

## REQUEST FOR QUOTATION

FQ Reference: RFQ 4200722569

Date: 28<sup>th</sup> July 2024

Subject of RFQ): **BLMA with Ghana 13th -15th August 2024**

The 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.

**Please consider the following:**

- Separate (technical and financial offers) required.
- Company’s valid registration documents are required (license, Chamber of commerce & bank details).
- All companies who submit their offers must have a valid license that is compatible with the scope of work/service required. (vendors with no relevant experience profile will not be considered).
- All payments will be made through bank transfer (Vendors who do not have Bank accounts will not be considered).
- Vendors must provide full information (pictures) of the products in their offers, offers with missing information / technical offer, will not be considered.

For companies that are not registered with IOM please provide the following:

- Complete, signed & stamped vendor information sheet (VIS) attached.
- Signed & stamped Code of Conduct & declaration on conformity in Annex 1.

**RFQ INFORMATION**

<b>Deadline for the submission of quotation</b>	31 <sup>st</sup> July 2024 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 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 Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids
<b>Clarifications</b>	Contact person for correspondence, notifications and clarifications Contact person: IOMLIBYAPROPOSAL@IOM.INT E-mail address: IOMLIBYAPROPOSAL@IOM.INT
<b>Evaluation method</b>	<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.
<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>	06 <sup>th</sup> August 2024

Thank you and we look forward to receiving your quotation.

Issued by:

Signature: \_\_\_\_\_

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.

### QUOTATION SUBMISSION FORM

RFQ Reference: 4200722569	Date: 28 <sup>th</sup> July 2024
RFQ ref no: 4200722569	

**Delivery Requirements:** Bidder shall deliver the goods to exact address After PO signature.

<b>Currency of the Quotation: USD.</b>					
<b>INCOTERMS: DAP</b>					
Item No	Description	UOM	Qty	Unit price	Total price
1	Conference room for 25pax for 3 days 13-15 August. With projector, audio,mic, high-speed internet, flipchart, notepads, and pens.	EA	3		
2	Full board accommodation for 10pax Check in : 12th August Check out : 16th August	EA	40		
3	Lunch for 15pax for 3 days 13-15 August.	EA	45		
4	Refreshment two times a day for 3 days for 25pax 13-15 August.	EA	150		
5	Roll up banner 120cm*80cm with IOM and ARMP logos	EA	2		
6	Interpretation and technical support EN-AR 25pax for 3 days 13-15 August. from 9:30 to 16:00	EA	3		
<b>Total Final and All-inclusive Price</b>					

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

Item Description	Detail
Legal name of bidder*	
Legal Address (house no, street name, zip code, city*, region*, country*)	

<sup>1</sup> If the company did not register 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
Website	
Registration date* and VAT number*	
Legal structure	
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, <b>insert UNGM Vendor Number</b>
Do you provide services/goods internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which country:
Contact information*	Company Tel/Mobile: Company Email: Company Website: Contact Person 1: Contact Person 2:
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: Bank Address: IBAN: SWIFT/BIC: Account Currency: Bank Account Number: Other relevant information:

<b>Delivery Schedule for the offer</b>	
<b>Offer Validity</b>	<b>60 days</b>

#### Annex 1 - 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 organization; 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.

<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"/>	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.un.org/Depts/los/convention_agreements/convention_code_of_conduct.html">https://www.un.org/Depts/los/convention_agreements/convention_code_of_conduct.html</a> .
<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 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\*:
0100 - Commercial Vendors
0200 - National CSOs
0300 - National Government Entities
0400 - International CSOs
0500 - International Organizations - Non-UN
0600 - UN entities
0005 - Individual Consultant/Non-Staff

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)\*
Agriculture, Livestock and Fisheries
Chemicals
Clothing and Luggage
Construction
Consultancy and Contracted Services
Finance and Administration
Food and Beverage
Fuels and Derivatives
Furniture
Hospitality, Events
Insurances
IT and Communications
Land and Buildings
Learning, Training and Recreation
Legal and Investigation
Logistics and Warehousing
Media and Printing
Medical, Drugs and Pharma
NFIs - Household and Camps
Office Equipment and Supply
Personal Care
Power Supply and Electric
Quality Control and Environment
Security
Social and Humanitarian Services
Tickets
Tools and Machinery
Vehicles and Accessories

UNGM No. \_\_\_\_\_
UN Partner Portal Reference \_\_\_\_\_
Registration Date \_\_\_\_\_
https://www.ungm.org/UNUser/Home
https://www.unpartnerportal.org
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:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



**VENDOR INFORMATION SHEET**

**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