

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: **4200614178** Date: 25 January 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the Drilling of Water Well in Mahmmud Al Harish PHC _ Derna

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Quotation Submission Form

Annex 2: Technical and Financial Offer

Annex 3: Schedule of Requirements

Annex A: Bill of Quantity (BOQ)

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 1: Quotation Submission Form and Annex 2 Technical and Financial Offer, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Mandatory Site Visit on: 5th February 2024 at 10:00 AM. The site visit is mandatory and failure to attend will lead to automatic disqualification of the bidders.

For disqualification and for any technical queries, please get in touch with Engineer:

1- KEZEIRI Khalil , Mobile Phone: 0917016506

Thank you and we look forward to receiving your quotations.

IOM Libya Supply Chain





SECTION 2: RFQ INSTRUCTIONS AND DATA

Deadline for the Submission	17-February-2024, 23:59 Libya time
of Quotation	If any doubt exists as to the time zone in which the quotation should be submitted,
•	refer to http://www.timeanddate.com/worldclock/.
Method of Submission	Quotations must be submitted as follows:
	☐ E-tendering
	⊠ Email
	☐ Courier / Hand delivery
	☐ Other Click or tap here to enter text.
	Bid submission address: iomlibyaproposal@iom.int
	File Format: PDF
	 File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.
	 All files must be free of viruses and not corrupted.
	 Max. File Size per transmission: Click or tap here to enter text.
	 Mandatory subject of email: Company name and RFQ 4200614178
	 Multiple emails must be clearly identified by indicating in the subject line "email no. X of Y", and the final "email no. Y of Y.
	 It is recommended that the entire Quotation be consolidated into as few
	attachments as possible.
Cost of preparation of	IOM shall not be responsible for any costs associated with a Supplier's preparation
quotation	and submission of a quotation, regardless of the outcome or the manner of
•	conducting the selection process.
Supplier Code of Conduct	All prospective suppliers must read the UN Supplier Code of Conduct and
	acknowledge that it provides the minimum standards expected of suppliers to the
	UN. The Code of Conduct, which includes principles on labour, human rights,
	environment and ethical conduct may be found at: Supplier Code of Conduct
Caudiat of Interest	(ungm.org).
Conflict of Interest	UN encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the
	preparation of the requirements, design, specifications, cost estimates, and other
	information used in this RFQ.
General Conditions of	Any Purchase Order or contract that will be issued as a result of this RFQ shall be
Contract	subject to the IOM General Conditions of Contract for provision of
	goods/services/transportation/medical services available at
	https://www.iom.int/do-business-us-procurement.
Eligibility	-Bidders shall have the legal capacity to enter into a binding contract with IOM and
	to deliver in the country, or through an authorized representative.
	-Bidders shall be certified for provision of service category requested in this RFQ.
Currency of Quotation	Quotations shall be quoted in USD Currency
Duties and taxes	The International Organization for Migration is exempt from all direct taxes, except
	charges for public utility services, and is exempt from customs restrictions, duties,
	and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other
	taxes and duties, unless otherwise specified below:
	All prices shall:
	☐ be inclusive of VAT and other applicable indirect taxes
	 ☑ be exclusive of VAT and other applicable indirect taxes
Language of quotation and	English
documentation including	





