

RFQ LY21-223

Previous deadline 20/09/2021

New deadline 23/09/2021

All previous offers will be valid after RFQ closing



Ref No: LY21-223

Date: 06/09/2021

## REQUEST FOR QUOTATION (RFQ)

Project Name: IBM/SAR: Fumigation, cleaning, disinfection activities for, DCs, DPs  
 (Detention Centers and disembarkation Points)

Dear Mr./Ms. \_\_\_\_\_:

Please submit your best quotation for the items listed below in USD:

Item No.	Description	Locations Detention Centers Disembarkation Points	QTY	Date Needed
1	Fumigation, cleaning and disinfection	Ain Zara DC	1	ASAP
2	Fumigation, cleaning and disinfection	Baten Al Jabal DC	1	ASAP
3	Fumigation, cleaning and disinfection	AbuSliem DC	1	ASAP
4	Fumigation, cleaning and disinfection	Mabani DC	1	ASAP
5	Fumigation, cleaning and disinfection	Ghiryan Abu Rashada DC	1	ASAP
6	Fumigation, cleaning and disinfection	Triq Al Sika DC	1	ASAP
7	Fumigation, cleaning and disinfection	Azzawya Abu Issa DC	1	ASAP
8	Fumigation, cleaning and disinfection	Daraj DC	1	ASAP
9	Fumigation, cleaning and disinfection	Tripoli Main Port DP LCG	1	ASAP
10	Fumigation, cleaning and disinfection	Abusitta DP	1	ASAP
11	Fumigation, cleaning and disinfection	Mesfat Al Zawiya DP	1	ASAP
12	Fumigation, cleaning and disinfection	Tripoli Main Port DP GACS	1	ASAP
13	Fumigation, cleaning and disinfection	P300 boat	1	ASAP
14	Fumigation, cleaning and disinfection	P301 boat	1	ASAP
15	Fumigation, cleaning and disinfection	P200 boat	1	ASAP
16	Fumigation, cleaning and disinfection	LCG Fezzan boat	1	ASAP
17	Fumigation, cleaning and disinfection	LCG Ras Ijder boat	1	ASAP
18	Fumigation, cleaning and disinfection	LCG Obari boat	1	ASAP
19	Fumigation, cleaning and disinfection	LCG Azzawya boat	1	ASAP
20	Fumigation, cleaning and disinfection	LCG Zwara boat	1	ASAP
21	Fumigation, cleaning and disinfection	LCG Taliel boat	1	ASAP

### Evaluation of Quotations:

IOM shall evaluate and compare the Quotations based on the following:

- 1- Eligibility Evaluation -Company should provide full set of company's documents as valid licenses , registration documents , company bank account ,and fill the attached vendor information sheet (VIS)
- 2- Technical specifications- Company should provide services as per IOM requirements in terms of specs
- 3- Delivery- ASAP
- 4- Prices- Best price
- 5- For any technical questions please call 0923000526 (Saber)

Kindly send your signed and stamped offer in USD via email to [iomlibyaproposal@iom.int](mailto:iomlibyaproposal@iom.int) on or before 20 September 2021. Quotations must be valid at least within forty-five (45) calendar days from the date of quotation any company failed to deliver the requested valid documents before the closing date will be excluded from the quotation.

Thank you, **IOM Libya Procurement,**

NO	LOCATIONS	CITY	AREA MT2	Area / Location Address	Fumigation-Sterilization/ Disinfection cost in USD
<b>DCs in West Libya ( in addition to fumigation ,septic and garbage removal is part of the LTA )</b>					
1	Ain Zara DC	Tripoli	14,500.00	عين زارة طريق الاشارة الضوئية وادي الربيع	
2	Banten Al-Jabal	Tijj	13,460.00	خارج منطقة تيجي بحوالي 15 كيلو متر	
3	Abu Salim DC	Tripoli	16,000.00	ابوسليم	
4	Mabani DC	TRIPOLI	14,500.00	السراج طرابلس	
5	Abu-rshada DC	Gheryen	13,200.00	غريان منطقة بورشادة خارج مدينة غريان باتجاه الجنوب	
6	TRIQ AL SEKA DC	Tripoli	18,000.00	طريق السكة طرابلس	
7	Azzwaya Abu Issa DC	Azzawya	21,000.00	الزاوية ابو عيسى	
8	Derj DC	Derj		مدينة درج	
<b>GACS boats and DPs</b>					
1	Tripoli Main Port DP LCG	TRIPOLI	2,050.00	ميناء طرابلس	
2	ABO SITA DP	TRIPOLI	2,500.00	ابو ستة طرابلس	
3	MESFAT AL ZAWIYA DP	AL ZAWIA	5000	الزاوية	
4	Tripoli Main Port DP GACS	Tripoli	2,050.00	ميناء طرابلس	
5	Boat 1-P300	TRIPOLI	350.00	ميناء مدينة طرابلس	
6	Boat 2-P301	TRIPOLI	300.00	ميناء مدينة طرابلس	
7	Boat 3-P200	Tripoli	350.00	ميناء مدينة طرابلس	
8	Boat LCG Fezzan	Fezzan	350.00	فزان	
9	Boat LCG Ras Ijder	Ras Ijder	350.00	راس اجدير	
10	Boat LCG Obari	Obari	350.00	اوباري	
11	Boat LCG Azzawya	Azzawya	350.00	الزاوية	
12	Boat LCG Zwara	Zwara	350.00	زوارا	
13	Boat LCG Talie	Subrata	350.00	صبراتة	

