



Request for Quote (RFQ)

RFQ #	FY20-015-DRC-009
Purpose	Supply and Delivery of 2 x Vehicles (4x4, Pick up) to IMA Goma Office, Goma, DRC as per DAP Goma (INCOTERMS, 2010)
Issue Date	December 02, 2019
Closing Date	March 20, 2020, 5:00 PM EST
Anticipated Award Date:	March 25, 2020 or ASAP
Anticipated Award Type:	Fixed Price, Fixed Quantity

INTRODUCTION

With a mission to restore health and healing to those most in need, IMA World Health is a non-profit, faith-based organization that offers extensive expertise in health systems strengthening as well as neglected tropical diseases, malaria, HIV, non-communicable diseases, and sexual and gender based violence programs in some of the most challenging and post-conflict settings throughout the world.

IMA World Health offers sustainable and efficient solutions to health-related problems that are far too common in the developing world.

To build healthier communities by collaborating with key partners to serve vulnerable people. Our vision is health, healing and well-being for all.

RFQ

IMA World Health invites qualified suppliers to submit Offers for the supply of project vehicles according to the quantities and specifications listed below. The closing date of this RFQ is **March 20, 2020, 5:00 PM EST**.

Offers **MUST** be received prior to the closing date of the RFQ. No late Offers will be considered. Questions and Offers should be submitted to: procurement@imaworldhealth.org

ITEM	PRODUCT	Quantity
1.	Vehicles	2 PCs

SPECIFICATIONS	
	<ul style="list-style-type: none"> • Brand and Model: Toyota Land Cruister 79 Double Cabin Pick-Up or similar • All-wheel drive, 4x4 • Left-hand drive • 5 doors • Seating capacity: 6 passengers • Manual transmission • 6 cylinders • Fuel tank capacity: 130 L (Approximately) • Fuel type: Diesel • Air conditioning, Air bags, ABS, AM/FM Radio, CD Player • Off Road capabilities • Off road tires - Safari • Front Grill Protection (bull nose) <ol style="list-style-type: none"> 1. Services/Maintenance: The above vehicles will be used in the Democratic Republic of Congo (DRC). The Offeror shall confirm that manufacturer's warranty will be honored and that services are available in the DRC Offerors shall advise the name and address of the authorized agent in the DRC. 2. Vehicles must meet all requirements of the Government of the DRC. 3. Offerors shall propose any model of vehicles that meets the above specifications. 4. Offers must show the delivery charges to IMA Office, Goma, Democratic Republic of Congo including insurance, DAP (Incoterms 2010). Delivery charges are to be quoted for surface shipment. Identify if vehicles will be in a steel shipping container. 5. Offerors shall provide a full description of the vehicles offered, including lists of standard equipment and features included in the proposed model. 6. Payment terms will be negotiated with the successful Offeror. 7. Offerors are requested to format their quotes as per Bid Form. 8. Offers that offer facilitation of exoneration and clearance of said motorized vehicles will be welcome.

Prices for all vehicles are inclusive of delivery to:

IMA World Health, Goma Office

9, Lyn Lusi, Quartier les Volcans, Goma, Democratic Republic of the Congo

INSTRUCTIONS & CONDITIONS

PARTICIPATION



IMA World Health reserves the right to negotiate any or all RFQ terms and conditions, and to cancel, amend or resubmit this RFQ in part or entirety at any time.

This RFQ is not an offer to contract but represents a definition of specific requirements and an invitation to qualified companies to submit Offers. Issuance of the RFQ, preparation and submission of a quotation, and subsequent receipt and evaluation by IMA World Health does not commit IMA World Health to award a contract to any respondent. All costs of participation including your quotation and subsequent activity in the selection phase are at the offeror's risk and any such costs, whether direct or indirect, will not be reimbursed by IMA World Health

Nothing in this document shall be construed as an offer by IMA World Health and no terms, discussions or proposals shall be binding on either party prior to execution of a definitive agreement.

