

REQUEST FOR QUOTATION (RFQ)

RFQ Reference: 4200705309

Date: 10 July 2024

SECTION 1: REQUEST FOR QUOTATION (RFQ) for the provision of Procurement of medicine and supplies for the medical teams in the eastern region under MP.0623

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using **Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer**, by the method and by the date and time indicated. 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.

Thank you and we look forward to receiving your quotations.

Approved by:

Supply Chain Unit

IOM Libya Mission

SECTION 2: RFQ INSTRUCTIONS AND DATA

Deadline for the Submission of Quotation	<p>24th July 2024 17:00</p> <p>If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/.</p>
Method of Submission	<p>Quotations must be submitted as follows:</p> <p><input type="checkbox"/> E-tendering</p> <p><input checked="" type="checkbox"/> Email</p> <p><input type="checkbox"/> Courier / Hand delivery</p> <p><input type="checkbox"/> Other Click or tap here to enter text.</p> <p>Bid submission address: iomlibyaproposal@iom.int</p> <ul style="list-style-type: none"> ▪ File Format: Pdf and Excel ▪ 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: 30 MB ▪ Mandatory subject of email: RFQ 4200705309 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.
Cost of preparation of quotation	IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process.
Supplier Code of Conduct	All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: Supplier Code of Conduct (ungm.org) .
Conflict of Interest	UN encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ.
General Conditions of Contract	Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement .
Eligibility (Upon conditional awarding)	<p>Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative.</p> <p>QA documents:</p> <p>Pharmaceuticals:</p> <p>Low Risk: Prequalified Lists WHO - Prequalification of Medical Products (IVDs, Medicines, Vaccines and Immunization Devices, Vector Control)/SRA</p> <p>Certification or</p> <p>Medium Risk:</p> <ol style="list-style-type: none"> A. COO, COA, Batch Release Certificate, Certificate of Good Manufacturing Practice for QA verification or B. FDCC Clearance certificate of each medicine with detailed specifications and batches intended to be supplied and C. FDCC Registration of the local vendors

	Medical supplies: Low Risk: SRA Certificate or Medium Risk: CE Certificate or High-Risk: FDCC certificate of each medical supplies (if applicable) and FDCC Registration of the local vendors.
Currency of Quotation	Quotations shall be quoted in USD
Duties and taxes	<p>The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below:</p> <p>All prices shall:</p> <input type="checkbox"/> be inclusive of VAT and other applicable indirect taxes <input checked="" type="checkbox"/> be exclusive of VAT and other applicable indirect taxes
Language of quotation and documentation including catalogues, instructions and operating manuals	English
Documents to be submitted	<p>Bidders shall include the following documents in their quotation:</p> <input checked="" type="checkbox"/> Annex 2: Quotation Submission Form duly completed and signed <input checked="" type="checkbox"/> Annex 3: Technical and Financial Offer duly completed and signed and in accordance with the Schedule of Requirements in Annex 1 <input checked="" type="checkbox"/> Other Bidder not already registered with IOM must submit the following documents: Company Profile, Valid Company Registration Certificates, Company Articles of association, Company Organogram, Bank account letter, Audited financial statement for last two years or Bank account statement for one year, Tax Certificate, references.
Quotation validity period	Quotations shall remain valid for 60 days from the deadline for the Submission of Quotation.
Price variation	No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received.
Partial Quotes	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted (<i>per line item</i>)
Payment Terms	<input checked="" type="checkbox"/> 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation. <input type="checkbox"/> Other Click or tap here to enter text.
Contact Person for correspondence, notifications and clarifications	<p>Focal Person: Procurement focal point E-mail address: iomlibyaproposal@iom.int</p>
Clarifications	Requests for clarification from bidders will not be accepted any later than 3 days before the submission deadline. Responses to request for clarification will be communicated by email by 01 July 2024
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other Click or tap here to enter text.
Evaluation criteria	<input checked="" type="checkbox"/> Full compliance with all requirements as specified in Annex 1 (dosage form, concentration, active ingredients. Etc) <input checked="" type="checkbox"/> Full acceptance of the General Conditions of Contract <input checked="" type="checkbox"/> Comprehensiveness of after-sales services <input checked="" type="checkbox"/> Earliest Delivery /shortest lead time <input checked="" type="checkbox"/> Expiry date no less than 18 months <input type="checkbox"/> Others (<i>for ex, environmental criteria/considerations, etc</i>)

Right not to accept any quotation	IOM is not bound to accept any quotation, nor award a contract or Purchase Order
Right to vary requirement at time of award	At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions.
Type of Contract to be awarded	PO for goods
Expected date for contract award.	24 June 2024
Policies and procedures	This RFQ is conducted in accordance with Policies and Procedures of IOM
UNGM registration	IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at www.ungm.org . The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM.
Partial Awarding	<input type="checkbox"/> Not permitted <input checked="" type="checkbox"/> Permitted (<i>per line item</i>)

