

## REQUEST FOR QUOTATION

RFQ Reference: PR\_4200653393

Date: 09 April 2024

Subject of RFQ): **Materials for WASH Shelter response in Derna**

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

<b>Deadline for the submission of quotation</b>	<b>22-April-2024</b> If any doubt exists as to the time zone in which the quotation should be submitted, refer to <a href="http://www.timeanddate.com/worldclock/">http://www.timeanddate.com/worldclock/</a> .
<b>Method of submission</b>	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 <a href="#">Click or tap here to enter text.</a>
<b>Cost of preparation of quotation</b>	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.
<b>Contractual Terms</b>	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 <a href="https://www.iom.int/do-business-us-procurement">https://www.iom.int/do-business-us-procurement</a> or IOM standard contract templates.
<b>Documents to be submitted</b>	<b>Bidders shall submit and sign the-bid submission form below.</b> <b>Bidders shall submit the company registration documents.</b> <b>Bidders shall submit the bank account certificate</b>
<b>Quotation validity period</b>	The quotation shall remain valid for 60 days from the deadline for the submission.
<b>Price</b>	Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW
<b>Partial quotations</b>	<input checked="" type="checkbox"/> Not permitted <input type="checkbox"/> Permitted
<b>Clarifications</b>	Contact person for correspondence, notifications, and clarifications. Contact person: IOM LIBYA Procurement E-mail address: <a href="mailto:iomlibyaproposal@iom.int">iomlibyaproposal@iom.int</a> <ul style="list-style-type: none"> <li>▪ File Format: PDF</li> <li>▪ File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard.</li> <li>▪ All files must be free of viruses and not corrupted.</li> <li>▪ Max. File Size per transmission: 25 MB</li> <li>▪ Mandatory subject of email: <b>RFQ 4200653393, Company name</b></li> <li>▪ 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”.</li> <li>▪ It is recommended that the entire Quotation be consolidated into as few attachments as possible.</li> </ul>

	The proposer should receive an email acknowledging email receipt.
<b>Evaluation method</b>	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer. <input type="checkbox"/> Other
<b>Right not to accept any quotation</b>	IOM is not bound to accept any quotations, nor award a contract or purchase order
<b>Expected date for contract/PO award.</b>	30_April_2024

Thank you and we look forward to receiving your quotation.

Issued by: **IOM Libya Procurement**

### QUOTATION SUBMISSION FORM

RFQ Reference: PR_4200653393	Date: Click or tap to enter a date.
RFQ ref no: PR_4200653393	

#### Requirements (Specs/TOR/SOW)

Offer shall include technical offer showing the proposed items Pictures and technical specifications.

Delivery Requirements: *All Goods shall be received in Derna City*

Currency of the Quotation: US Dollar					
INCOTERMS: Click or tap here to enter text.					
	DESCRIPTION	UNIT	QTY. الكمية	UNIT Price (\$ سعر الوحدة)	TOTAL Price السعر الاجمالي
1	Desalination Plant (Materials Necessary for the laboratory)				
1.1	Single row cylindrical roller bearing, NU design (NU 310)	PCS	1.00		
1.11	Double row angular contact ball bearing (3310 C3)	PCS	1.00		
1.12	Deep groove ball bearing( 6317 C3 )	PCS	1.00		
1.13	Single row angular contact ball bearing( 7317 BECBP)	PCS	1.00		
1.14	Single row angular contact ball bearing (7309 BECBP)	PCS	1.00		
1.15	Spherical roller bearing with tapered bore and relubrication features ( 22224 EK C3)	PCS	1.00		
1.16	Spherical roller bearing with tapered bore and relubrication features ( 22220 EK C3)	PCS	1.00		
1.17	Single row cylindrical roller bearing, NU design (NU 2219 ECP)	PCS	1.00		
1.18	Adapter sleeve with KM lock nut and MB lock washer, metric dimensions (Adapter Sleeves – H 320)	PCS	1.00		

