



## IMA WORLD HEALTH REQUEST FOR QUOTES (RFQ)

<b>RFQ Title:</b>	FY20-002-DRC-002 – Laptops & Projectors (QTY 50)
-------------------	--

IMA World Health invites you to submit a quote in accordance with the requirements of this request for quotes. Quotes must be received by IMA no later than the Date and Time indicated in the table below:

<b>Request for Quotes Issue Date:</b>	October 10, 2019
<b>Quote Due Date and Time:</b>	October 18, 2019, 5pm EST
<b>IMA Point of Contact:</b>	<a href="mailto:procurement@imaworldhealth.org">procurement@imaworldhealth.org</a>

### Complete Description of Need/Scope of Work/Specifications

**Scope of Work:**

IMA World Health invites qualified suppliers to submit offers for the supply of Laptops and Retro Projectors according to the quantities and specifications listed below.

***\*NOTE: Quotations should include the size, volume, and weight of the proposed shipment.***

**Specifications:**

IMA World Health requires the supply and delivery of laptops (and warranties) that satisfy the (minimum) specifications listed below.

**Laptops - Quantity 50:**

- Type: Notebook
- Screen: 13.3" or 14"
- RAM Size: 8 GB RAM
- Operating System: Windows 10 Pro
- Processor: i5-8265U
- HDD/SSD Size: SSD 256 GB
- Brand Name: HP, Dell, or similar
- Item model number: HP ProBook 430 G6, Lenovo ThinkPad (T480s, E490)  
Dell Latitude 3400, or similar
- Warranty: 1 Year manufacturer's standard warranty

**Projectors - Quantity 50:**

- Type: Portable Mini Projector
- Display: LED/LCD (Full HD 1080P Supported)
- Connectivity: HDMI, VGA, USB, etc.
- Compatibility: Laptop, Smart Phone, etc.



- Must have accessories:	Hard Travel Case HDMI to VGA converter (Adapter)
<b>Delivery Address/ Place of Performance:</b>	IMA World Health 1730 M St. NW, Suite 1100, Washington, DC 20036  <b>ATTN: Non-U.S. based suppliers</b> <i>Since the eventual destination for this purchase is Kinshasa, DRC, therefore, you may quote based on both EXW and DAP (INCOTERMS 2010) delivery terms to the following address:</i>  Interchurch Medical Assistance – IMA World Health 1 Avenue Tissakin, Concession Tissakin, Kinshasa Ngaliema, DRC
<b>Payment Terms:</b>	Net 30 – after invoice is issued

**In order to be considered quotes must be valid for at least 60 days and must include all of the following:**

- Complete vendor contact information – including vendors physical address and full legal name
- The price offered for the needed goods and/or services, including associated costs such as shipping or installation
- Current contact information for at least 3 past customer references
- All information relevant to demonstrating the vendor’s ability to meet IMA’s Evaluation Criteria (see below)

**Quotes will be evaluated based on the following Evaluation Criteria:**

<b>Ability to meet the Description/Scope of Work/Specifications above</b>	
<b>Price and Value</b>	
<b>Acceptable Past Performance</b>	
<b>Other Factors (if any):</b>	<b>Timeliness of delivery – Quoted lead time</b>

- *Quotes submitted after the deadline has passed or that do not include all of the information requested may be rejected.*
- *By responding with a quote, you are accepting the requirements as outlined above, including any delivery requirements and payment terms*
- *This RFQ is non-binding and in no way obligates IMA to award any contract. IMA reserves the right to purchase any or all of the items requested, to adjust quantities if necessary, or to make no purchase. Firm commitment to purchase is not established until a written order is issued by IMA. IMA will not pay for vendors quote preparation costs.*
- *IMA procurement staff are instructed not to request or accept any commission relating to this order, and IMA has procedures in place to detect such payments. Please do not offer or pay any such commission, as this could result in your quotation being rejected. Please report any IMA representative asking for such a payment to the following email address: [procurement@imaworldhealth.org](mailto:procurement@imaworldhealth.org)*



## ATTACHMENT A: 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 B: 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