

REQUEST FOR QUOTATION

RFQ Reference: RFQ_4200562863

Date: 03 November 2023

Subject of RFQ): **Items for protection response plan to storm Daniel**

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	10-November-2023, Time 23:59 Libya Time 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 <i>Click or tap here to enter text.</i>
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	<ul style="list-style-type: none"> - Bidders shall submit and sign the-bid submission form below. - Bidders shall fill-in sign and stamp the (BIDDER'S DECLARATION OF CONFORMITY) form. - Bidders shall provide the company registration documents (Certificate of Registration_Chamber of commerce_Trdaing registry)
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 4200562863, 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".

	<ul style="list-style-type: none"> ▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible. <p>The proposer should receive an email acknowledging email receipt.</p>
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.	18 Nov 2023

Thank you and we look forward to receiving your quotation.

Issued by: **IOM Libya Procurement**

QUOTATION SUBMISSION FORM

RFQ Reference: PR_4200562863	Date: Click or tap to enter a date.
RFQ ref no: PR_4200562863	

Requirements (Specs/TOR/SOW)

Delivery Requirements: *All Goods and Required Services shall be received in Misrata and Benghazi*

NOTE: It is Crucial to attach a sample picture for each of all listed items as a technical offer with the financial offer

<p>Currency of the Quotation: US Dollar</p> <p>INCOTERMS: Click or tap here to enter text.</p>					
Item No	Description	UOM	Qty	Unit price USD Including delivery	Total price USD Including delivery
1.	Wheelchair: for adults weight Up to 120-140 KGs, Specs per attached sample picture - 220 in Benghazi - 50 in Misrata	EA	270		
2	Adjustable Crutches for adults, made of metallic materials, Specs per attached sample picture. - 220 in Benghazi - 50 in Misrata	EA	270		

3	<p>Hygiene Kit:</p> <p>700 for Benghazi. Packed baby kit with IOM Logo contains:</p> <ul style="list-style-type: none"> - 1. Disposable diapers minimum 20 Pic 3 pack Sizes 0 to 3 months: 350 diapers. - Sizes 3 to 6 months: 175 diapers - Sizes 6 to 9 months: 117 diapers - Sizes 9 to 12 months: 58 diapers - 2. Diaper rash cream 50 gm minimum - 3- baby wipes 80 piece minimum - 4- Diaper changing pad 16In *32In, - 5- Baby blanket 106*132 minimum - 6- Bottles 250- MI or more (preferably BPA-free) and 2 nipples, - 7- Bottle brush (for cleaning), - 8- Bibs 2, - 9- Baby shampoo 500ml or more - 10- Baby nail clippers - 11- Thermometer (preferably digital). <p>200 for Misrata: baby kit with IOM contains:</p> <ul style="list-style-type: none"> - 1- Disposable diapers Sizes 0 to 3 months: 100 diapers - - Sizes 3 to 6 months: 50 diapers - - Sizes 6 to 9 months: 33 diapers - - Sizes 9 to 12 months: 17 diapers - 2. diaper rash cream 50 gm minimum, - 3. baby wipes 80 piece minimum - 4- Diaper changing pad 16In *32In, - 5- Baby blanket 106*132 minimum - 6- Bottles 250- MI or more (preferably BPA-free) and 2 nipples, - 7- Bottle brush (for cleaning), - 8- Bibs, - 9- Baby shampoo 500ml or more, - 10- Baby nail clippers, - 11- Thermometer (preferably digital). 	EA	900		
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4	<p>Dignity Kit: 500 for Benghazi:</p> <ul style="list-style-type: none"> - 5 pairs of underwear 250 (Size S) ,1000 (Size M),1000 (size L),250 (Size XL) - Sanitary pads, 12 pics minimum - 79 Gm minimum toothpaste, - Toothbrush, - comb, - Small mirror, - Lip balm - Deodorant 150ml minimum <p>Dignity Kit: 100 for Misrata:</p> <ul style="list-style-type: none"> - 5 pairs of underwear 100 (Size S) ,150 (Size M),150 (size L),100 (Size XL) - Sanitary pads, 12 pics minimum - 79 Gm minimum toothpaste, - Toothbrush, - Comb, - Small mirror, - Lip balm - Deodorant 150ml minimum 	EA	600		
Total Price					
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.
<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 .

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

Yes	No	
<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.

Illustrations for Items 1 & 2

#	Item	Discription	Image
1	Wheelchair	Mobility-aid device for people with limited mobility.	
2	Crutches	Walking-aid Forearm or Armpit crutches	