 | List all clearing systems (e.g., cheque; bulk payments; wire) of which the bank is a direct member in the country. For each clearing system listed, provide: |  |
| 21 | * The number of years the bank has been a direct member |  |
| 22 | * Your ranking in the clearing system based on transaction volume and total value |  |
| 23 | * Your market share of the clearing system based on transaction volume and total value |  |
| 24 | Discuss any unique aspects of the clearing systems in the country covered by this RFP. |  |
| 25 | Discuss any prospective changes in clearing systems that may invalidate your proposal or allow for better alternatives. Indicate whether you are participating in initiatives to influence these changes. |  |
| **Electronic banking, bulk payments and information reporting.** | | |
| 26 | Describe the features and capabilities of the electronic banking/payment system you propose for the project. |  |
|  | * Indicate timeframe for effective transfer of funds from WHO account to recipient’s accounts in third party banks. |  |
|  | * Indicate mode of communicating failed etransfer payments. |  |
| 27 | Describe and provide samples of all current and previous day reports available through the proposed system. |  |
| 28 | State whether the system can provide real-time information on balances and transactions. |  |
| 29 | If the system does not provide real-time information, explain how WHO can obtain real-time balance and transaction information through other means (e.g. telephone, fax, email). And how often |  |
| 30 | If the system does not provide real-time information, state how often and when same-day information is updated. |  |
| **Mobile Money Capability** | | |
| 31 | Describe your mobile money payment process: end-to-end |  |
| What is your Agent spread and liquidity or measures to ensure agent liquidity |
| Present proof of transaction at agent locations and reporting system on your platform |
| Any unique features of your MM platform |
| **Security** | | |
| 32 | Describe the procedures used for establishing a security administrator/master user for each proposed system; & the functions performed by the security administrator. |  |
| 33 | Comment on whether WHO can set up dual security administrators for each system; & |  |
| 34 | Explain the process for establishing authorized users for each proposed system, including whether: |  |
|  | * You or WHO will assign passwords; |  |
|  | * Passwords will be assigned expiration dates; & if yes, whether the dates are assigned by you or by the UN. |  |
|  | * It is possible to restrict users to certain functions, transaction types and/or transaction sizes. |  |
| 35 | State whether an audit trail report for each proposed system can be made available; & whether the report will show all activities; the user; & the date & time. [Attach samples of audit trail and other security reports available for each system.] |  |
| 36 | Describe any additional security measures available to WHO to minimize the risk of unauthorized transactions in its accounts. |  |
| 37 | Describe the physical security and software safeguards that you have put in place to control access to funds transfer systems and company account information. |  |
| 38 | Describe the insurance coverage you carry for acts or omissions of your directors, officers and other personnel that result in loss of funds to WHO. |  |
| **Technical capabilities** | | |
| **System Requirements** | | |
| 39 | Describe the hardware and software required to operate each proposed system; list the operating environments (e.g. Windows 7,XP etc) |  |
| **Technical Support** | | |
| 40 | Describe the structure of your technical support organization. |  |
| 41 | State the hours that technical support will be available. |  |
| 42 | List the languages spoken by the technical support. |  |
| **Upgrades and Customization** | | |
| 43 | Explain when each system was developed and specify the version of the system that is being offered. |  |
| 44 | Explain how often the systems are upgraded. [Differentiate between minor/version upgrades and major/new version releases; explain how upgrades and new releases are delivered and installed; & state whether users are obliged to upgrade or whether they can retain their existing version. |  |
| 45 | Explain what enhancements are planned for the next version of each system; & when those upgrades will be released. |  |
| 46 | State whether there is a cost WHO for version upgrades; & for new version releases. |  |
| 47 | State whether you offer any treasury systems not included in this proposal; &, if yes, briefly describe each system. |  |
| 48 | State whether you will customize systems to meet WHO’s needs; &, if yes, describe the process. State whether customizations done for other customers will affect any of the systems in this proposal. |  |
| **Disaster recovery** | | |
| 49 | Describe the disaster recovery plan for each proposed service. For each service, discuss your plans for: |  |
|  | * Short-term disaster recovery |  |
|  | * Long-term disaster recovery |  |
|  | * Power failures |  |
| 50 | State how often the plans are reviewed and tested; & when the last time was that the plans were tested. |  |
| 51 | Have disaster recovery procedures ever been employed for a real disaster. If Yes, explain. |  |
| 52 | State how and when customers will be notified if any service is impacted by a disaster. |  |
| 53 | List the disaster recovery services you will offer to the UN if we cannot operate from our own facilities. |  |
| 54 | Describe your plans to ensure continuity of service in the event of disaster or system failure that affects a partner or third-party provider included in your proposal. |  |
| 55 | State the back-up arrangements that exist in event of system failures; & where your backup facilities are. |  |
| **Implementation** | | |
| 56 | Provide a detailed description of the implementation process for each of the proposed services; include a sample implementation schedule. |  |
| 57 | State whether a management and/or implementation team will be assigned to WHO; describe the personnel assigned to implement the proposed services, & state the length of time that they will be assigned to the project. |  |
| 58 | Describe the resources and time that WHO is expected to commit to the implementation project. |  |
