

## REQUEST FOR QUOTATION

RFQ Reference: PR\_ 4200658540

Date: 06 May 2024

Subject of RFQ): **Services for 2 LMG Training in Benghazi from (3rd to 6th June 2024) and (1st to 4th of July 2024)**

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-May-2024, 12:00 PM Libya Time</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>	Bidders shall submit and sign the-bid submission form below.
<b>Quotation validity period</b>	The quotation shall remain valid for 90 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 4200658540, 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> <p>The proposer should receive an email acknowledging email receipt.</p>
<b>Evaluation method</b>	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer.

	<p><input checked="" type="checkbox"/> PASS/FAIL evaluation criteria based on provided Eligibility Requirements.</p> <p><input checked="" type="checkbox"/> PASS/FAIL evaluation criteria based on offered items Specs.</p> <p><b>Note:</b> All Service providers shall sign the DOC form. Service Providers who are not registered with IOM shall provide the following documents along with their offer:</p> <ol style="list-style-type: none"> <li>1. Duly complete VIS (Page 7-8)</li> <li>2. Duly signed DOC (Page 5-6)</li> <li>3. Company Profile (indicating company commercial vision, product line, expertise, other capacities etc)</li> <li>4. Company Registration Certificate (Chamber of Commerce and/or relevant trade ministry and/or local govt)-all applicable ones</li> <li>5. Company's Articles of Association</li> <li>6. Company Organogram (with staff names and roles) or Staff List with names and designation</li> <li>7. Bank Account Letter</li> <li>8. Audited financial statements for the last two years or bank account statements for the company for the last one year. (one of two is mandatory)</li> <li>9. Tax certificate.</li> <li>10. other Commercial Clients' references (names, contact info, and project value)</li> <li>11. Declaration by the vendor for any other business with a different name</li> <li>12. Vendors Office/Business location</li> </ol>
<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 PO award.</b>	30 May 2024

Thank you and we look forward to receiving your quotation.

Issued by: **IOM Libya Procurement**

### QUOTATION SUBMISSION FORM

RFQ Reference: PR_ 4200658540	Date: Click or tap to enter a date.
RFQ ref no: PR_ 4200658540	

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

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

**Offer should be supported by Technical Sheet for offered items and service location.**

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.	Conference room for 30pax for two training sessions: 1 <sup>st</sup> Session date: 3rd to 6th Jun 2024 2 <sup>nd</sup> Session date: 1 <sup>st</sup> to 4 <sup>th</sup> July 2024 with projector, audio-mic, high-speed internet, flipchart, notepads, and pens. <b>Note:</b> Recommended Venues: <b>Tibesti Hotel or Juliana Hotel</b>	EA	8		
2.	Full board accommodation for 30pax for two training sessions: First session check-in on 2nd and check-out on 7th Jun Second session check-in 30 <sup>th</sup> Jun and check-out on 5 <sup>th</sup> Jul	EA	300		
3.	Refreshment two times a day for two training sessions: 3rd to 6th Jun 2024, and 1 <sup>st</sup> to 4 <sup>th</sup> July 2024.	EA	480		
4.	2 roll up banners 120cm*80cm with IOM and EU logos 2 roll up banners 120cm*80cm with IOM logo	EA	4		
5.	A4 Certificates with covers	EA	60		
6.	Pens	EA	60		
7.	USB flash drive 16GB	EA	60		
8.	A5 notebook	EA	60		
Total Price					
Other Charges (specify)					
<b>Total Final and All-inclusive Price</b>					
<b>Delivery Time in Days</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 <span style="float: right;">If</span> 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.

## 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 (esp. 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.unqm.org/UNUser/Home>  
**UN Partner Portal Reference** \_\_\_\_\_ <https://www.unpartnerportal.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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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