ANNEX 1: SCHEDULE OF REQUIREMENTS

Technical Specifications for Goods

Sr	Item description	Unit	Qty
1	Amoxicillin clavulanic acid 156 Mg/5ml suspension	Pack of 20 Tablet	30
2	Amoxicillin clavulanic acid 1g Tablet	Pack of 14 Tablet	200
3	Amlodipine 5 Mg Tablet	Pack of 28 Tab	50
4	Amlodipine 10mg Tablet	Pack of 28 Tab	50
5	Antihemorrhoidal cream containing Lidocaine/Fluocinolone Acetonide	20 g Tube	30
6	Atorvastatin 20mg Tablet	Pack of 30 Tab	30
7	Bisoprolol Fumarate 5 Mg	Pack of 30 Tab	30
8	Bisacodyl 5mg Tablet	Pack of 30 Tab	30
9	Budesonide 0.5mg/2ml Nebulizer Suspension	Pack of 20 Nebules	2
10	Calcium and minerals Tablet.	Pack of 30 Table	50
11	Chloramphenicol 1% Eye Ointment	5g Tube	30
12	Chlorpheniramine Syrup 2mg/5ml	Bottle 100 ml	30
13	Ciprofloxacin 500 mg Tablet	Pack of 10 Tab	100
14	Clotrimazole Skin Cream 1%	20 g Tube	30
15	Dexamethasone 4mg/ml injection	Pack of 10 Amp	3
16	Dextrose 5% / 0.45% Sodium Chloride	Bag of 500 ml	50
17	Domperidone 10mg suppository	Pack of 5 Supp	10
18	Ferrous Sulphate 200mg Tablet	Pack of 30 Tab	20
19	Finger Pulse oximeter Portable Digital Reading LED Display.	EA	5
20	Fusidic acid 2% and betamethasone valerate 0.01% ointment	15 g Tube	50
21	Gentamicin 0.3% Eye Drops	5 ml bottle	30
22	Glibenclamide 5mg Tablet	Pack of 60 Tab	30
23	Glimepiride 4 mg tablet	Pack of 30 Tab	30
24	Hexamine 500.00 mg . Piperazine citrate 190.00 mg . Khellin 1.83 mg Combination such as Uricol or equivalent	Pack of 12 sach	100
25	Hydrocortisone 1% cream	15 gram Tube	100
26	Hyoscine Butylbromide 10mg Tablet	Pack of 20 Tablet	30
27	Hyoscine Butylbromide 20 mg/ml	Pack of 6 Amp	10
28	Ibuprofen 100mg/5ml	Bottle 100 ml	40
29	Ibuprofen 400mg Film Coated	Pack of 24 Tab	300
30	Ipratropium bromide 500 mcg/2 ml	Pack of 20 Nebules	2
31	Lactulose Syrup 66.7%	Bottle 200 ml	25
32	Levothyroxine 100 mcg Tablet	Pack of 50 Tab	20
33	Lisinopril 10mg Tablet	Pack of 28 Tab	40

34	Loratadine 10mg Tablet	Pack of 10 Tab	100
35	Loperamide 2mg Capsule	Pack of 10 Capsule	20
36	Metronidazole 125 Mg/5ml Suspension	Bottle 100 ml	25
37	Metformin 500 mg Tablet	Pack of 30 Tab	50
38	Metformin 850 mg Tablet	Pack of 56 Tab	50
39	Multivitamins Tablet	Pack of 50 Tab	75
40	Naphazoline hydrochloride+ Chlorpheniramine maleate eye/Nasal drops	15 ml Dropper Bottle	50
41	Omeprazole 40 mg Capsule	Pack of 28 Cap	100
42	Omeprazole 40 mg Vial	Pack of 1 vial	40
43	Paracetamol 250mg/5 ml Suspension	Bottle 100 ml	100
44	Paracetamol 500 mg Tablet	Pack of 100	100
45	Paracetamol 1000mg /100ml Infusion	100 ml Pack	40
46	Paracetamol, chlorpheniramine, and phenylephrine Tablet combination	Pack of 20 Tab	200
47	Pediatric cough Syrup contains Diphenhydramine and Sodium Citrate	Bottle 120 ml	60
48	Prednisolone 5 Mg Tablet	Pack of 20 Tablet	30
49	Portable cool Box 35 Liter with 4 Ice Pack 500 ml	EA	1
50	Salbutamol 0.1 Mg/Dose Inhaler	200 Doses Inhaler	30
51	Silver sulfadiazine 1%	Tube of 50 grams	40
52	Sterile Water For Injection 10ml ampoule	Pack of 50 Ampoule	12
53	Thiocolchicoside 4mg/2ml	Pack of 6 Amp	12
54	Xylometazoline 0.05% Nasal Drops	Singel Pack	40
55	Xylometazoline 0.1 % Nasal Drops	Singel Pack	40
56	Vitamin B Complex IM Injection	Pack of 5 Amp	20
57	Vitamin D 50000 IU Capsule	Pack of 20 Tab	50
58	Aneroid Sphygmomanometer. Manual blood pressure measurement device with removable adult sized cuff and children sized blood pressure measurement cuff	Single unit	2
59	adhesive non woven wound dressing 10m x 15cm roll	Single unit	25
60	Infusion giving set, sterile	EA	125
61	Cannula IV short 22G, sterile	EA	200
62	Cannula IV short 20G, sterile	EA	200
63	Medical Nitrile examination Gloves, Powder free, disposable	Box of 100	60
64	Non Sterile Gauze Pads 7.5cm X 7.5cm	Pack of 100	100
65	Povidone Iodine 10% solution	Bottle of 1000 ml	10
66	Urine Pregnancy Rapid Test Kit	EA	40
67	Sterile Gauze 12 ply 10cm x10 cm	Pack of 100	100