	ON MIGRATION
catalogues, instructions and	
operating manuals	
Documents to be submitted	Bidders shall include the following documents in their quotation:
	☑ Annex 1: Quotation Submission Form duly completed and signed.
	☑ Annex 2: Technical and Financial Offer with ANNEX A, duly completed and
	signed and in accordance with the Schedule of Requirements in Annex 2
Quotation validity period	Quotations shall remain valid for 90 Days from the deadline for the Submission of
Price variation	Quotation. No price variation due to escalation, inflation, fluctuation in exchange rates, or any
Price variation	other market factors shall be accepted at any time during the validity of the
	, , , , , , , , , , , , , , , , , , , ,
Double Country	quotation after the quotation has been received.
Partial Quotes	⊠ Not permitted
Payment Terms	⊠ 95% within 30 days after receipt of goods, works and/or services and submission
	of payment documentation. 5% of the agreement amount will be in hold for 3
	months from works completion day. And will be released based on certificate of
	final completion of works (Retention period))
Contact Person for	Other Click or tap here to enter text.
	Focal Person: IOM Libya Procurement
correspondence, notifications and	E-mail address: iomlibyaproposal@iom.int
clarifications	
Clarifications	Requests for clarification from bidders will not be accepted any later than 3 days
Clarifications	before the submission deadline. Responses to request for clarification will be
	communicated iomlibyaproposal@iom.int by 13 February 2024
Evaluation method	☐ Technical Evaluation method of PASS/FAIL for the company technical offer and
	documents requested in Annex 2
Evaluation criteria	☑ Full compliance with all requirements as specified in Annex 2
	□ Full acceptance of the General Conditions of Contract
	⊠Comprehensiveness of after-sales services
	⊠Earliest Delivery /shortest lead time
	□Others (for ex, environmental criteria/considerations, etc)
Pight not to account any	IOM is not bound to accept any quotation, nor award a contract or Purchase Order
Right not to accept any quotation	low is not bound to accept any quotation, nor award a contract or Purchase Order
Right to vary requirement at	At the time of award of Contract or Purchase Order, IOM reserves the right to vary
time of award	(increase or decrease) the quantity of services and/or goods, by up to a maximum
	25% of the total offer, without any change in the unit price or other terms and
	conditions.
Type of Contract to be	Service Agreement
awarded	
Expected date for contract	29 February 2024
award.	The produced by the second sec
Policies and procedures	This RFQ is conducted in accordance with Policies and Procedures of IOM
UNGM registration	IOM is encouraging all suppliers to register at the United Nations Global Marketplace
	(UNGM) website at www.ungm.org . The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award.
	not registered with the UNGM, however, if the Bidder is selected for Contract award
	of USD 100,000 and above, the Bidder is recommended to register on the UNGM
	prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration
	functionality that allows IOM procurement personnel to add local vendors to the
	UNGM.
	UNDIVI.





ANNEX 1: QUOTATION SUBMISSION FORM

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:	Click or tap here to enter text.		
RFQ reference:	4200614178	Date: Click or tap to enter a date.	

BIDDER'S DECLARATION OF CONFORMITY¹

Yes	No	
		On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company.
		On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed.
		On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions.
		On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations.
		On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM.
		On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract.
		On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process.
		On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.
		On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the "UN Sanctions List") or are the subject of any sanctions or

 $^{^{\}rm 1}$ This form is mandatory to fill in and sign by every vendor who submits quotation





Yes	No	
		other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
		On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation.
		On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition and transparency, and will avoid any conflict of interest.
		On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at https://www.ungm.org/Public/CodeOfConduct.
		It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration.
		On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM.
		IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration.

Signature: _	
Name:	Click or tap here to enter text.
Γitle:	Click or tap here to enter text.
Date:	Click or tan to enter a date





VENDOR INFORMATION SHEET Vendor No. Internal to IOM Registered Vendor Name* Other Names/Acronyms Address* House No Street Name ZIP/Postal Code* City* Region* Country* **Contact Information** Company Tel/Mobile: Contact Person: Company Email: Contact Person Position: Company Website: Industry Category*: 0100 - Commercial Vendors 0500 - International Organizations - Non-UN 0200 - National CSOs 0600 - UN entities 0005 - Individual Consultant/Non-Staff 0300 - National Government Entities 0400 - International CSOs Notes Business Type*: All fields marked with * are mandatory Direct Producer/Manufacturing The form may be returned if mandatory fields are nissing/incorrect or in the wrong format (esp, Reseller/Distributor/Service Provider Provide Services/Goods Internationally* Vendor Name - should match IDs or registration Yes No Disability-inclusive* Not applicable If there is insufficient space, please use the Other Information section Women-owned/controlled* At least 51% women-owned/controlled Less than 51% women-owned/controlled Not applicable Product Categories (check all applicable)* Fuels and Derivatives Agriculture, Livestock and Fisheries egal and Investigation Power Supply and Electric Chemicals Furniture ogistics and Warehousing Quality Control and Environment Hospitality, Events Clothing and Luggage Construction Insurances Medical, Drugs and Pharma Social and Humanitarian Services Consultancy and Contracted Services IT and Communications NFIs - Household and Camps Tickets Finance and Administration Land and Buildings Office Equipment and Supply Tools and Machinery earning, Training and Recreation Personal Care Food and Beverage Vehicles and Accessories https://www.ungm.org/UNUser/Home **UN Partner Portal Reference** https://www.unpartnerportal.org **Registration Date** Main Country of Operations (dd-mmm-yyyy) Expiry Date: Licensing Auth./Type License No.: Reg. Date: For additional licenses, please use the Other Information Section dd-mmm-yyyy Partner Entities (indicate if there are other relevant business partner accounts already registered in IOM. Format: Account Number-Name) Same entity registered in another office Parent company Subsidiaries/Branches Other Information:





