



Terms of Reference (TOR)

To Develop the Project Magazine

The Strengthening Women's Rights Movement on the Women, Peace and Security Agenda in the Three Fragile Contexts (SWoMo) Project

Background:

CARE International (CI) is one of the world's leading humanitarian and development organizations, with over 75 years of global experience in fighting poverty, saving lives, and advancing social justice. Operating in more than 100 countries, CARE places the rights, needs, and voices of women and girls at the center of its programming—driving transformative change through a strong commitment to gender equality, diversity, and inclusion. CARE believes that sustainable development and lasting peace are only possible when women and girls have equal access to opportunities, resources, and decision-making power.

In South Sudan, despite some progress, gender inequality remains deeply entrenched. Women continue to be underrepresented in leadership roles and systematically excluded from key decision-making processes. While the *Revitalized Agreement on the Resolution of Conflict in South Sudan (R-ARCSS)* has created a framework to increase women's political participation, the reality on the ground reflects limited shifts in power dynamics—senior leadership positions remain overwhelmingly dominated by men. Meanwhile, Women's Rights Organizations (WROs) encounter persistent structural and institutional barriers. The civic space required for their effective advocacy is shrinking, and their efforts are often undermined by underfunding, insecurity, and socio-political constraints.

Background of SWoMo Project

The *Strengthening Women's Rights Movement on the Women, Peace and Security Agenda (SWoMo)* project in South Sudan is a 3-year initiative funded by the Federal Ministry for Economic Cooperation and Development (BMZ), running from July 1, 2021, through June 30, 2024. The project aims to strengthen the collective voice, influence, and capacity of Women's Rights Organizations (WROs) to advance the Women, Peace and Security (WPS) agenda in conflict-affected settings. It is implemented through a strategic partnership among 15 WROs and three organizational entities within the CARE International confederation: CARE Egypt Foundation (CEF), CARE International in Iraq (CARE Iraq), and CARE International in South Sudan (CARE South Sudan).

In South Sudan, CARE South Sudan collaborates with three key national partners: the *Young Women's Christian Association (YWCA)* in Central Equatoria, the *Women Agency for Progress Organization (WAPO)* in Eastern Equatoria, and the *Women Empowered Centre South Sudan (WECSS)* in Jonglei State. These organizations are independent, national non-profit actors committed to advancing justice, gender equality, peace, public health, economic justice, and democratic participation. Each partner is deeply rooted in its respective community and works to uphold the rights of women and girls by promoting their safety, dignity, and leadership through a combination of social and economic empowerment initiatives.

Together, these organizations engage with four grassroots ZG WROs in each state and prioritize outreach to marginalized and excluded groups of women and girls, including those affected by displacement, poverty, and harmful social norms. The SWoMo project directly targets 480 individuals, including representatives from 15 WROs, 140 staff and volunteers, 250 women and girls from excluded groups, and 75 local and national decision-makers. In total, the project is expected to reach 5,400 direct beneficiaries—of whom 65% are women and girls and 35% are men and boys—reflecting a holistic, gender-inclusive approach to driving transformative change in South Sudan's peace and security landscape.

The project goal: Women's Rights Organizations (WROs) and excluded groups of women and girls in South Sudan have increased their influence on the United Nations Security Council Resolution (UNSCR) 1325 agenda on Women, Peace, and Security (WPS) at the local, national, and multi-country levels.

The 3 key project outcomes are:

- a) WROs have strengthened institutional capacity, increased resource mobilization, and improved strategic plans on the WPS agenda that are representative of and accountable to excluded groups of women and girls.
- b) WROs and excluded groups of women and girls have increased their capacity to engage in informal and formal decision-making spaces on the WPS agenda at the local, national, and multi-country levels.
- c) WROs and excluded groups of women and girls have strengthened networks to gather, exchange, and amplify learning on the WPS agenda at the local, national, and multi-country levels.

The project implements the following activities in line with the above outcomes:

- a) WROs have strengthened institutional capacity, increased resource mobilization, and improved strategic plans on the WPS agenda that are representative of and accountable to excluded groups of women and girls.
- 1.1. Project Women's Rights Organizations develop and implement institutional capacity-strengthening plans through training, technical assistance, coaching, and mentoring.
 - 1.2. Project Women's Rights Organizations develop and implement resource-mobilization strategies to increase access to funding opportunities.
 - 1.3. Project Women's Rights Organizations develop and implement Strategic Plans that represent the priorities of excluded groups of women and girls.
- b) WROs and excluded groups of women and girls have increased their capacity to engage in informal and formal decision-making spaces on the WPS agenda at the local, national, and multi-country levels.

2.1. Project Women's Rights Organizations representatives participate in training, mentoring and coaching on the WPS agenda, and related influencing, advocacy, and monitoring.

2.2. Project Women's Rights Organizations develop and implement collective influencing, advocacy and monitoring plans to promote WPS priorities with decision-makers at the local and national levels.

2.3 Excluded groups of women and girls engage with decision-makers on their WPS priorities at the local and national levels.

- c) WROs and excluded groups of women and girls have strengthened networks to gather, exchange, and amplify learning on the WPS agenda at the local, national, and multi-country levels.

3.1. Project Women's Rights Organizations and excluded groups of women and girls document, share and exchange collective learning on WPS priorities with local and national networks.

3.2. Project Women's Rights Organizations across three countries exchange knowledge, experience, and learning on the WPS agenda through multi-country networks.

3.3. Project Women's Rights Organizations amplify their initiatives through CARE's regional and global mechanisms.

Along with partners, CARE, the SWoMo project, has empowered women's organizations through training, advocacy efforts, strategic planning, and community engagement.

Table 1. Geographic Area and Population Coverage

State	County	Group of people/community
Eastern Equatoria	Torit	-Torit Payam
Central Equatoria	Juba	-Kator payam, Munuki Payam, Rajaf Payam
Jonglei State	Bor South	-Bor Payam

Table 2. Direct Participants, Target and Impact Groups

Key Participants	Impact or Target Group	No. Direct Participants ¹
WROs ²	PT and ZGs partners	15
WROs	Staff and volunteers	140
Women and girls	Excluded groups of women and girls	250
Men and women	Decision-markers	75
Total		480

Objectives of the Assignment

The primary objective of this consultancy is to document and showcase the achievements, lessons learned, and impact stories from the SWoMo project in a professionally designed magazine-style booklet. Specifically, the assignment aims to:

- Capture the Project's Journey: Document key milestones, events, and initiatives undertaken over the past 2.5 years.
- Highlight Achievements & Challenges: Showcase the successes and challenges faced by WROs and marginalized women in advancing the WPS agenda.
- Tell Impactful Stories: Present real-life stories of change, illustrating how the project has influenced women and girls in South Sudan.
- Create a Compelling Publication: Develop a high-quality, visually appealing magazine that aligns with CARE's branding and donor requirements.
- Produce the magazine in digital and print formats to reach local, national, and international stakeholders.

The assignment is planned to take place from the second week of May to the fourth week of June 2025.

Intended Users and Use

The magazine will be shared and used by relevant stakeholders, including the project staff, Country Member Partners (CMPs) regional partners, Women's Rights Organizations, donors, Women, Peace and Security working group, project beneficiaries, and government stakeholders.

Scope of Work (SOW)

The consultant will work closely with CARE's Communications and Program teams to develop content, ensuring that the final publication effectively captures the project's impact. The specific tasks include:

Content Development:

- Conduct interviews with key stakeholders, including WRO representatives, project beneficiaries, and CARE staff.
- Review project documents, reports, and success stories to extract relevant information.
- Develop well-structured articles and features that present the project's impact engagingly.