Suppliers authorized signature over printed name



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### VENDOR INFORMATION SHEET

Name of the Company \_\_\_\_\_

Address  Leased  Owned Area: \_\_\_\_\_ sqm

House No \_\_\_\_\_

Street Name \_\_\_\_\_

Postal Code \_\_\_\_\_

City \_\_\_\_\_

Region \_\_\_\_\_

Country \_\_\_\_\_

#### Contact Numbers/Address

Telephone Nos. \_\_\_\_\_ Contact Person \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_ Website: \_\_\_\_\_

Location of Plant/Warehouse  Leased  Owned Area: \_\_\_\_\_ sqm

\_\_\_\_\_

\_\_\_\_\_

Business Organization  Corporation  Partnership  Sole Proprietorship

Business License No.: \_\_\_\_\_ Place/Date Issued: \_\_\_\_\_ Expiry Date \_\_\_\_\_

No. of Personnel \_\_\_\_\_ Regular \_\_\_\_\_ Contractual/Casual \_\_\_\_\_

Nature of Business/Trade UNGM No. \_\_\_\_\_

Manufacturer  Authorized Dealer  Information Services

Wholesaler  Retailer  Computer Hardware

Trader  Importer  Service Bureau

Site Development/  Consultancy  Others \_\_\_\_\_  
Construction \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Complete Products & Services/ Other Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Payment Details

Payment Method  Cash  Check  Bank Transfer  Others \_\_\_\_\_

Currency  Loc. Currency  USD  EUR  Others \_\_\_\_\_

Terms of Payment  30 days  15 days  7 days  Upon receipt of invoice

Advance Payment  Yes  No  % of the Total PO/Contract

#### Bank Details:

Bank Name \_\_\_\_\_

Bldg and Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Bank Account Name \_\_\_\_\_

Bank Account No. \_\_\_\_\_

Swift Code \_\_\_\_\_

Iban Number \_\_\_\_\_



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**VENDOR INFORMATION SHEET**

Key Personnel & Contacts *(Authorized to sign and accept PO/Contracts & other commercial documents)*

Name	Title/Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Companies with whom you have been dealing for the past two years with approximate value in US Dollars:

Company Name	Business Value	Contact Person/ Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever provided products and/or services to any mission/office of IOM?

Yes  No

If yes, list the department and name of the personnel to whom you provided such goods and/or services.

Name of Person	Mission/Office	Items Purchased
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any relative who worked with us at one time or another, or are presently employed with IOM? If yes, kindly state name and relationship.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer References

Company	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Banking Reference

Bank	Contact Person	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR IOM USE ONLY**

Purchasing Organization \_\_\_\_\_

Account Group \_\_\_\_\_

Industry  002  003  005  006

where 002 - Goods/supplies/ material/ tools/ equipment

003 - Services/maintenance/transport/security/construction

005 - Consultants and experts non-IOM staff (e.g. professional services, consultancy, maintenance)

006 - Implementing Partners, UN/NON-UN agencies, Int./Nat. CSOs, Govts.

Vendor Type  Global  Local



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**VENDOR INFORMATION SHEET**

**REQUIREMENTS CHECKLIST**

Please submit the following documents in PDF format together with this Information Sheet:

No.	Document	For IOM use only	
		Submitted	Not Applicable
1	Company Profile (including the names of owners, key officers, technical personnel)	<input type="checkbox"/>	<input type="checkbox"/>
2	Company's Articles of Incorporation, Partnership or Corporation, whichever is applicable, including amendments thereto, if any.	<input type="checkbox"/>	<input type="checkbox"/>
3	Certificate of Registration from host country's Security & Exchange Commission or similar government agency/department/ministry	<input type="checkbox"/>	<input type="checkbox"/>
4	Valid Government Permits/Licenses	<input type="checkbox"/>	<input type="checkbox"/>
5	Audited Financial Statements for the last 3 years*	<input type="checkbox"/>	<input type="checkbox"/>
6	Certificates from the Principals (e.g. Manufacturer's Authorization, Certificate of Exclusive Distributorship, Any certificate for the purpose, indicating name, complete address and contact details)	<input type="checkbox"/>	<input type="checkbox"/>
7	Catalogues/Brochures	<input type="checkbox"/>	<input type="checkbox"/>
8	List of Plants/Warehouse/Service Facilities	<input type="checkbox"/>	<input type="checkbox"/>
9	List of Offices/Distribution Centers/Service Centers	<input type="checkbox"/>	<input type="checkbox"/>
10	Quality and Safety Standard Document / ISO 9001	<input type="checkbox"/>	<input type="checkbox"/>
11	List of all contracts entered into for the last 3 years (indicate whether completed or ongoing) *	<input type="checkbox"/>	<input type="checkbox"/>
12	Banking Letter/Details	<input type="checkbox"/>	<input type="checkbox"/>
13	Certification that Non-performance of contract did not occur within the last 3 years prior to application for evaluation based on all information on fully settled disputes or litigation	<input type="checkbox"/>	<input type="checkbox"/>
14	For Construction Projects: List of machines & equipment (include brand, capacity and indication if the equipment are owned or leased by the Contractor)	<input type="checkbox"/>	<input type="checkbox"/>

\* For Competitive Biddings, number of years may increase depending on the estimated contract amount.

\*\* Indicate if an item is not applicable. Failure to provide any of the documents mentioned above . will result in automatic "failed" rating.

I hereby certify that the information above are true and correct. I am also authorizing IOM to validate all claims with concerned authorities.

Received by (IOM):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date