The Offeror shall indemnify and hold harmless the IMA World Health, its officers, members, partners, agents and employees from and against all action, claims, demands, losses, costs, damages, suits or proceedings whatsoever which may be brought against or made upon IMA World Health and against all loss, liability judgment, claims, suits, demands or expenses which the IMA World Health may sustain, suffer or be put to resulting from or arising out of the company's failure to exercise reasonable care, skill or diligence or omissions in the performance or rendering of any work or service, required hereunder to be performed or rendered by the company, its agents, officials and employees.

LEGAL AND FINANCIAL CAPACITY FOR PERFORMANCE.

Offerors should provide the following:

- Evidence of Offeror's legal company registration, incorporation or license to do business issued by a competent authority in the country of registration.
- Audited financial statements for the previous fiscal year.
- Past Performance references from three previous customers for supply of similar goods as included in this RFQ. Contact details should be included.

SPECIFICATIONS

- Products offered must comply with all specifications indicated in the RFQ. Supplier must highlight any deviations from requested specifications.

LANGUAGE

The Offer, as well as all correspondence and documents relating to the offer shall be in English.

CURRENCY

Prices shall be stated in US dollars (\$).

PREPARATION AND SUBMISSION



Offers can be submitted electronically or in sealed envelope. If offers are sent by mail they should be addressed to IMA World Health HQ, C/O Procurement Department. Offers must include the following details:

- Signed and dated bid form
- Detailed description & specifications
- Product availability/delivery date
- Manufacturer and Origin
- Unit Price, Extended EX-Works Price, air freight and sea freight Price, Total Price
- Offer validity time

Offers must be received no later than the due date and time as shown on the cover sheet of this RFQ. IMA World Health may, at its discretion, extend the due date and time for the submission of Offers by amending this RFQ. Any Offer received by IMA World Health after the due date and time for submission of Offers will be rejected.

IMA World Health reserves the right to accept or reject any offer or cancel this RFQ and reject all offers at any time prior to contract award without thereby incurring any liability to the offeror.

QUOTES PER OFFEROR

Only one quote per Offeror will be accepted. Offerors may quote for any or all items listed in this RFQ.

VALIDITY

Offers shall remain valid for 90 calendar days from the due date for receipt of Offers. In exceptional circumstances, prior to expiry of the original offer validity period, IMA World Health may request that the offeror(s) extend the period of validity for a specified additional period. Offeror agreeing to the request will not be required to modify their Offer.

EVALUATION

IMA World Health will examine all Offers to determine completeness and adherence to the terms and conditions of the RFQ. An Offer will be deemed complete and compliant if the Offer is signed, meets product specifications, is valid for at least 90 days, and is substantially responsive to the terms and conditions of the RFQ.

Offers received prior to the closing date will be evaluated based on:

- The local suppliers with existing stock will be prioritized
- The delivery lead time is the major evaluation factor
- Price
- Past Performance – References
- Legal and Financial Capacity

Additional criteria:

- Adherence to products specifications
- Warranty provisions



CLARIFICATION OF OFFERS

During evaluation of the offers, Procurement Department may, at its discretion, ask offerors for a clarification of their offers. Clarifications are limited exchanges with an offeror to resolve minor or clerical errors; they do not offer an opportunity for an offeror to modify or change an offer.

AWARD

IMA World Health may make an award to a single supplier should such an award be advantageous to IMA World Health. Alternatively, IMA World Health may make awards to different suppliers should such multiple awards be more advantageous.

Any award(s) will be made to the responsible Offeror(s) whose offer(s) has/have been determined to be most advantageous to IMA World Health.

CONTRACT TYPE

The Contract or Purchase order awarded pursuant to this RFQ will be on fixed price, fixed quantity basis. Additional Instructions on order processing maybe issued at contract award.

PAYMENT

Invoices and payments will be in United States Dollars (USD). The preferred payment term is Net 30, any other payment term will be subject to negotiation with the winning bidder.