Editorial & Design Work:

- Write, edit, and refine content for clarity, coherence, and readability.
- Design the magazine, ensuring a visually appealing layout with high-quality images, infographics, and branding elements.
- Incorporate photographs, illustrations, and captions to enhance storytelling.

Quality Assurance & Finalization:

- Share drafts for review and incorporate feedback from CARE and partners.
- Ensure the final publication adheres to branding guidelines and copyright regulations.
- Submit a final version of the booklet in both digital and print-ready formats.

The following table outlines the expected communications to be produced throughout the data collection process, the deliverables, and the person responsible:

Table 3. Key Communication and Deliverables

Deliverables	Description
Preliminary work plan Report	A detailed report outlining the consultant's approach, methodology, structure, and work plan.
Work Plan	A timeline detailing key milestones and submission dates.
Magazine Content	Well-written, edited, and structured articles, including success stories, testimonials, and project highlights.
Graphic Design & Layout	Professionally designed magazine with high-quality visuals, infographics, and branding.
Final Magazine (Print & Digital)	A fully designed and formatted publication in PDF (digital) and print-ready formats/ Hard and e-copies.

Table 4. Timeline and Duration: The assignment is expected to last six weeks, 15 May- 30 June 2025

Activities	Timeline					
	May-weeks		June-weeks			
	3	4	1	2	3	4
Preliminary work plan/inception						
Content collection & interviews						
Writing & editing						
Design & layout						
Review of the first draft and provision of comments						
Final review & submission						

The contract will be deliverables-based, and final payment will be contingent on receiving the agreed deliverables in their final versions, meeting acceptable quality standards from CARE.

Qualifications & Experience: The consultant(s) should have:

- Proven experience in documenting impact stories and producing high-quality publications.
- At least three samples of previously published work related to social impact or development projects.
- Experience in South Sudan's context and knowledge of gender advocacy and the WPS agenda.
- Graphic design and layout skills or access to a professional designer.
- A minimum of two reference letters from INGOs or relevant institutions.

Data/content collection methods:

Primary data

The data will be collected in two ways, **primary** and **secondary** data sources. The exercise will primarily target the 3 PT, the 12 ZG WROs, sample excluded groups of women and girls, community leaders, chiefs, key government stakeholders (decision-makers), and the SWoMo project team. Other secondary

beneficiaries include sample WRO Network members/task force in the three project locations and Faith-based organizations.

Secondary Data

The process of collecting secondary data to aid the magazine development will include a desk review of key project documents such as the project proposal, annual reports, success stories, and baseline report.

Roles, Responsibilities, and the Evaluation Timeline

The following table delineates the key roles and responsibilities of CARE Staff and the consultant during the exercise.

Table 5. Roles and responsibilities.

Person/Unit/organization	Activity
CARE-PM/Meal	Identify a suitable consultant to undertake the magazine development for the publication of the SWoMo project.
CARE- team	Prepare the contract and ensure it's signed by both parties
CARE team (meal/South Sudan team)	The project team will mobilize the target respondents and oversee the process in each location.
CARE PM	The project Manager will share the project documents with the consultant for his review and tracking of secondary data
Consultant	The consultant will explicitly develop data collection tools such as questionnaires, and FGD, KII guides to record/capture data from the respondents above.
CARE-Project Manager, Communications, and Meal MGR	The team will organize the inception meeting and invite the consultant. This meeting will focus on. <ul style="list-style-type: none"> ▪ Review the data collection plan ▪ Approve tools and final plan before commencing data collection ▪ Providing technical support and oversight during the data collection process
Consultant	The consultant will organize his team to collect data.
Consultant	Cognizant of the changing context, the consultant will ensure that data will be captured electronically to expedite the data collection process. This will help minimize data entry errors and improve overall data quality
Consultant	The consultant will coordinate with his team closely to allow prompt data collection
Consultant	The consultant will develop a data analysis plan and integrate findings from different sources of data.
Consultant	The consultant should verify and triangulate data from different primary data sources. Analysis data should be sex-disaggregated

	and or disaggregated by other variables such as age, location, and geographical area.
Consultant	The consultant will work with the Project Manager, MEAL Manager, and Senior Communications Officer closely to ensure work is done according to the agreed plan and any challenges are addressed in due course.
Consultant	Present the preliminary draft magazine to CARE for review/ validation, and comments
Consultant	Address and integrate comments to finalize the magazine
Consultant	Submit the final product magazine to CARE
CARE International Evaluation Committee	Validates the magazine and signs off for sharing with stakeholders
CARE PM	The project Manager will then prepare the evaluation form and certificate of work completion to support payment.

Terms & Conditions

- CARE reserves the right to request additional information or reject proposals without awarding the contract.
- Consultants must not share proposal details with third parties without written consent.
- Any conflicts of interest must be disclosed at the time of application.

Confidentiality Statement

All data and information received for this assignment must be handled confidentially and used solely for this publication. Intellectual property rights of the final document will remain with CARE.

Evaluation criteria for selection of the consultant:

Technical Criteria	Description
Consultant's operation status with CARE	Is the consultant in CARE's blacklist? (Yes / No)
Experience with CARE	CARE Previous Experience (Yes / No)
Individual consultant or Registered consultancy firm	Legal status <ul style="list-style-type: none"> - Evidence of Tax Compliance Certificate for firms - TIN Certificate for Individual Consultants (Yes / No)
General understanding of the TOR.	Does the proposal demonstrate a clear understanding of the TOR? Does the consultant try to interpret the objectives? (10 marks)
Methodology	To what extent is the methodology clear and detailed? Is the sampling method and sample size computation scientifically acceptable? Are all the relevant methods of data collection included in the proposal? (15 marks)
Team composition	Does the consultant (or proposed team) have the necessary competencies and experience as described in the TOR to undertake this study? (15 marks)
Experience in a similar or related survey	Experience of conducting Endline surveys in South Sudan, preferably within the proposed geographical area, has a competitive advantage. Experience with similar assignments with INGOs/ other organizations and UN Agencies is an added advantage. (10 marks)
Quality of previous work done	Quality of their previous reports similar to this assignment, Layout, content, and organizational structures (5 marks)
Workplan	Is an action plan part of the proposal? Is it reasonable or realistic? Does it meet the expected deadlines? Is it flexible to accommodate any changes without compromising the deadline and quality of outs. (10 marks)
Budget	To what extent is the presented budget reasonable? Is the budget aligned with the planned amount? (5 marks)

Payment schedule:

Payment will be made after completion of the work and confirmation by the program team. The proposed financial budget must be inclusive of 20% government tax.

Responsible Data Management, Safeguarding, and Data Ownership

- Consider the following elements:
 - Informed consent will be obtained from every person participating in the evaluation process. If children are participating, informed consent will be obtained from their parent/carer giver.
 - Referral pathways are identified and documented, informing CARE staff/partners how to respond to any disclosure of misconduct or abuse committed by CARE staff and/or partners as part of the program delivery, or within the community. Prior to undertaking an evaluation, staff must be informed of how to recognize a disclosure of a safeguarding concern and to whom to report.
 - Quantitative datasets: should be submitted to CARE, password protected. The data should be anonymized with all personal or identifying information removed.
 - Qualitative textual datasets or transcripts: The data should not be anonymized UNLESS suitable permission has been granted from the person who provided the data. In these circumstances, submit a record of the permission granted, for example, a consent form.
 - CARE must be provided with a final template of any surveys, interview guides, or other materials used during data collection. Questions within surveys should be assigned numbers, and these should be consistent with variable labelling within final datasets.
 - In the case of tabular datasets, variable names and variable labels should be clear and indicative of the data that sits under them. Additionally, the labelling convention must be internally consistent, and a full codebook/data dictionary must be provided.
 - All temporary or dummy variables created for analysis must be included in the datasets. All output files, including calculations and formulae used in analysis, should be provided along with any Syntax developed for the purposes of cleaning.
 - All datasets should be submitted in one of CARE's acceptable formats:

