

## REQUEST FOR QUOTATION

FQ Reference: RFQ 4200739190

Date: 22<sup>nd</sup> August 2024

Subject of RFQ): - Donation for Sudanese Community Centre.

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>	27 <sup>th</sup> August 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>	30 <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: 4200739190	Date:
RFQ ref no: 4200739190	

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

Currency of the Quotation: USD.					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1	Tv Screens 42 inch, LED	EA	2		
2	Laptop Laptop, 15.6" HD Display, Intel Core i5-1335U(10-core), 16GB DDR4 RAM, 256 GB HRD, Intel Graphics, Bluetooth, Windows 11 Home, WiFi	EA	1		
3	Computers Processor: Intel i5 Memory: 8 GB RAM minimum Storage: 500 GB HRD Web camera and mic Network: 10/100/1000 BASE-T Ethernet Wireless: 802.11 g/n dual band (2.4/5.0 GHz) Operating System: Windows 11 Professional	EA	5		
4	Laser Printer colour All-in-One Laser Printer, Scanner, Copier,	EA	1		
5	AC 18 A	EA	2		
6	AC 16 A	EA	2		
7	Office Desks 120*60 cm	EA	10		
8	Office Chairs	EA	10		
9	Meeting room table to fit minimum of 10 chairs	EA	1		
10	Meeting room chairs	EA	10		
11	Plastic chairs	EA	30		
12	2-in-1 Freezer/Fridge 800 L minimum	EA	1		
<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.

**PROSPECTIVE VENDOR INFORMATION SHEET**

Vendor No.: \_\_\_\_\_  
(IOM Internal Use)

**Company Details**

Registered Vendor Name\*: \_\_\_\_\_

Tax Organization Type\*: Choose an item. \_\_\_\_\_

Supplier Type\*: Choose an item. \_\_\_\_\_

Company Web Site: \_\_\_\_\_

Tax Country\*: Choose an item. \_\_\_\_\_

Taxpayer ID/Tax Registration No\*: \_\_\_\_\_

Products and/or Services: Choose an item. \_\_\_\_\_

**Additional Information**

UNGM No.: \_\_\_\_\_

UNPP No.: \_\_\_\_\_

Is your Entity Women Owned?: Choose an item. \_\_\_\_\_

Is your Entity Disability Inclusive?: Choose an item. \_\_\_\_\_

Commitment to Antiracism: Choose an item. \_\_\_\_\_

Does your entity agrees with UN Supplier Code of Conduct: Choose an item. \_\_\_\_\_

Is the Bank Account Certificate added as attachment?: Choose an item. \_\_\_\_\_

**Address\***

Street Name and House No. \_\_\_\_\_

ZIP/Postal Code\* \_\_\_\_\_

City\* \_\_\_\_\_

Region\* \_\_\_\_\_

Country\* Choose an item. \_\_\_\_\_

**Contact Information for communications**

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email\*: \_\_\_\_\_

**IMPORTANT**

All fields marked with \* are mandatory.  
The form will be returned if mandatory field/s is/are empty  
The Vendor Name should match ID or registration documents

**Other Contacts**

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item. \_\_\_\_\_

If yes, what will be that role? Choose an item. \_\_\_\_\_

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item. \_\_\_\_\_

If yes, what will be that role? Choose an item. \_\_\_\_\_

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\*: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date: \_\_\_\_\_

List of attachments	
<input type="checkbox"/>	Taxpayer ID/Tax registration number certificate.
<input type="checkbox"/>	Business License
<input type="checkbox"/>	Id. of the owner
<input type="checkbox"/>	Signed UN Supplier Code of Conduct
<input type="checkbox"/>	Proof of women ownership share of the company
<input type="checkbox"/>	Evidence of commitment to anti-racism
<input type="checkbox"/>	Evidence of entity's disability inclusive policy
<input type="checkbox"/>	Other: _____

**SPEND AUTHORIZED SUPPLIER INFORMATION SHEET**

**Supplier Details**

Supplier's Name\*: \_\_\_\_\_  
 Supplier Number\*: \_\_\_\_\_

**Payment Details**

Payment Method\*:  
 Bank transfer  
 Check\*\*  
 Cash\*\*  
 Others\*\*: \_\_\_\_\_

**IMPORTANT**  
 All fields marked with \* are mandatory.  
 The form will be returned if mandatory field/s is/are empty  
 The Vendor Name should match ID or registration documents

\*\*If a Non-Bank Payment Method was selected, please provide justification:

**Bank Details\* (This information is mandatory if payment method is via Bank Transfer)**

Bank Name\* \_\_\_\_\_  
 Address \_\_\_\_\_  
 City\* \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 Country\* \_\_\_\_\_  
 Bank Account Name\* \_\_\_\_\_  
 Account Currency \_\_\_\_\_  
 Bank Account Number \_\_\_\_\_

Swift Code/BIC (outside U.S.A.)	_____
IBAN Number	_____
Clearing Number (Switzerland)	_____
ABA No. for ACH (U.S.A.)	_____

Fill only the code that corresponds to your location\*

**NOTES**

Payment currency must be clearly indicated to avoid delays and additional bank charges

If the company has multiple bank accounts, indicate the default account this form and add an extra sheet with full information of other accounts

**PLEASE, FILL IN THE CONTACT INFORMATION ONLY IF IT NEEDS TO BE UPDATED IN THE SUPPLIER PROFILE**

**Contact Information**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item.  
 If yes, what will be that role? Choose an item.

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Email\*: \_\_\_\_\_

Will this person have a role in Wave? Choose an item.  
 If yes, what will be that role? Choose an item.

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\*: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Date \_\_\_\_\_

	<b>List of attachments</b>
<input type="checkbox"/>	Bank Account Certificate
<input type="checkbox"/>	Declaration of Conformity was signed in solicitation documents
<input type="checkbox"/>	Other: _____