INSPECTION AND ACCEPTANCE

Offeror shall only deliver and offer for acceptance those goods that strictly conform to requirements. IMA World Health reserves the right to inspect or test any goods that have been offered for acceptance. Each item or service shall be inspected prior to final acceptance of the item or service. All significant discrepancies, shortages, and/or faults must be satisfactorily corrected and satisfactorily documented prior to delivery and release of payment.

TRANSPORTATION AND DELIVERY

Offeror will submit pricing for following options:

1. EXW Price – Please provide the address of the location
2. DAP IMA Goma Office (INCOTERMS 2010) – The delivery of vehicles will be at IMA Goma office. All DAP incoterms to be respected. IMA World Health will be responsible for customs clearance.

TRANSIT INSURANCE

Insurance shall be 110% of the value of the goods.

Regards,

IMA Procurement Department

CONTACT: 202-888-6200

E-MAIL ADDRESS: procurement@imaworldhealth.org



ANNEX A: BID FORM

Offeror can submit quotes in standard bid form however the following bid form must also be completed.

RFQ Number:	FY20-015-DRC-009
Date of offer:	
Validity of offer (<i>in calendar days from due date and time</i>)	

Company information (Offeror)

Name:	
Address:	
ZIP/postal code:	
Country:	
Phone:	
Fax:	
Tax Payer Number:	
Registration/Tax payer ID nr	

Certification: I certify that information provided is true and correct. The offer is valid for a minimum of 60 days.

Signature	
Date:	
Name	
Job title	



ANNEX B. VENDOR CERTIFICATION

CHECK HERE IF NON-US BUSINESS PROCEED TO ATTACHMENT C

CHECK HERE IF PROCUREMENT IS ABOVE \$30,000 (USG Contracts) OR \$25,000 (USG Cooperative Agreements and Grants) AND COMPLETE QUESTIONS 10 AND 11.

The NAICS code for this procurement is 423110, and the size standard is 100 employees. For the purposes of this procurement, a small business is one that has 100 employees or less.

VENDOR NAME:

1. Vendor is or is not a U.S. based small business? If “no” – go to question 9, and answer question 9. If “yes” – continue with question 2.)
2. At least 51% of your company owned by (or is more than 51% of the stock owned by) one or more veterans, AND are the management and daily operations controlled by one or more veterans? YES NO
3. At least 51% of your company owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority? YES NO
4. At least 51% of your company owned by (or is more than 51% of the stock owned by) one or more service-disabled veterans, AND are the management and daily operations controlled by one or more service-disabled veterans? YES NO
5. At least 51% of your company owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority? YES NO
6. At least 51% of your company owned by (or is more than 51% of the stock owned by) one or more women, AND are the management and daily operations controlled by one or more women? YES NO
7. Is your company a SBA certified small, disadvantaged business? YES NO
8. Is your company a SBA certified HUBZone small business concern? YES NO
9. Are you, is your company, or any one of its principal officers presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency? YES NO



10. What is your company's DUNS#: _____?

11. When does your SAM (System for Award Management) registration expire:
_____?



ATTACHMENT C: QUOTE COVER SHEET

Vendor Name: _____

Address: _____

City, State, Zip: _____

Primary Contact: _____

Tel: _____

Fax: _____

Email: _____

Name of Authorized Official to Sign Contract: _____

Title of Authorized Official: _____

Certification: I certify that information provided is true and correct. The offer is valid for a minimum of 90 days.

Signature: _____

Date: _____



ATTACHMENT D: PAST PERFORMANCE

Complete the table below with information on the past customers who can provide references for your company.

VENDOR NAME: _____

#	Reference Contact Name	Telephone	Email	Date Services Performed	Type of Services Performed



ANNEX E: BID FORM

Offeror can use his own format for the quote; however, the following information must be included.

Company Name:

Description	Quantity	Quote Validity (number of days)	Unit Price EXW	Unit Price DAP Goma	Delivery time (number of days)	Warranty terms
Make, Model, year...	2					

Please list all additional details, discounts, extended warranty term, and any other extras.

Signature of authorized representative and official company stamp:

Printed name and title:

Date: