



**Background**

CARE South Sudan is an international humanitarian organization dedicated to fighting poverty and social justice with a special emphasis on women and girls. CARE South Sudan is part of CARE International whose vision is to seek a world of hope, tolerance and social justice, where poverty is overcome, and people live in dignity and security. CARE has been present in South Sudan since 1970. CARE South Sudan’s head office is in Juba and operates in Jonglei, Unity State, Western Bahr El Ghazal, Upper Nile, and Eastern Equatorial.

CARE South Sudan would like to invite competent and reputable Transport Companies/ Service Providers to submit financial proposal for Taxi Service-Staff pick and drop. Interested Transport Companies/ Service Providers are requested to submit their financial proposal for vehicle charge per kilometer for the following locations:-

S. No	Description	Routing	Charge per Kilometer (In USD)
1	Staff Pick and drop (Morning and Evening)	<b>Shirikat route:</b> It covers Konyokonyo, Hai Kassava,Gumbo and Shirikat.	
2	Staff Pick and drop (Morning and Evening)	<b>Rock city route:</b> This includes Nyokuron West & East, part of Mauna, Hai Tharawa , Hai Thoura and Rock city.	
3	Staff Pick and drop (Morning and Evening)	<b>Gurei route:</b> It covers Gudele one, Gudele two, Gurei, Lemon Gaba, Ka'bo (Twenty-seater vans)	
4	Staff Pick and drop (Morning and Evening)	<b>Lologo route:</b> It covers Atlabara A, Kator, Lologo one, Lologo two Hai Kasire and Khor wolliang.	
5	Staff Pick and drop (Morning and Evening)	<b>Juba Nabari route:</b> It covers Thongping,Hai Gabat and Juba Town.	
6	Staff Pick and drop (Morning and Evening)	<b>Munuki 107 route (Van):</b> Munuki suk Melisa, Hai Kawuit, Munuki suk Libya and Mangattan, 107, New Site	
7	Staff Pick and drop (Morning and Evening)	<b>Check Point route:</b> It covers Hai Alabara B & C, Giada, Hai Jebel Market, Isaac Mamur ( Nyokuron) Hai Jondoru and Checkpoint, Eye Radio	
8	Full day	Within and Outside Juba	
9	Movement in town to support daily work –One way	Movement in town to support daily work –One way	
SUB TOTAL			

## Note:

Vehicle will be managed by the supplier/service provider. All cost related to regular services, fuel, insurance, driver's salary, vehicle related administration cost e.g log book, number plate registration and any unforeseen expenses during the service to CARE South Sudan will be supplier/service provider's liability.

Quotation must be valid for a minimum of twelve months.

If you qualify, please drop your sealed hard copy of your best priced financial proposal along with all required information as per Annex 1, 2 and 3, into the tender box after registering at the CARE reception by Friday, 12 May 2023, 4 pm (Central African Time).

Flexibility is highly needed where necessary.

**CARE South Sudan reserves the right to accept or reject all or any RFQs fully or partially without stating any reasons whatsoever.**

## SCOPE OF WORK

The selected service provider/s will carry out the following functions:

- Provide pick and drop services for all staff in the Country office based on the routing provided by CARE Country Office during working days.
- Provide transport services during the weekend and before or after working hours for the CARE-Staff in the residence.
- At all times, ensure that vehicles are made available to CARE based on request.
- Provide vehicle with clean interior part including seat covers, having functional seat belts, other basic fittings/accessories, equipment for maximum comfort of passengers
- Notify the Care Admin and Logistic Manager in the event of a vehicle breakdown or incident.
- Replace the vehicle in the event of a vehicle breakdown or incident.
- Liaise with Care Admin and Logistic Manager for issues concerning this contract and mobility (pick and drop) issues

## Vehicle Service Requirements

- Small to mid-size four ( 4WD Sport Utility Vehicle).
- Minimum four (7) seats.
- Low-profile (type and color should be common for the area).
- Excellent working condition.
- High level of cleanliness.
- Proof of insurance.(Comprehensive Insurance cover)
- Property title/ ownership documents.
- Record of vehicle inspections and service.
- Automatic transmission.
- Power steering.
- Working front and rear seatbelts.
- Functional electric windows.
- Functional door locks.
- Air conditioning.

- Functional windshield wipers.
- One serviceable and properly inflated spare tire.
- Emergency roadside kit containing a tire jack, tire tool, gloves, flashlight and roadside safety triangles or flares.
- First aid kit.
- Functional vehicle fire extinguisher.

