

REQUEST FOR QUOTATION

RFQ Reference: 4200799948

Date: 17 November 2024

Subject of RFQ): **Conduct 2 days of Flood safe training 4 and 5 Dec 2024- in Tripoli**

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 | 21 November 2024 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 Click or tap here to enter text. |
| 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 Click or tap here to enter text. 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 Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids |
| Clarifications | Contact person for correspondence, notifications and clarifications Contact person: IOM Libya Procurement E-mail address: iomlibyaproposal@iom.int |
| 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. |
| Right not to accept any quotation | IOM is not bound to accept any quotations, nor award a contract or purchase order |
| Expected date for contract/PO award. | 01 December 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.

Delivery Requirements:

| Currency of the Quotation: USD | | | | | |
|--------------------------------|---|-----|-----|------------|-------------|
| INCOTERMS: DAP | | | | | |
| Item No | Description | UOM | Qty | Unit price | Total price |
| 1. | Lunch meal for 13 participants from Tripoli city, and 8 supporting team, (in total 21 pax x 2 days= 42 on the 4 and 5 Dec 2024 | EA | 42 | | |
| 2. | 1 Coffee breaks per day for 33 Pax * 2 days, on 4 and 5 Dec 2024 | EA | 66 | | |
| 3. | 0.5L water bottles for the 30 pax, 30 bottles*2 days =60 bottles | EA | 60 | | |
| 4. | Full board, Single room, in a Tripoli for 12 Participants. (check-in 3rd Dec & check out 6th Dec), accommodation must be in the same hotel where the training will take place. | EA | 36 | | |
| 5. | a venue in Tripoli on 4 and 5 Dec 2024, 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, A5 notebooks with IOM and donor logo, pens with IOM and donor logo, 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. | EA | 2 | | |
| 6. | 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 | 150 | | |
| 7. | Printing certificates, A4 size, glossy paper, 4 colors with cover. | EA | 25 | | |

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|--|---|----|----|--|--|
| 8. | Provide a consecutive translation for 25 people, on 4 and 5 Dec 2024, the offer includes all translation equipment such as the headset, 3 wireless microphones, and other technical items | EA | 2 | | |
| 9. | Provide Document Translation of training documents (25 pages) | EA | 25 | | |
| 10. | Banner Roll up, 80x200 cm, design will be shared with procurement | EA | 1 | | |
| 11. | Pen with IOM and donor logos, blue color, logos will be shared. | EA | 25 | | |
| Total Price | | | | | |
| Total Final and All-inclusive Price | | | | | |

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 If yes, insert UNGM Vendor Number |
| 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 |

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

| Item Description | Detail |
|------------------|---|
| 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. |

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 |

² This form is mandatory to fill in and sign by every vendor who submits quotation

| Yes | No | |
|--------------------------|--------------------------|--|
| | | 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.unhcr.org/Public/CodeOfConduct . |
| <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.