

REQUEST FOR QUOTES (RFQ)

RFQ #:	R-FY21-001-HTI-001
Purpose:	Selection of an International Health Insurance Company to offer to insure employees in Haiti with full coverage at a competitive price.
Issue Date:	November 19, 2020.
Closing Date:	December 08, 2020, 12:00 PM EST <i>Submit your proposal via email to procurement@imaworldhealth.org</i>
Questions Due:	November 30, 2020, 12:00 PM EST <i>Submit your questions via email to procurement@imaworldhealth.org</i>
Answers Due:	December 02, 2020, 12:00 PM EST
Anticipated Award Date:	December 22, 2020
Anticipated Award Type:	Fixed Price Contract

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 following table.

Complete Description of Need/Scope of Work/Specifications		
Item	Technical specifications/SoW	Quantity
International Health Insurance	a. International Health & life insurance for the employees of IMA-Haiti office: - Coverage for medical visits. - Hospitalization coverage - Surgeries coverage (all related services) - Purchase of Medicines b. The health insurance should covered at least at 80% of total price c. The Health insurance should include dependents (Wife/husband, children) Insurance should be available, at least, in Haiti, Canada and Dominican Republic.	25 employees
Delivery address	79, Impasse MacDonald, Bois Moquette –Pétion-Ville / Haiti	
Payment Terms :	Monthly payment for a contract of 1 year.	

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 vendor’s physical address and full legal name.
- The price offered for the needed goods and/or services, including all other associated costs.
- Current contact information for at least 3 past customer references.
- 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:

Ability to meet the Description/Scope of Work/Specifications above	
✓ Price and Value	
✓ Acceptable Past Performance	
Other Factors:	✓ Number of coverage countries ✓ Services covered ✓ Percentage of coverage ✓ Family type coverage ✓ Accessibility of the list of the medical offices, hospital, drugstores. ✓ Large list of Hospitalization coverage

➤ *Quotes submitted after the deadline has passed or that do not include all 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 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

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 women, AND are the management and daily operations controlled by one or more women? YES NO
6. Is your company a SBA certified small, disadvantaged business? YES NO
7. Is your company a SBA certified HUBZone small business concern? YES NO
8. 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
9. What is your company’s DUNS#: _____?
10. 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: _____

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