| 59 | State the period following the award of the contract that you will begin implementation. |  |
| 60 | Set out your record covering the last two years for completing on-time implementation of services similar to those set out in this RFP. |  |
| 61 | State whether you will commit to completing the implementation by a mutually agreed date; &, if yes, state what penalty you will accept for not meeting the deadlines. |  |
| 62 | Describe how you would implement the proposed services at WHO’s remote locations. |  |
| 63 | Describe how you would manage WHO’s conversion from its current processes and systems to the new processes and systems; state whether the new and old systems should be run in parallel to ensure integrity; & specify the timeline for converting from existing processes or systems. |  |
| 64 | Describe the training you offer to WHO’s treasury staff on your products and services. |  |
| 65 | State whether you offer additional training resources, such as reference books, users manuals, classes, Web sites or training environments for any of the proposed services. If yes, state whether. |  |
| **Customer service and quality** | | |
| **Customer Service** | | |
| 66 | Describe your approach to managing the relationship with WHO; & explain whether a single individual will manage the relationship or whether there will be a separate focal point for each service. |  |
| 67 | Describe the structure of your customer service organization for each service included in the RFP. |  |
| 68 | Provide the name, title, phone & fax numbers and e-mail address of the primary customer service contact(s); list his/her/their responsibilities and describe the level of authority each has to resolve issues. |  |
| 69 | Describe the issues or problems that the primary contact(s) is not empowered to resolve and the chain of command for resolution of those problems. |  |
| 70 | Describe the back-up arrangements that will be established to ensure continuity in resolving outstanding enquiries in the absence of WHO’s primary contact(s). |  |
| 71 | State the hours of operations of each customer service unit involved in supporting the proposed services. |  |
| **Inquiries and Problem Resolution** | | |
| 72 | Describe all methods (e.g., phone, fax, Internet, e-mail, SWIFT) that WHO can use to initiate and track enquiries; & the security measures associated with each method. |  |
| 73 | Describe your enquiry and problem resolution procedures, including: |  |
|  | * How problems are prioritized |  |
|  | * The specific response times (if any) you have set for resolving problems. |  |
|  | * Your performance report for meeting the set response times |  |
|  | * Performance statistics that illustrate how you measure response times to inquiries. |  |
|  | * The systems you use to process, track and access inquiry messages. |  |
| 74 | Describe the extent that you will communicate with other providers to identify and resolve external problems involving WHO’s accounts |  |
| 75 | State whether you will compensate WHO for the full amount of any penalty or interest expense resulting from your error. If Yes, describe the process and describe any limitations. |  |
| **Quality** | | |
| 76 | Describe in detail any quality improvement programme you have in place; and provide statistics or other regularly available performance data related to the level of service quality and any other data that demonstrates your commitment to quality. |  |
| 77 | State whether you monitor performance of each of the proposed products and services. If yes, describe: |  |
|  | * The key performance measures tracked; |  |
|  | * The reporting frequency and period covered for each measure; |  |
|  | * Your last three performance guarantees. |  |
| 78 | State whether you offer service level agreements. If yes, attach a sample; & state the frequency you review the agreement with your customers. |  |
| 79 | State whether you measure customer satisfaction. If Yes, describe your customer satisfaction program. |  |
| 80 | Describe how you ensure quality service from your local bank partners, including: |  |
|  | * The service level measurements used for your local bank partners. |  |
|  | * Your goals for each of these service level measurements. |  |
|  | * The performance of local bank partners against these goals in the last year. |  |
|  | * Guarantees you will offer for service levels form local bank partners. |  |
| **C. COMPETITIVE POSITION AND FUTURE COMMITMENT** | | **10** |
| 81 | For each of the requisite services, describe any special advantages that your proposal offers and what differentiates your services from those of other banks. |  |
| 82 | List the benefits, both qualitative and quantitative, that WHO should expect from implementing your proposal. |  |
| 83 | Discuss tax, legal, or regulatory issues that may result from implementing your proposed services and structure. |  |
| 84 | Briefly describe and illustrate any suggestions you may have for improving WHO’s treasury management and for reducing the transaction costs in the country. |  |
| 85 | Describe how you plan to keep the services included in this RFP current and competitive. |  |
| 86 | List those treasury management products or services you are developing that will provide enhanced solutions to WHO’s needs & state when you plan to make them available to customers. |  |
| 87 | Describe the changes in the global & local banking environment that you foresee will affect the proposed services. |  |
| 88 | Describe any internal research and development efforts, investments or other initiatives that demonstrate your long-term commitment to the services in this RFP. |  |
| **D. REFERENCES** | | **15** |
| 89 | Provide the names, addresses and telephone numbers of three references that are currently using each proposed service. Select a mix of long-standing and recent customers. Those with banking needs similar to WHO should be provided. |  |
| 90 | Provide data indicating transaction activities especially in target locations ( if any) |  |
| 91 | Attach any additional information that you believe is relevant to this RFP and to your ability to provide the requisite services (e.g., product brochures, articles in trade journals, survey rankings). |  |