**IMA WORLD HEALTH REQUEST FOR QUOTE (RFQ)**

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| **RFQ #:**  | **RFQ-FY20-059-DRC-020** |
| **Purpose:** | Supply and Delivery of Personal Protective Equipment to Kinshasa, DRC.  |
| **Issue Date:** | April 7, 2020 |
| **Closing Date:** | **The subject RFQ will remain open until the project’s needs are met in full.**  |
| **Questions Due:** | Questions will be accepted on an open, rolling basis.  |
| **Anticipated Award Date:** | **Immediately. The requested goods are required urgently. Preference will be given to suppliers that can guarantee swift and timely delivery schedules.** |
| **Anticipated Award Type:**  | Firm Fixed Price Contract.  |

***INTRODUCTION***

IMA World Health is a part of Corus International. Corus international 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***

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

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| **Complete Description of Need/Scope of Work/Specifications** |
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| --- | --- | --- |
| Item | Technical specifications/SoW  | Quantity  |
| 01 | Masks – basic, disposable, surgical masks | 500,000 pcs |
| 02 | Gowns – non-disposable, washable  | 25,000 pcs |
| 03 | Gowns - disposable | 25,000 pcs  |
| 04 | Gloves (non-sterile) – latex, 50/50 split of medium and large sizes | 1,000,000 pairs |

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| **Delivery address**  | Qualified suppliers should submit two (2) different price points; **EXW and CIP Kinshasa Airport, DRC** |
| **Payment Terms :** | Net 30 |

**It is IMA World Health’s intent to issue a contract to one or more qualified suppliers ASAP. IMA has the right to select only one or more items from each of the quotes received.**

**In order to be considered, quotes 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, including associated costs such as shipping.
* Current contact information for at least 3 past customer references.
* All information relevant to demonstrating the vendor’s ability to meet IMA World Health ’s Evaluation Criteria (see below).

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

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| **Ability to meet the Description/Scope of Work/Specifications above** |
| **Other Factors** *(if any):* | **\*\*THE REQUESTED GOODS ARE REQUIRED URGENTLY. PREFERENCE WILL BE GIVEN TO THOSE SUPPLIERS THAT CAN GUARANTEE SWIFT AND TIMELY DELIVERY SCHEDULES\*\*** |

* *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.
* *The Subsequent contract(s) issued in conjunction with this RFQ will be governed by IMA World Health and DFID Terms and conditions;* <https://imaworldhealth.org/contracting-opportunities>

**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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| --- | --- | --- | --- | --- | --- | --- |
| # | **Reference Contact Name** | **Organization Name** | **Telephone** | **Email** | **Date Services Performed** | **Type of Services Performed** |
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