

REQUEST FOR QUOTATION

RFQ Reference: 4200603252

Date: 03 January 2024

Subject of RFQ): Rental of Ambulances for outreach and referrals services in the eastern region

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	5 January 2024, 17:00 Libya Time (+2 GMT) 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	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 <i>Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids</i>
Clarifications	Contact person for correspondence, notifications and clarifications Contact person: IOM Libya Procurement E-mail address: iomlibyaproposal@iom.int
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other <i>Click or tap here to enter text.</i>
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.	7 January 2024

Thank you and we look forward to receiving your quotation.

Issued by:

IOM Supply Chain Unit



QUOTATION SUBMISSION FORM

RFQ Reference: 4200603252	Date: Click or tap to enter a date.
RFQ ref no: Click or tap here to enter text.	

Requirements (Specs/TOR/SOW)

Delivery Requirements:

Currency of the Quotation: USD					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Derna area (Mahmoud Elharish polyclinic), from 7-1-2024 to 7-4-2024	Month	2.75		
2.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and referral services in Derna area (Yousef Abu Rahel PHC), from 7-1-2024 to 7-4-2024	Month	2.75		
3.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and referral services in Derna area (Salem Sasi PHC), from 7-1-2024 to 7-4-2024	Month	2.75		
4.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and referral services in Derna area (Alwahada Hospital), from 7-1-2024 to 7-4-2024	Month	2.75		
5.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and referral services in Jardas al-'Abid area (Jardas Hospital) from 7-1-2024 to 7-4-2024	Month	2.75		

6.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and referral services in Tulmetha area (Tulmetha hospital) from 7-1-2024 to 7-4-2024	Month	2.75		
7.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Shahat area (Shahat Polyclinic), from 7-1-2024 to 7-4-2024	Month	2.75		
8.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Derna Area (Shuhada Al Gargaf PHC), from 7-1-2024 to 7-4-2024	Month	2.75		
9.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Derna Area (Om Al Mominin PHC), from 7-1-2024 to 7-4-2024	Month	2.75		
10.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Derna Area (Harir Qwesah PHC), from 7-1-2024 to 7-4-2024	Month	2.75		
11.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Toukra Area (Toukra Hospital), from 7-1-2024 to 7-4-2024	Month	2.75		
12.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Benghazi Area (Benghazi Schools), from 7-1-2024 to 7-4-2024	Month	2.75		
13.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Derna Area (Diabetic Center in Derna), from 7-1-2024 to 7-4-2024	Month	2.75		

14.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Derna Area (Dialysis Center in Derna), from 7-1-2024 to 7-4-2024	Month	2.75		
15.	Rental of Ambulance, fully equipped, 24/7, including driver, fuel, for outreach medical teams activities and Referral services in Taknis Area (Taknis Hospital), from 7-1-2024 to 7-4-2024	Month	2.75		
				Total Price	
				Transportation Price	
				Insurance Price	
				Installation Price	
				Training 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 If yes, insert UNGM Vendor Number
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.

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

Item Description	Detail
	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.

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.

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 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 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.