Payment Method* Bank Transfer Check** Cash** Others** Justification for Non-Bank Payment Method** Notes Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments. Non-bank payment methods require justification. Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bidg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BiC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ItD/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature Position/Title Date	ion II: Payment and Banking Inform	ation			
Notes Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments. Non-bank payment methods require justification. Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bildg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account Currency Bank Account Tourency Bank Account Tourency Bank Account No. 'Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Payment Details				
Notes Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments. Non-bank payment methods require justification. Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bidg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account Currency Bank Account Touring Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in Switzerland) ABA No. for ACH (USD accounts in Switzerland) ABA No. for ACH (USD accounts, please add an extra sheet, and mark the default bank account. If warded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Paymont Mothod*	Sank Transfor	Chock**	ch** Othore**	
Notes Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments. Non-bank payment methods require justification. Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bldg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account Currency Bank Account tour on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in Switzerland) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	.,		CrieckCa	Others_	
Payment currency of the vendor MUST be clearly marked in order to avoid additional bank charges and/or delay in payments. Non-bank payment methods require justification. Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bidg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account Currency Bank Account Currency Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. It warded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Justification for Non-Bank Payri	ient ivietnoa			
Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bildg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. Awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM Printed Name Signature	Notes		-		
Bank Details (mandatory if Payment Method is via Bank Transfer): Bank Name Bidg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account Touriency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.			I in order to avoid additional b	ank charges and/or delay in p	payments.
Bank Name Bldg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes	Non-bank payment methods requ	ine justincation.			
Bank Name Bldg and Street City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Bank Details (mandatory if Payme	nt Method is via B	nk Transfer):		
City Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. I awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Bank Name				
Postal Code Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. I awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Bldg and Street				
Country Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If warded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature Sign	City				
Bank Account Name Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Postal Code				
Bank Keys Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Country				
Account Currency Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes	Bank Account Name				
Bank Account No. *Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Bank Keys				
*Depending on the country Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Account Currency				
Swift Code/BIC (accounts outside U.S.A.) IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Bank Account No.				
IBAN Number (mandatory for banks in Europe) Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	*Depending on the country				
Clearing No. (CHF accounts in Switzerland) ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes	Swift Code/BIC (accounts outs	ide U.S.A.)			
ABA No. for ACH (USD accounts in U.S.A.) Bank Branch Code Notes	IBAN Number (mandatory for ba	anks in Europe)			
Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. If awarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Clearing No. (CHF accounts in	Switzerland)			
Notes If there are multiple bank accounts, please add an extra sheet, and mark the default bank account.	ABA No. for ACH (USD accoun	ts in U.S.A.)			
If there are multiple bank accounts, please add an extra sheet, and mark the default bank account. Fawarded, please submit ID/Registration, signed IOM Supplier Code of Conduct and Proof of Banking Details to IOM I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Bank Branch Code				
I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	Notes				
I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature	If there are multiple bank account	s, please add an extr	sheet, and mark the default b	ank account.	
I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities. Printed Name Signature					
Printed Name Signature	awarded, please submit ID/Registrati	on, signed IOM Su	plier Code of Conduct and	l Proof of Banking Details	to IOM
Printed Name Signature					
	I hereby certify that the information al	pove are true and co	ect. I am also authorizing IC	OM to validate all claims with	n concerned authorities.
Position/Title Date	Printed Name			Signature	_
Position/ little Date					
	Position/Title			Date	





ANNEX 2: TECHNICAL AND FINANCIAL OFFER - SERVICES

Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:	Click or tap here to enter text.		
RFQ reference:	4200614178	Date: Click or tap to enter a date.	

Technical Offer

Provide the following:

- a brief description of your qualification, capacity and expertise that is relevant to the Terms of Reference.
- a brief methodology, approach and implementation plan;
- team composition and CVs of key personnel

Financial Offer

Provide a lump sum for the provision of the services stated in the Terms of Reference of your technical offer. The lump-sum should include all costs of preparing and delivering the Services. All daily rates shall be based on an eight-hour working day.

Currency of Quotation: USD

Ref	Description of Deliverables	Price
1.	Water Well Mahmmud Al Harish PHC Derna Please see the detailed ANEEX A & ANNEX B (BOQ below with the work Plans)	
	Total Price	

Compliance with Requirements

		You Responses			
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal		
Delivery Lead Time			Click or tap here to enter text.		
Validity of Quotation			Click or tap here to enter text.		
Payment terms			Click or tap here to enter text.		
Other requirements [pls. specify]			Click or tap here to enter text.		

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.				
Exact name and address of company	Authorized Signature:			
Company NameClick or tap here to enter text.	Date:Click or tap here to enter text.			
Address: Click or tap here to enter text.	Name:Click or tap here to enter text.			
Click or tap here to enter text.	Functional Title of Authorised			
Phone No.:Click or tap here to enter text.	Signatory:Click or tap here to enter text.			
Email Address:Click or tap here to enter text.	Email Address: Click or tap here to enter text.			



	BILL OF QUANTITIES								
PROVISION OF WATER WELL AT MAHMUD AL HARISH PHC AT DERNA									
Locatio	Location:: Derna								
Duratio	ouration : 60days								
	Item Description	QTY. الكمية	UNIT الوحدة	UNIT Price(\$) سعر Material and Labours	TOTAL Price السعر Material and Labours الاجمالي	بيان الأعمال	ر.م		
	Site preparation works					اعمال تهيئة الموقع	1		
1	Mobilization and setting up equipment ready to work, site preparation and clearance, Rotary or Sonda	1	Lump Sum		0.00	تجهيز الموقع وتهيئة للعمل وتجهيز المسار لحركة الحفاره	1		
	Sub-Total				0.00				
2	Drilling Works					اعمال الحفر	2		
2.1	Drilling the well using the Mechanical Rig (Arabic Name SONDA) the drilling rig for medium to high depth boreholes. The rig pit shall be 17.5 inches size . The drillings will be in Any Soil (Rocks, sands or / and Clay) .	10	Lin.M		0.00	حفر البئر باستخدام جهاز الحفر الميكانيكي (الاسم المتداول سوندا) ، وهو جهاز الحفر للآبار ذات العمق المتوسط والعالي ، ويجب أن يكون حجم حفرة الحفارة 17.5 يوصة . ستكون الحفر في أي تربة (صخور ، رمال و / وطين).	2.1		
2.2	The Drilling Depth will be bewteen (70m -80m) with the pit of 12 inch size . The Item shall includes transfer of the waste outside the site and all necessary works according to the specifications (NOTE: Actual well depth will depend to the site/strata condition, water discharge and status,) The Definition of Successful well-the well which will proof that the well (Well capacity requirement (>60 liters/minutes for at least 48 hours of continuous pumping). Note: The Size of well must be larger than the Casing of 12inch diameter:	80	Lin.M		0.00	سيكون عمق الحفر بين (100 م -170 م) مع حفرة بحجم 12 يوصة ، ويجب أن يشمل البند نقل النفايات خارج الموقع وجميع الأعمال اللازمة وفقًا للمواصفات (ملاحظة: سيعتمد عمق البئر الفعلي على الموقع / حالة الطبقات ، وتصريف المياه وحالتها ، تعريف البئر الناجح - البئر الذي سيئيت أن البئر (متطلبات سعة البئر (ح 60 لكز / دقيقة لمدة 48 ساعة على الاقل من الضخ المستمر) ملاحظة: يجب أن يكون حجم البئر أن تكون أكبر من غلاف قطره 12 بوصة:	2.2		
2.3	Backfilling around the casing/filter using type 4-10mm gravel and as well as the soil backfill as per the IOM Engineer Instruction and recommendation .	1	Lump Sum		0	الردم حول أنبوب التغليف / المرشح باستخدام حصى من نوع 1-10 مم وكذلك ردم التربة وفقًا لتعليمات وتوصيات مهندس المنظمة الدولية للهجرة.	2.3		
	Sub-Total				0.00				
3	Casing Works					اعمال التغليف	3		
3.1	Supply and installtion of 15 inches pipes with 4mm thickness and to 10 meter depth .The pipes are ordinary steel pipes	10	Lin.M		0.00	توريد وتركيب مواسير 15 بوصة بسمك 4 ملم وعمق 10 متر. الأنابيب عبارة عن أنابيب فولاذية عادية	3.1		
3.1	Installing casing 9.26 inch made of an ordinary iron, thickness 8.64 mm(API), new . from 10-160 m depth to upper the ground surface. The Supervising Engineer Instructions . The purpose of the Casing is to protect the well from collapsing at the Clay Layer , The Casing shall be installed all over the well from the top to the Aquifer. The Installation shall be made by welding the pipes outside the well . The end of the Pipes shall be holed in order and filtered to allow the water goes to the Submersible Pump Note: If the API pipes is not available in local market, refer to the supervising	80	Lin.M		0.00	توريد وتركيب غلاف 9.26 بوصة مصنوع من حديد عادى سماكة 68.8 م (PA) جديد. من عمق 10-10.0 م إلى أعلى سطح الأرض من الغلاف مع الحالأرض من الغلاف هو حماية البئر من الأنهيار عند طبقة الطين ، ويجب تركيب يتم النزلاق في جميع أتحاء البئر من الأعلى إلى طبقة المياه الجوفية. يتم التركيب عن طريق لحام الأتابيب خارج البئر. يجب حفر نهاية الأنابيب بالترتيب وتصفيتها للسماح بتدفق الماء إلى المضخة الغاطسة ملاحظة: إذا لم تكن أنابيب API متوفرة في السوق المحلي ، فراجع المشرف	3.2		

	Sub-Total						
4	UPVC and PPR Pipes Supply and Installation					توريد وتركيب أنابيب UPVC و PPR	4
4.1	Supply and installtion of 2.0 inch UPVC Pipes (Pressure Rating 27kg/cm2). Installation of 2 inch diameter UPVC Pipes into the Wells . The Indian Products are more recommeded The Welding or Threaded Connections shall be made . Note (The rate shall inculdes all accessories , joints and Convertors, end connections with the Pump)	80	Lin.M		0.00	عمل حلقة إسمنتية حول أنبوب الوقاية في الفراغ الحلقي 17.5 * 13.37 بوصة باسمنت درجة (أ) وبكتافة 1.8 كجم / لتر.	4.1
4.2	Supply and Installation PPR pipes 1.5 inches all pipes shall be jointed and fixed and connected to (Water Tanks) * The rate includes all fittings and accessories as well as water pressure test must be performed to achieve zero leakage. Note: All fittings and pipe specials used in the plumbing installation shall be suitable and compatible with all respects to the pipe line to which fittings and specials are fixed.	25	Lin.M		0.00	توريد ونركيب مواسير UPVC مقاس 2.0 بوصة (معدل الضغط 27 كجم /سم 2). تركيب أنابيب UPVC بقطر 2 بوصة في الآبار. المنتجات الهندية موصى بها بشكل أكبر ، بجب إجراء الوصلات الملولية أو اللحام. ملحوظة (يجب أن يشمل السعر جميع الملحقات والوصلات والمحولات والوصلات النهائية مع المضخة	4.2
4.3	supply and installation of polyethylene elevated tank including the floating valve and steel frame base, cover in the designated place (5000L Capacity)	1	Pcs		0	توريد وتركيب خزان مرتفع من البولي إيثبلين بما في ذلك الصمام العائم وقاعدة الإطار الفولاذي والغطاءوالتثبيت في المكان المخصص (سعة 5000 لتر)	4.3
	Sub-Total				0.00		
5	Cementation Works					أعمال الأسمنت	5
5.1	Injecting the well with the cement slurry , the process shall be done by using the metal pipes or jet grouting mechaine , The slurry made only from cement and water to form the paste . The injecting shall be made only to the depth of 10 meter	1	Lump Sum		0	حقن البئر بمونه الأسمنت ، تتم العملية باستخدام الأنابيب المعدنية أو آلة الحقن ا، الملاط مصنوع فقط من الأسمنت والماء لتكوين العجينة. يجب أن يتم تنفيذ الحقن فقط على عمق 10 أمتار من الأرض الطبيعية	5.1
5.2	Costruction of Well Cap in order to protect the well from sabotage and falling objects (Childern, Animinals , Rocks,etc) Well casing terminates at least 50cm above the Ground, The Construction shall be done by using C25 Concrete (Plain not reinforced) the item shall includes the supply and installtion of Galavised Pipes at the top of well	1	Lump Sum		0	انشاء وصب غطاء البئر من أجل حماية البئر من التخريب والأجسام المتساقطة (الأطفال ، والأدوات اليدوية ، والصخور ، إلخي ينتهي غلاف البئر على ارتفاع 50 سم على الأقل فوق الأرض ، ويجب أن يتم الانشاء باستخدام الخرسانة 25 (عادي غير مسلح) العنصر يجب أن يشمل توريد وتركيب الأنابيب المجلفنة في الجزء العلوي من البئر	5.2
	Sub-Total						
5	Electrical and Pumps works					أعمال الكهرباء والمضخات	5
5.1	Supply and Installation of SEAR PRODUCTS Submersible Water Pump (20 HP),RPM=2900, Q=M3/H 14,00-34,00, Hmax=253,00 meter automatic electrical switchers) The Input power is Three phase, 380 -415V, 50Hz (This item shall includes the Control Panel and Switches)	1	Pcs		0.00	توريد وتركيب SEAR PRODUCTS مضخة مياه غاطسة (20 حصانا) ، RPM = 2900 ، Q = M3 / H 14،00-34،00 ، Sorous مرتمولات كهوريائية أوتوماتيكية) طاقة الإدخال ثلاثية الأطوار (قفازي) ، 380- 415 فولت ، 50 هرتز (يجب أن يشمل هذا العنصر لوحة التحكم والمفاتيح)	5.1
5.2	Supply and Installation of Electrical Cable from coppers with 3*16mm crosssection will be connected from the Pumps to the control panels and switches	120	Lin.M		0.00	توريد وتركيب الكابلات الكهربائية من نحاسي مع مقطع عرضي 3 * 16 مم سيتم توصيله من المضخة الغاطسة إلى لوحات التحكم والمفاتيح	5.2
5.3	Supply and installation of Electrical Cable with 3@10 mm cross section made from coppers the itme must inculde the hinges and carriers connceted from the source	40	Lin.M		0.00	توريد وتركيب كبل كهربائي بمقطع عرضي 3 @ 10 مم مصنوع من نحاس يجب أن يشتمل على المفصلات والحوامل المتصلة من المصدر	5.3

