



REQUEST FOR QUOTATION

FQ Reference: 4200676450

Date: 27th May 2024

Subject of RFQ): furniture for MOI LBG checkpoints - Second patch

The International Organization for Migration kindly requests your quotation for the provision of the goods, works and/or services described in the RFQ submission form below.

When preparing your quotation, please be guided by the RFQ information below. 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.

Please consider the following:

- Separate (technical and financial offers) required.
- Company's valid registration documents are required (license, Chamber of commerce & bank details).
- All companies who submit their offers must have a valid license that is compatible with the scope of work/service required. (vendors with no relevant experience profile will not be considered).
- All payments will be made through bank transfer (Vendors who do not have Bank accounts will not be considered).
- Vendors must provide full information (pictures) of the products in their offers, offers with missing information / technical offer, will not be considered.

RFQ INFORMATION

Deadline for the submission of quotation	29 th May 2024 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	Quotation must be submitted as follows: <input type="checkbox"/> E-tendering ➤ Email <input type="checkbox"/> Courier / Hand delivery <input type="checkbox"/> Other Click or tap here to enter text.
Cost of preparation of quotation	IOM shall not be responsible for any costs associated with a vendor's preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
Contractual Terms	Any Purchase Order that will be issued as a result of this RFQ shall be subject to the IOM standard terms for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement or IOM standard contract templates.
Documents to be submitted	Bidders shall submit and sign the-bid submission form below.
Quotation validity period	The quotation shall remain valid for at least 30 days from the deadline for the submission.
Price	Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW
Partial quotations	➤ Not permitted <input type="checkbox"/> Permitted Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids
Clarifications	Contact person for correspondence, notifications and clarifications Contact person: IOMLIBYAPROPOSAL@IOM.INT E-mail address: IOMLIBYAPROPOSAL@IOM.INT
Evaluation method	➤ The contract will be awarded to the lowest price substantially compliant offer. <input type="checkbox"/> Other Click or tap here to enter text.



Right not to accept any quotation	IOM is not bound to accept any quotations, nor award a contract or purchase order
Expected date for contract/PO award.	2 nd June 2024

Thank you and we look forward to receiving your quotation.

Issued by:

Signature: _____

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.



QUOTATION SUBMISSION FORM

RFQ Reference: 4200676450	Date: 27 th May 2024
RFQ ref no: 4200676450	
Delivery Location	Tripoli – 7 th April road – LBG HQ

Delivery Requirements: Bidder shall deliver the goods to exact address After PO signature.

Currency of the Quotation: USD.					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1	office chair Dimensions: H 130cm – Seating base 55*50, adjustable with wheels, leather, or cloth material.	EA	12		
2	Bunk beds Bed (Width 1.1 meter* length 2 meter, Hight 1.5 meter, Single Color White or Black Material Steel Suitable for Adults	EA	8		
3	Mattress height is 18/24 cm. Size 190 x 100 cm. Multiple layers Calcium carbonate free sponge Fabric treated against the growth of bacteria and fungi. Healthy and Suitable for children under seven years old.	EA	16		
4	visitor chair Hight 100-120 cm, Seating base 55*50 color black or grey, leather or cloth material.	EA	32		
5	Single Wardrobe 200*60*65 cm MDF wood or higher quality, PVC surface is recommended.	EA	4		
6	Round shaped desk (circular meeting table 1.5 diameter *.7meter (keeping space for chairs)- Hight wood made Hight quality.	EA	4		



7	office desk 1.4m*.7m Desk Specifications Rectangular desk with wooden top made of laminated. MDF 25mm thickness. Lamination is scratch resistant with straight PVC edges. Composed of top and under mounted “Protects metal from the bottom of the desk is equipped with non-slip feet, which can be muted while slipping with three drawers Width 40cm Depth 40cm Height 58cm. Drawer Unit Specifications Laminated MDF movable drawer unit 40*40*50 with 18mm thickness Mobile pedestal unit Consists of three drawers Unit based on four hard floor lockable castors	EA	8		
	Drawer is with central lock & finest telescopic rails Lamination is scratch resistant with straight PVC edges. Unit includes finest accessories				
8	Pillow standard white color suitable for adults’ high. quality	EA	16		
9	Transportation and installation service if any. (Please clarify the price breakdown for item 9 in the financial offer)	EA	1		
Total Final and All-inclusive Price					

COMPANY PROFILE (Vendor Information Form)¹

Item Description	Detail
Legal name of bidder*	
Legal Address (house no, street name, zip code, city*, region*, country*)	

¹ If the company did not register in UNGM or with IOM. If supplied to IOM already, please indicate if there are any changes to be incorporated in the vendor information sheet signed earlier.