68	Sterile Surgical Blades no 22	Pack of 100	10
69	Sterile surgical gloves size 7.5	50 Pair	2
70	Syringe, 5ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable	Single unit	500
71	Syringe, 10ml, sterile, with detached (bi-packed / mounted) needle, 21Gx1 1/2" (0.80 x 40mm), disposable	Single unit	500
72	Adult nebulizer mask with full kit	Single unit	50
73	Pediatric Nebulizer Mask with full Kit	Single unit	50
74	Prolene 2/0 Suture round body	Pack of 12	3
75	Transpiration to Benghazi	EA	1

Delivery Requirements

Delivery Requirements	
Delivery date and time	Bidder shall deliver the goods to Benghazi After Contract signature.
Delivery Terms (INCOTERMS 2020)	DAP
Customs clearance (must be linked to INCOTERM)	<input checked="" type="checkbox"/> Not applicable Shall be done by: <input type="checkbox"/> Name of organisation <input type="checkbox"/> Supplier/bidder <input type="checkbox"/> Freight Forwarder
Exact Address(es) of Delivery Location(s)	Click or tap here to enter text.
Distribution of shipping documents (if using freight forwarder)	N/A
Packing Requirements	N/A
After-sales service and local service support requirements	At least 1 year warranty
Preferred Mode of Transport	Land
Other information	N/A

ANNEX 2: QUOTATION SUBMISSION FORM

Bidders are requested to complete this form, including the Company Profile and Bidder’s Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:	Click or tap here to enter text.	
RFQ reference:	Click or tap here to enter text.	Date: Click or tap to enter a date.

VENDOR INFORMATION SHEET¹

Please attach the latest vendor information sheet to be filled in and signed by the vendor

BIDDER’S DECLARATION OF CONFORMITY²

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, 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 Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier 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 Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, 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 Supplier any direct or indirect benefit arising from the contract.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization.

¹ [Vendor Information Sheet.xlsx](#)

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 Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier 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 Supplier 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 Supplier, I further represent and warrant that the Supplier 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 Supplier, I further represent and warrant that, the Supplier 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 Supplier, I further represent and warrant that the Supplier 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 Supplier to inform IOM immediately of any change to the information provided in this Declaration.
<input type="checkbox"/>	<input type="checkbox"/>	On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM.
<input type="checkbox"/>	<input type="checkbox"/>	IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier 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.

ANNEX 3: TECHNICAL AND FINANCIAL OFFER - GOODS

Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.

Name of Bidder:	Click or tap here to enter text.	
RFQ reference:	Click or tap here to enter text.	Date: Click or tap to enter a date.

Detailed description of expiry date, brand, dosage form and concentration of the pharmaceuticals is MANDATORY, sample pictures are advantages.

Financial and technical offer **MUST** be signed and stamped. Please use the excel sheet through [this link](#) to fill up your offer [Items list PR 4200705309.xlsx](#)

Currency of the Quotation: USD					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1.	Click or tap here to enter text.				
2.	Click or tap here to enter text.				
3.	Click or tap here to enter text.				
4.	Click or tap here to enter text.				
5.	Click or tap here to enter text.				
Total Price					
Transportation Price					
Insurance Price					
Installation Price					
Training Price					
Other Charges (specify)					
Total Final and All-inclusive Price					

Compliance with Requirements

	You Responses		
	Yes, we will comply	No, we cannot comply	If you cannot comply, pls. indicate counter proposal
Minimum Technical Specifications	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Warranty and After-Sales Requirements	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Payment terms	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Other requirements <i>[pls. specify]</i>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

Other Information:

Estimated weight/volume/dimension of the Consignment:	Click or tap here to enter text.
Country/ies of Origin: <i>(if export licence required this must be submitted if awarded the contract)</i>	Click or tap here to enter text.

I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted.	
<p><i>Exact name and address of the company</i></p> <p>Company Name: Click or tap here to enter text.</p> <p>Address: Click or tap here to enter text.</p> <p>Click or tap here to enter text.</p> <p>Phone No.: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p>	<p>Authorized Signature:</p> <p>Date: Click or tap here to enter text.</p> <p>Name: Click or tap here to enter text.</p> <p>Functional Title of Authorised Signatory: Click or tap here to enter text.</p> <p>Email Address: Click or tap here to enter text.</p>