IMA WORLD HEALTH REQUEST FOR QUOTES (RFQ)

<table>
<thead>
<tr>
<th>RFQ #:</th>
<th>FY20-049-SSN-002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>Supply and Delivery of 2 X Quad Bikes to IMA Office in Juba, South Sudan as per DAP (INCOTERMS 2010) delivery terms</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>March 10, 2020</td>
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<tr>
<td>Closing Date:</td>
<td>March 18, 2020, 12:00 PM EST</td>
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<tr>
<td>Questions Due:</td>
<td>March 13, 2020, 12:00 PM EST Please direct your questions to <a href="mailto:procurement@imaworldhealth.org">procurement@imaworldhealth.org</a></td>
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<tr>
<td>Anticipated Award Date:</td>
<td>March 25, 2020</td>
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<tr>
<td>Anticipated Award Type:</td>
<td>Fixed Price &amp; Fixed Quantity Contract (Purchase Order)</td>
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**INTRODUCTION**

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

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

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.

**RFQ**

Corus invites qualified suppliers to submit offers in accordance with the requirements and specifications listed in this document. Quotes must be received by Corus no later than the Date and Time indicated in the above table.

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

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<tr>
<th>Item</th>
<th>Technical specifications/SoW</th>
<th>Quantity</th>
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| 1 | Supply and Delivery of Quad Bike as per following specification  
- Honda TRX500FM6 or Similar  
- 475CC | 2 PCS |
- Liquid- cooled longitudinally mounted OHV
- Four (4) strokes (Single-Cylinder)
- Fuel Capacity 14.7 liters (Inc 4.9 liters reserve)
- Dimensions (LXWXH) 2,147X1205X1235MM
- Wheelbase:1292mm
- Seat height: 909mm and
- Transmission: 5 speed with reverse

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<tr>
<th>Delivery address</th>
<th>IMA World Health – South Sudan Field Office. Juba South Sudan UAP Equatorial tower 8th floor</th>
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</table>
| Payment Terms            | - Via wire transfer, no cash payment will be made  
|                          | - Payment will be processed within 15 working days – after submitting the delivery note and Invoice.  
|                          | - Please provide your bank bank details in their proforma invoices because IMA shall not pay cash to any vendor. |

In order to be considered, quotes must be valid for at least 90 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.
- Attach your legal business documents such registrations, audit report for the recent year, etc. as applicable. IMA World Health reserves the rights to request any additional legal documents if needed and not provided.
- All information relevant to demonstrating the vendor’s ability to meet Corus ‘s Evaluation Criteria (see below).

Quotes will be evaluated based on the following Evaluation Criteria:

<table>
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<th>Ability to meet the Description/Scope of Work/Specifications above</th>
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<tr>
<td>Price and Value</td>
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<td>Acceptable Past Performance</td>
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Other Factors (if any):
- The delivery timeline is one of the major evaluation criteria and must be mentioned on the quote.
- Please submit your quotes to procurement@imaworldhealth.org by the submission deadline.
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 Corus to award any contract. Corus 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 Corus. Corus will not pay for a vendor’s quote preparation costs.

Corus procurement staff are instructed not to request or accept any commission relating to this order, and Corus 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 Corus representative asking for such a payment to the following email address: procurement@imaworldhealth.org
ATTACHMENT A. VENDOR CERTIFICATION

CHECK HERE □ IF NON-US BUSINESS PROCEED TO ATTACHMENT B

CHECK HERE □ IF PROCUREMENT IS ABOVE $30,000 (USG Contracts) and $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 is 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 is 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 is 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 is 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 is 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 B. QUOTE COVER SHEET

Vendor Name: _____________________________

Physical 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 C. PAST PERFORMANCE

Complete the table below. Please include contact information for past customers that can provide professional references for your organization.

VENDOR NAME: ___________________________

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<tr>
<th>#</th>
<th>Reference Contact Name</th>
<th>Organization Name</th>
<th>Telephone</th>
<th>Email</th>
<th>Date Services Performed</th>
<th>Type of Services Performed</th>
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