Item Description	Detail
Website	
Registration date* and VAT number*	
Legal structure	
Business type/industry category*	<input type="checkbox"/> Direct Producer/Manufacturing <input type="checkbox"/> Reseller/Distributor/Service Provider
Are you a UNGM registered vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, insert UNGM Vendor Number
Do you provide services/goods internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which country:
Contact information*	Company Tel/Mobile: Company Email: Company Website: Contact Person 1: Contact Person 2:
Disability inclusive business*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women-owned/controlled*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Information	Bank Name: Bank Address: IBAN: SWIFT/BIC: Account Currency: Bank Account Number: Other relevant information:
Delivery date	

BIDDER'S DECLARATION OF CONFORMITY²

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I hereby represent and warrant that neither the vendor, 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 organization; 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.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor is financially sound and duly licensed.

² This form is mandatory to fill in and sign by every vendor who submits quotation.



Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor 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.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules, and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, 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 vendor any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges, and immunities of IOM as an intergovernmental organization.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor 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 other temporary suspension. The vendor will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor 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.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that, the vendor 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.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at https://www.ungm.org/Public/CodeOfConduct .
<input type="checkbox"/>	<input type="checkbox"/>	It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered between the vendor and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor in this Declaration.

Signature: _____

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap 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*: | <input type="checkbox"/> 0100 - Commercial Vendors | <input type="checkbox"/> 0500 - International Organizations - Non-UN |
| | <input type="checkbox"/> 0200 - National CSOs | <input type="checkbox"/> 0600 - UN entities |
| | <input type="checkbox"/> 0300 - National Government Entities | <input type="checkbox"/> 0005 - Individual Consultant/Non-Staff |
| | <input type="checkbox"/> 0400 - International CSOs | |

- Business Type*:
- Direct Producer/Manufacturing
- Reseller/Distributor/Service Provider

Provide Services/Goods Internationally* Yes No

Disability-inclusive* Yes Not applicable

Women-owned/controlled*

At least 51% women-owned/controlled

Less than 51% women-owned/controlled

Not applicable

Notes
All fields marked with * are mandatory. The form may be returned if mandatory fields are missing/incorrect or in the wrong format (exp. Zipcode).
Vendor Name - should match IDs or registration documents.
If there is insufficient space, please use the Other Information section

Product Categories (check all applicable)*

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Agriculture, Livestock and Fisheries | <input type="checkbox"/> Fuels and Derivatives | <input type="checkbox"/> Legal and Investigation | <input type="checkbox"/> Power Supply and Electric |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Furniture | <input type="checkbox"/> Logistics and Warehousing | <input type="checkbox"/> Quality Control and Environment |
| <input type="checkbox"/> Clothing and Luggage | <input type="checkbox"/> Hospitality, Events | <input type="checkbox"/> Media and Printing | <input type="checkbox"/> Security |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurances | <input type="checkbox"/> Medical, Drugs and Pharma | <input type="checkbox"/> Social and Humanitarian Services |
| <input type="checkbox"/> Consultancy and Contracted Services | <input type="checkbox"/> IT and Communications | <input type="checkbox"/> NFIs - Household and Camps | <input type="checkbox"/> Tickets |
| <input type="checkbox"/> Finance and Administration | <input type="checkbox"/> Land and Buildings | <input type="checkbox"/> Office Equipment and Supply | <input type="checkbox"/> Tools and Machinery |
| <input type="checkbox"/> Food and Beverage | <input type="checkbox"/> Learning, Training and Recreation | <input type="checkbox"/> Personal Care | <input type="checkbox"/> Vehicles and Accessories |

UNGM No. _____ <https://www.unom.org/UNUser/Home>

UN Partner Portal Reference _____ <https://www.unosdportal.org>

Registration Date _____ Main Country of Operations (dd-mmm-yyyy)

Licensing Auth./Type _____ License No.: _____ Reg. Date: _____ Expiry Date: _____
For additional licenses, please use the Other Information Section dd-mmm-yyyy 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:



VENDOR INFORMATION SHEET

Section II: Payment and Banking Information

Payment Details

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 _____
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

Position/Title

Date