1.19	Adapter sleeve with KM lock nut and MB lock washer, metric dimensions (Adapter Sleeves – H 3124)	PCS	1.00		
2	<b>Environmental Remediation Company (Materials Necessary for the laboratory )</b>				
2.1	Microbiology sampling bottle (Box-100) (Sample collection boxes for microbial examination)	PCS	10.00		
2.11	Sampling Bottle 1000 ml PP (Box of 50) (Sample collection boxes for chemical examination, capacity 1000 ml)	PCS	5.00		
2.12	Sampling Bottle 500 ml PP (Box of 50) (Sample collection boxes for chemical examination, capacity 1000 ml)	PCS	5.00		
2.13	Sampling Basket. (A basket to carry boxes of chemical analysis samples during collection)	PCS	1.00		
2.14	Cool Box 30 Liter. A basket to carry microbial analysis sample boxes during collection()	PCS	1.00		
2.15	Complete Stain Less filter Unites (3 Manifolds ) holder for 47 mm disc filters complete with vacuum pump (A device for filtering bacteria from samples to conduct microbial examination)	PCS	1.00		
2.16	Cellulose nitrate membrane Ø 47 mm, Sterile, 0,45 µm, 100 pcs (Lot no: 2015/08).(Sterile filter paper for microbial examination)	PCS	2.00		
2.17	Laboratory forceps, wide end stainless steel, Made of stainless steel.	PCS	2.00		
2.18	RACK 100-1000UL (100Pcs) 10*96.(Automatic pipette heads (plastic - single use)(Flame-sterilizable metal tweezers for holding and moving microbial screening filters)	PCS	5.00		
2.19	Micropipette 1000uL.(1000 µm automatic pipette)	PCS	2.00		
2.2	Compact Dry EC (PK/4) Hyserv-Japan. (Food medium ready for microbial examination (to detect the presence of coliform bacteria))	PCS	10.00		
2.21	Compact Dry TC (PK/4) Hyserv-Japan.(Food medium ready for microbial examination (to determine the number of bacterial colonies))	PCS	10.00		

2.22	TDS/EC meter (A field device for measuring total dissolved salts)	PCS	1.00		
3	<b>General Water Company - Sewage</b>				
3.1	Supply and installation of GRP sanitation chambers, 50 ton mobile plan, 40 ton external size 79 cm and complete internal size 60 cm	PCS	30.00		
4	<b>General Water Company (Materials Necessary for the laboratory)</b>				
4.1	Spectrophotometer (Ammonia testing and detection of contamination).	PCS	1.00		
4.11	Sampling Bottle 1000 ml PP (Box of 50) The following reagents (NH3 / SO4 /NH4 / Fe).	PCS	1.00		
4.12	Sampling Bottle 500 ml PP (Box of 50) Chlorine and nitrate detector.	PCS	1.00		
4.13	NH3 iron content was tested SO4++ Sulfate content tested NH4+ ammonium content test Detect the percentage of chlorine and nitrates Iron percentage detector	PCS	1.00		
4.14	Sampling Basket Bacterial analysis devices and PH devices.	PCS	1.00		
<b>SUMMARY PAGE</b>					
1	Desalination Plant (Materials Necessary for the laboratory)				
2	Environmental Remediation Company (Materials Necessary for the laboratory )				
3	General Water Company - Sewage				
4	General Water Company (Materials Necessary for the laboratory)				
				<b>GRAND TOTAL</b>	
				<b>Delivery time in Days</b>	
<b>NOTE: The prices shall include all related cost such as purchase, transportation, insurance, delivery to Derna, etc.</b>					

**COMPANY PROFILE (Vendor Information Form)<sup>1</sup>**

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. <span style="float: right;">Click or tap here to enter text.</span>
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.

<sup>1</sup> 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 CONFORMITY<sup>2</sup>**

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 <a href="https://www.ungm.org/Public/CodeOfConduct">https://www.ungm.org/Public/CodeOfConduct</a> .

<sup>2</sup> 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.