	Sub-Total	0								
6	Commissioning, Lab Tests and Reporting					التشغيل والاختبارات المعملية وإعداد التقارير	6			
6.1	Test well productivity, test pump 3 stages each stage 2 hours, as following: 1- Measure water level return.(12 hours) 2- One long stage. 72 hour 3- Measure water level return. 24 hour	1	Lump Sum		0.00	اختبار انتاجية البئر واختبار المضخة 3 مراحل كل مرحلة 2 ساعة كالتالي: 1- فياس رجوع منسوب المياه (12 ساعة) 2- مرحلة واحدة طويلة. 72 ساعة 3- فياس عودة منسوب المياه. 24 ساعة	6.1			
6.2	Water wash and cleansing of well,	1	Lump Sum		0.00	غسل بالماء وتطهير البئر ،	6.2			
6.3	Chemical and bacteriological analysis tests of water samples (at least 3 samples) including provision of all certificates and results documents.	3	Pcs		0.00	اختبارات التحليل الكيميائي والبكتريولوجي لعينات المياه (3 عينات على الأقل) بما في ذلك توفير جميع الشهادات ووثائق النتائج.	6.3			
6.4	Technical Report	1	Pcs		0	اعداد وتجهيز التقرير الفني	6.4			
	Sub-Total		0.00							
	TOTAL Materials - Labor and Delivery					القيمة الاجمالية				
	Total COST in USD									
NOTES/(In Arabic)										
1	ALL THE CONSTRUCTION MATERIALS SHOULD BE BRAND NEW AND T TO CONSTRUCTION WORKS SPECIFICATIONS BY TSE AND INSTRUCTIO	ڣ	جميع مواد الانشاء والصيانة يجب ان تكون جديدة ومعتمدة من المهندس المشرف							
2	IN CASE OF ANY DIFFERENCE BETWEEN BOQ AND DESIGNS, THE II SUPERVISOR ENGINEER WILL PREVAIL.	ں المشرف.	في حالة وجود أي اختلاف بين جداول الكميات والتصاميم ، سيتم تطبيق تعليمات المهندس المشرف.							