

REQUEST FOR QUOTATION

RFQ Reference: PR_4200508712

Date: 13 August 2023

Subject of RFQ): **Provision of equipment for Qatrun Hospital**

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.

RFQ INFORMATION

Deadline for the submission of quotation	23-Aug-2023 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 <input checked="" type="checkbox"/> 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 60 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	<input checked="" type="checkbox"/> Not permitted <input type="checkbox"/> Permitted
Clarifications	Contact person for correspondence, notifications, and clarifications. Contact person: IOM LIBYA Procurement E-mail address: iomlibyaproposal@iom.int <ul style="list-style-type: none"> ▪ 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: 25 MB ▪ Mandatory subject of email: RFQ 4200508712, Company name ▪ 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. The proposer should receive an email acknowledging email receipt.
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer.

	<input type="checkbox"/> Other
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.	06 Sep 2023

Thank you and we look forward to receiving your quotation.

Issued by: **IOM Libya Procurement**

QUOTATION SUBMISSION FORM

RFQ Reference: PR_4200508712	Date: Click or tap to enter a date.
RFQ ref no: PR_4200508712	

Requirements (Specs/TOR/SOW)

Delivery Requirements: *All Goods and Required Services shall be received in Qatrun City Hospital*

Currency of the Quotation: US Dollar					
INCOTERMS: Click or tap here to enter text.					
Item No	Description	UOM	Qty	Unit price USD	Total price USD
1.	Office set, Wooden desk 1.6m*0.7 + wooden cabinet with double open door and 5 shelves + drawers + wooden coffee table 1m*0.5m + brown colour, with installation	EA	5		
2.	Printer, only printer, with feeder, black and white colour only, laser je	EA	1		
3.	AC – Split – Inverter – 12000BTU – electric switch - (installation includes any requirements for linking to the power source and electrical switch 32A)	EA	3		
4.	Revolving chair, good quality leather wrapped, brown colour with installation	EA	5		
5.	steel closet with locker with 6 doors: Tidyard Office Locker Cabinet Wardrobe Storage with 6 Hanging Bars & 6 Shelves, 6 Lockable Doors and 12 Keys, Steel Room Decor 35.4"x17.7"x70.9" Gray	EA	5		
6	Single seated Visitor chair, metal framed, good quality leather wrapped, brown colour, with installation	EA	12		
7	Printer, LaserJet "scanner, colour printer, and photocopier" 3 in 1, with installation	EA	1		
8	Desktop, all in one, set with "mouse, keyboard and monitor" Corei5 – Ram 16G – 512GB, 24inch LED screen 10th generation, original windows 10, with installation	EA	3		
9	Desktop, all in one, set with "mouse, keyboard and monitor" Corei7 – Ram 16G – 1TB, 24inch LED screen 10th generation, original Windows 10, with installation, for Finance unit use	EA	1		

10	Waiting chair, 3-Seater Waiting Bench, Metal Chair leather-wrapped	EA	10		
11	Folding curtain, ward screen with wheels for hospital use	EA	10		
12	Water Dispenser for 18L water bottle with the bottle	EA	3		
13	Carpet for office, loop pile brown colour, with installation Qty is in square meter	EA	30		
14	Extension lead socket 4-way, 3 meter, 16AH	EA	10		
15	Stainless Steel electric kettle, 1.7 L	EA	2		
16	Wheelchair for adults, Lightweight Wheelchair with Flip Up Desk Arms (for Easy Transfer), Adjustable & Easy Release Footrests, Safety Anti-Tippers,	EA	10		
17	Baby scale, newborn baby scale weighing in kilograms, digital weighing baby scale, maximum weight: 20G, power supply: 4*AA Battery	EA	2		
18	Portable Emergency Stretcher, Lightweight Ambulance Emergency Stretcher Hospital Medical - 159kg Wheels Loading Capacity	EA	4		
19	"Refrigerator, glass door, 5 adjustable shelves, Refrigerant R600a Temperature range from 0 to 10° C, Capacity 372 Liters, External measurements: 595x650x2000 mm Internal dimensions: 490x447x1557 mm	EA	2		
20	Blood pressure device, blood pressure measuring device, arm type, power supply: manual	EA	3		
21	Weight and Height scale for adults, digital weighing scale, maximum weight: 120 KG	EA	2		
22	Emergency medical trolley for hospital usage, with 5 drawers and 4 wheels	EA	3		
23	Patient examination bed, stainless steel adjustable manual without wheels	EA	4		
24	Medical infusion stand, stainless steel with 5 wheels	EA	10		
25	Aluminium alloy side rail 2 function foldable patient nursing hospital bed, with medical mattress	EA	4		
26	Pinboard for walls, size 90*120cm, with installation	EA	4		
				Total Price	
				Transportation Price	
				Other Charges (specify)	
				Total Final and All-inclusive Price	

COMPANY PROFILE (Vendor Information Form)¹

Item Description	Detail
Legal name of bidder*	Click or tap here to enter text.
Legal Address (house no, street name, zip code, city*, region*, country*)	Click or tap here to enter text.
Website	Click or tap here to enter text.
Registration date* and VAT number*	Click or tap here to enter text. Click or tap here to enter text.
Legal structure	Choose an item.
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 <p align="center">If yes, insert UNGM Vendor Number</p>
Do you provide services/goods internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No if no, in which country: Click or tap here to enter text.
Contact information*	Company Tel/Mobile: Click or tap here to enter text. Company Email: Click or tap here to enter text. Company Website: Click or tap here to enter text. Contact Person 1: Click or tap here to enter text. Contact Person 2: Click or tap here to enter text.
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: Click or tap here to enter text. Bank Address: Click or tap here to enter text. IBAN: Click or tap here to enter text. SWIFT/BIC: Click or tap here to enter text. Account Currency: Click or tap here to enter text. Bank Account Number: Click or tap here to enter text. Other relevant information: Click or tap here to enter text.

¹ If company id not registered 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

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 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.
<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.
<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.

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 undertakes to comply with the Code of Conduct, available at https://www.unhcr.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 into 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.