Type of data	Acceptable formats
Tabular data with extensive metadata	<ul style="list-style-type: none"> • Formats of statistical packages: SPSS (.sav), Stata (.dta), MS Access (.mdb/.accdb) • SPSS portable format (.por)
Tabular data with minimal metadata	<ul style="list-style-type: none"> • tab-delimited file (.tab) • delimited text with SQL data definition statements • comma-separated values (.csv) • delimited text (txt) with characters that are not present in the data used as delimiters • widely used formats: MS Excel (.xls/.xlsx), MS Access (.mdb/.accdb), dBase (.dbf), OpenDocument Spreadsheet (.ods)
Geospatial data vector and raster data	<ul style="list-style-type: none"> • ESRI Shapefile (.shp, .shx, .dbf, .prj, .sbx, .sbn) • Geo-referenced TIFF (.tif, .tiff) • CAD data (.dwg) • Geography Markup Language (.gml) • ESRI Geodatabase format (.mdb) • MapInfo Interchange Format (.mif) for vector data • binary formats of GIS and CAD packages
Textual data	<ul style="list-style-type: none"> • Hypertext Markup Language (.html) • Widely used formats: MS Word (.doc/.docx)

	<ul style="list-style-type: none"> • Rich Text Format (.rtf) • Plain text, ASCII (.txt) • Extensible Markup Language (xml) text according to an appropriate Document Type Definition (DTD) or schema
Image	<ul style="list-style-type: none"> • JPEG (.jpeg, .jpg, .jp2) if the original was created in this format • GIF (.gif) • TIFF other versions (tif, .tiff) • RAW image format (.raw) • Photoshop files (.psd) • BMP (.bmp) • PNG (.png) • Adobe Portable Document Format (PDF/A, PDF) (.pdf) • TIFF 6.0 uncompressed (.tif)

Cost of the consultancy should be summarised as follows, with a detailed breakdown attached:

No.	Description	# of consultants	Period days	Rate per day	Total Cost (US\$)	Remarks
1	Consultant's fees (including data enumerators' costs) if needed			Lumpsum		The consultant fee must be inclusive of 20% of government taxes
2	Perdiem in Juba, Bor and Torit			Based on the Consultancy policy guide		No per diem will be provided by CARE, but the consultant will cover this cost
3	Flight ticket Juba - Torit and Torit-Juba. Juba- Bor and Bor-Juba			Based on the Airline rates.		CARE will reimburse the consultant's flight cost from Juba to Torit and back to Juba. Juba to Bor and back to Juba. All the payments will be done once with no installment. The consultant will provide tickets and invoice from the aviation company used for reimbursement by CARE. If ground transport is used, CARE will reimburse the consultancy firm based on the ground transport fare.
6	Accommodation and Internet in Torit and Bor					The Consultant will cover the cost of accommodation and internet in the field
9	Transportation in the field					The consultant will cover the cost of transport/ internal movement during the exercise

Requisites for Consultants presenting a Proposal for this Terms of Reference

A technical and cost proposal based on the above Terms of Reference (ToR) is requested from the evaluator or evaluation team. The proposal should contain at minimum:

1. A detailed description of the overall magazine/booklet design, in accordance with the ToR
2. Schedule of key activities preferably in a format such as a Gantt chart.
 - a. A specific action for primary data collection work, indicating resources required
3. Detailed budget includes a reasonable detail of the budget required to cover all costs associated with the magazine production. Make sure to include the consultant's fees of both international or local consulting team (lead consultant, technical experts, enumerators, translators, drivers, etc.), international and local travel, in-country lodging, and per diem, materials, or any other related costs (e.g., translators of the report, meeting rooms for presentations, etc.)
4. Description of the consulting team, with roles and responsibilities of the team leader, supervisory chain, and other core members of the team.
If the consulting firm/consultant plans to include staff who have been involved in the design, implementation, or monitoring of the project/initiative/program to be published, please describe the expected roles these staff would play. Include the updated CV of the Team Leader and other core members of the consulting Team.
5. A profile of the consulting firm
6. (Optional) A sample magazine/booklet that the consulting team has conducted

