

REQUEST FOR QUOTATION

RFQ Reference: **4200759159**

Date: 30 September 2024

Subject of RFQ): **Provision of Materials and Services to conduct flood Safe Training in JULIANA Hotel in Benghazi_ On 5-6-7 November 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

Deadline for the submission of quotation	03-October-2024, 23:59 Libya Time If any doubt exists as to the time zone in which the quotation should be submitted, refer to http://www.timeanddate.com/worldclock/ .
Method of submission	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 <i>Click or tap here to enter text.</i>
Cost of preparation of quotation	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.
Contractual Terms	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 https://www.iom.int/do-business-us-procurement or IOM standard contract templates.
Documents to be submitted	Bidders shall submit and sign the-bid submission form below.
Quotation validity period	The quotation shall remain valid for 90 days from the deadline for the submission.
Price	Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW
Partial quotations	<input checked="" type="checkbox"/> Not permitted <input type="checkbox"/> Permitted
Clarifications	Contact person for correspondence, notifications, and clarifications. Contact person: IOM LIBYA Procurement E-mail address: iomlibyaproposal@iom.int - This RFQ Is Applicable ONLY for (Catering Services, Hotels, event Management) certified companies <ul style="list-style-type: none"> ▪ File Format: PDF ▪ 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: 25 MB ▪ Mandatory subject of email: RFQ 4200759159, 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.
Evaluation method	<input checked="" type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer. <input checked="" type="checkbox"/> PASS/FAIL evaluation criteria based on provided Eligibility Requirements. <input checked="" type="checkbox"/> PASS/FAIL evaluation criteria based on offered items Specs. Note: 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,, missing to share the full list of these documents can lead to auto disqualification of the bidder: <ol style="list-style-type: none"> 1. Duly complete VIS 2. Duly signed DOC 3. Company Profile (indicating company commercial vision, product line, expertise, other capacities etc) 4. Company Registration Certificate (Chamber of Commerce and/or relevant trade ministry and/or local govt)-all applicable ones 5. Company's Articles of Association 6. Company Organogram (with staff names and roles) or Staff List with names and designation 7. Bank Account Letter 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) 9. Tax certificate. 10. other Commercial Clients' references (names, contact info, and project value) 11. Declaration by the vendor for any other business with a different name 12. Vendors Office/Business location
Right not to accept any quotation	IOM is not bound to accept any quotations, nor award a contract or purchase order
Expected date for PO award.	15 October 2024

Thank you and we look forward to receiving your quotation.

Issued by: **IOM Libya Procurement**

QUOTATION SUBMISSION FORM

RFQ Reference: PR_ 4200759159	Date: Click or tap to enter a date.
RFQ ref no: PR_ 4200759159	

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.	Lunch meal for IOM supporting team+ translators= 5 pple (x3 days of workshop), in Benghazi city, on the 8th, 9th	EA	15		
2.	1 Coffee breaks per day for 25 participants + 3 supporting teams * 3 days	EA	84		
3.	0.5L water bottles for the participants, IOM staff, 28 bottles*3 days =84 bottles	EA	84		
4.	venue rental in Juliana Hotel Benghazi on November 5-6-7, and the space should be equipped with round tables and chairs to facilitate group activities and free movement. The venue must include all necessary materials for the training, such as a data projector, microphone, IT assistance, and stationery (flipchart stands, markers in various colors, sticky notes, notebooks, pens, and tape) for 25 participants. Additionally, part of the training will be practical and conducted in a swimming pool, so access to the pool should be included in the rental fees	Day	3		
5.	Printing service at the venue, estimated cost (xA4 paper) in case we need to print attendance sheet or other materials such as evaluation tools for the training	EA	100		
6	Provide simultaneous translation for 25 people	Day	3		
7	Provide Document Translation of training documents (25 pages)	EA	25		
8	Pen with IOM and Japanese foreign Affairs logos, blue color, logos will be shared	EA	25		

9	Banner Roll up, 80x200 cm, design will be shared with procurement	EA	1		
10	Full board, Singal room, in a Benghazi hotel for 25 Participants. accommodation must be in the same hotel where the training will take a place.	EA	100		
Total Price					
Other Charges (specify)					
Total Final and All-inclusive Price					
Delivery Time in Days					

COMPANY PROFILE (Vendor Information Form)¹

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. Click or tap here to enter text.
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.

¹ 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 CONFORMITY²

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 https://www.ungm.org/Public/CodeOfConduct .

² 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*: 0100 - Commercial Vendors 0500 - International Organizations - Non-UN
 0200 - National CSOs 0600 - UN entities
 0300 - National Government Entities 0005 - Individual Consultant/Non-Staff
 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"/> Chemicals <input type="checkbox"/> Clothing and Luggage <input type="checkbox"/> Construction <input type="checkbox"/> Consultancy and Contracted Services <input type="checkbox"/> Finance and Administration <input type="checkbox"/> Food and Beverage	<input type="checkbox"/> Fuels and Derivatives <input type="checkbox"/> Furniture <input type="checkbox"/> Hospitality, Events <input type="checkbox"/> Insurances <input type="checkbox"/> IT and Communications <input type="checkbox"/> Land and Buildings <input type="checkbox"/> Learning, Training and Recreation	<input type="checkbox"/> Legal and Investigation <input type="checkbox"/> Logistics and Warehousing <input type="checkbox"/> Media and Printing <input type="checkbox"/> Medical, Drugs and Pharma <input type="checkbox"/> NFIs – Household and Camps <input type="checkbox"/> Office Equipment and Supply <input type="checkbox"/> Personal Care	<input type="checkbox"/> Power Supply and Electric <input type="checkbox"/> Quality Control and Environment <input type="checkbox"/> Security <input type="checkbox"/> Social and Humanitarian Services <input type="checkbox"/> Tickets <input type="checkbox"/> Tools and Machinery <input type="checkbox"/> Vehicles and Accessories
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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