

REQUEST FOR QUOTATION

RFQ Reference: **4200517621.**

Date: **04th Sept 2023.**

Subject of RFQ): **Advanced training on rescue diving techniques LCG and GACS -Tripoli : 17-05 October.**

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	10TH September 2023. 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 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 type="checkbox"/> Not permitted <input type="checkbox"/> Permitted
Clarifications	Contact person for correspondence, notifications and clarifications Contact person: IOM Libya Proposal E-mail address: iomlibyaproposal@iom.int
Evaluation method	<input type="checkbox"/> The contract will be awarded to the lowest price substantially compliant offer <input type="checkbox"/> Other
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.	15 September 2023

Thank you and we look forward to receiving your quotation.

Issued by:

Signature: _____

Name:

Title:

Date:


QUOTATION SUBMISSION FORM

RFQ Reference: 4200517621.	Date:
RFQ ref no: 4200517621	

Requirements (Specs/TOR/SOW)

Terms of Reference

The International Organization for Migration in Libya
Training on Advanced Rescue Diving Techniques

1. Context

The International Organization for Migration (IOM) works in close partnership with Libyan authorities to enhance their capacity to respond to the challenges related to migration management. IOM takes up the role of promoting the orderly and humane management of migration, promoting international cooperation on migration issues, supporting relevant actors to govern migration flows and effectively maximize their positive impacts while minimizing the potential costs for migrants and society, including providing humanitarian assistance to migrants in need.

In the quest for better lives and opportunities, thousands of migrants each year continue to make the treacherous trip across the Mediterranean, a journey that has continued to claim the lives of many migrants, led to life-threatening injuries, and traumatized many survivors.

Libyan authorities engaged in rescue operations face constant challenges in performing rescue operations especially when it comes to saving lives. Bad weather, poor engines and overloaded boats cause shipwrecks that result in the drowning of migrants.

To support lifesaving operations for migrants at sea, the ability to perform in and under water is critical. Therefore, rescue diving and maritime safety training courses are essential elements for the Libyan authorities to strengthen their search and rescue capabilities.

2. Objectives of the training:

The main objective of the training is to support Libyan officials to perform safe diving operations and avoid work related safety incidents.

Scope of Work: The project will cover the following:

1. Conduct a PADI Advanced Diving Course for Coast Guard personnel.
2. Provide classroom lectures on advanced diving theory and techniques.
3. Conduct practical training sessions on rescue diving, deep diving, navigation, and night diving.
4. Conduct at least 5 open water diving sessions to practice the newly learned skills and techniques.
5. Provide training materials, including books and videos, to support the learning process.
6. Ensure safety measures are always followed during the training sessions.
7. Conduct evaluations and assessments to monitor the progress of the participants.

Deliverables:

1. Certified PADI Advanced Diving Course completion certificates for qualified Coast Guard personnel.
2. Comprehensive training materials including books and videos to support the learning process.

3. Detailed evaluation and progress reports for each participant

Delivery Requirements:

Currency of the Quotation: USD.					
INCOTERMS: DAP					
Item No	Description	UOM	Qty	Unit price	Total price
1.	Venue on a training center that include swimming pool for practical sessions for 24 participants for 5 days days with and laptops for online test and projector		5		
2.	Training delivery from a certified Professional Association of Diving Instructors PADI including certified trainer fees , and the training material and PADI certificate advanced level fees for registry and certificate issuing for 24 trainees. and all logistics needed for the training diver equipment, and all needed to do the open sea diving sessions includes a rescue diver simulation activities as per the attached ToR		15		
3.	Lunch break for 24 participants +1 staff + 2 trainers for 15 days		405		
4.	coffee break for 24 participants +1 staff + 2 trainers for 15 days		405		
5.	Roll up banners 2X0.8Mwith IOM and Donor logo		2		
6.	A5 notebooks with pens with IOM and donor logo		24		
Total Price					
Transportation Price					
Insurance Price					
Installation Price					
Training Price					
Other Charges (specify)					
Total Final and All-inclusive Price					

COMPANY PROFILE (Vendor Information Form)¹

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

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,
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.

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.

²This 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 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.