## Driver Requirements

### Personal Background and Vetting:

The driver assigned should possess South Sudan Certificate of good conduct from the Criminal Investigation Department (CID) and eye test certificate from a certified optician at the time of hire.

The assigned driver must:

- Be a South Sudanese and familiar with the area.
- Possess a clean driving record.
- Be properly licensed to drive in Juba and South Sudan.
- Possess the appropriate certifications to carry out the services as defined in this contract.
- Have at least two years of experience providing driving services preferably to NGOs.
- Provide at least two references.
- Be fluent in English.
- Maintain an appropriate level of personal hygiene.
- Always be smartly dressed.
- Maintain a low-profile so as not to attract attention.
- Be polite and courteous to passengers.
- Have functional mobile phone and sim card with credit.

### Training:

The service provider must provide a copy of all required driver training records upon request. The assigned driver must have completed training covering the following:

- First parade/ daily vehicle inspection.
- Basic vehicle maintenance.
- Tire-change.
- Basic defensive driving (preferred).

## Annex 1

### **Mandatory Documents to be submitted:**

1. The company profile
2. Past work experience letter recommendations
3. Tax identification number
4. Tax clearance certificate
5. Membership certificate from the responsible body where the company operates in.
6. Registration certificate from the Ministry of Justice
7. Operation license
8. Trade license for specialized services like vehicle hire, hotels, aviation, pharmaceuticals etc. in case.
9. First page of memorandum and articles of association and the page with shares allocation/board of directors.
10. Passports or national IDs for each of the company board of directors as the shareholders. NB: The details of the IDs should be clearly readable.
11. A copy of void cheque of the bank account provided to CARE South Sudan
12. Completed Supplier-Vendor Cover Letter, signed and stamped by an authorized representative of the Supplier-Vendor with company/contact details

13. Road permit	
14. Quotation in response to this RFQ using the template provided above, all pages should be initiated and stamped officially by the vendor.	
<b>PLEASE SPECIFY and INCLUDE WITH YOUR QUOTATION</b>	
Payment Terms	
Delivery Time	
Payment Schedule	
Payment Method	
Price Validity	

**Annex 2**

**Vendor/Payee Details**

Vendor/Payee Name	
Vendor/Payee Physical Address	
Vendor/Payee e-mail Address	
Vendor/Payee website	
Vendor/Payee Phone/Fax	
Vendor Short Name	
Owner Name if Different	
Trade Class (see list)	
Vendor Nationality	

Currency of Payment	
Payment Method	
Payment Terms	
Vendor/Payee Bank Name	
Vendor/Payee Bank Address	
Bank Account Number	
International Bank Account Number	
Bank Code	
Branch Name & Address	
Swift Code	
Tax ID Number, Sales Tax or VAT	
Business Registration Number	

Annex 3



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**VENDOR QUESTIONNAIRE (Confidential)**

Note: CARE Standard Payment Terms are 30 days from receipt of goods or service and a CARE approved invoice.

**I. REQUIRED INFORMATION (Please Print Clearly)**

CARE Contact Name:			
Company/Individual Name:			
Owner Name (if different from above):		Nationality of Owner:	
Contact Person:			
Full Address (Street/City, etc):			
Phone No:		Fax No:	
E-mail:		Website:	

**II. CUSTOMER REFERENCES**

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

1	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
2	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
3	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			

III. Indicate below the products or services sold or provided by you

[a]	[b]
[c]	[d]
[e]	[f]
[g]	[h]

IV. Registration of Business

1. Is your firm registered as a business entity with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If YES, please provide your business registration number		
3. If applicable, please provide Sales Tax Registration Number		
4. Please provide Tax ID number		
5. Indicate how long have you been in this type of business		
6. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you related to any person currently employed with CARE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If YES, please provide name and position		
9. Provide here, any additional information regarding your business		
NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor.		

V. Certification

<p>I certify that the foregoing is true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.</p> <p>CERTIFICATION REGARDING TERRORISM: Seller hereby certifies that it has not provided and will not provide material support or resources to any individual or organization that it knows, or has reason to know, is an individual or organization that advocates, plans, sponsors, engages in, or has engaged in an act of terrorism.</p>
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Misrepresentation above may result in cancellation and severing all ties with the agency/person and will be deleted from CARE's database of clients. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

Name of Person Completing Form  
(Please print clearly)

Title:

Signature:

Date:

FOR PROCUREMENT USE ONLY

- Anti-Terrorism Check Completed
- Customer References Verified