Submission:

Application Process

Interested consultants should submit:

- Technical Proposal outlining their understanding of the assignment, proposed methodology, and work plan.
- Financial Proposal detailing consultancy fees and any anticipated costs.
- CV(s) of consultant(s) highlighting relevant experience.
- Samples of previous work (minimum three publications).

All proposals MUST be received no later than **4:30PM CAT on Wednesday 30th April 2025**, by email addressed to SSD.Procurement@care.org and will be scored on the criteria above:

The subject line of the email should read: "**Application for** "Development of SWoMo Project Magazine-Booklet"

Deadline: No applications will be accepted after **4:30PM CAT on Wednesday 30th April 2025** by Close of Business

Instructions for Completing CARE Vendor Questionnaire

NOTE:

The grey boxes on the CARE Vendor Questionnaire form allow you to type in the information directly into the document on your computer.

1. Please complete all sections of the form completely. If a piece of information is not applicable (n/a), please indicate this on the form.
2. If you are a US company or individual subject to US Federal Tax regulations, you are required to provide a completed tax form [W-9](#). If non-US company or individual, it is a tax form [W-8](#). CARE uses this information for documentation of compliance with US regulations.
3. Please provide the following list of documents attached to this Questionnaire:
 - Legal Business Registration Form
 - Business Owner Information
 - Supplier Activity Category
 - Registration Tax Identification Number
4. Also, in compliance with US tax codes, use the following definitions for determining your status as a “Qualified Business Concern”

Definitions of “qualified business concern” as set forth in FAR 52.219-8

“HUBZone business concern” means a business concern that appears on the List of Qualified HUBZone Business Concerns maintained by the Business Administration.

“Service-disabled veteran-owned business concern”

(1) Means a business concern -

- (i) *Not less than 51 percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more service-disabled veterans; and*
- (ii) The management and daily business operations of which are controlled by one or more service-disabled veterans or, in the case of a veteran with permanent and severe disability, the spouse or permanent caregiver of such veteran.

(2) Service-disabled veteran means a veteran, as defined in 38 U.S.C. 101(2), with a disability that is service connected, as defined in 38 U.S.C. 101(16).

“Small business concern” means a small business as defined pursuant to Section 3 of the Small Business Act and relevant regulations promulgated pursuant thereto. Refer to <https://www.sba.gov/federal-contracting/contracting-guide/size-standards> to determine the appropriate size standard for your business.

“Small disadvantaged business concern,” (8 (a)) means a small business concern that represents, as part of its offer that— (1) It has received certification as a small disadvantaged business concern consistent with 13 CFR part 124, Subpart B; (2) No material change in disadvantaged ownership and control has occurred since its certification;

(3) Where the concern is owned by one or more individuals, the net worth of each individual upon whom

the certification is based does not exceed \$750,000 after taking into account the applicable exclusions set forth at 13 CFR 124.104(c)(2); and

- (4) It is identified, on the date of its representation, as a certified small disadvantaged business in the database maintained by the Small Business Administration (PRO-Net).

“Veteran-owned business concern” means a business concern -

- (1) Not less than 51 percent of which is owned by one or more veterans (as defined at 38 U.S.C. 101(2)) or, in the case of any publicly owned business, not less than 51 percent of the stock of which is owned by one or more veterans; and
- (2) The management and daily business operations of which are controlled by one or more veterans.

“Women-owned business concern” means a business concern -

- (1) That is at least 51 percent owned by one or more women, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more women; and
- (2) Whose management and daily business operations are controlled by one or more women.

“Minority-owned business concern” means a business concern -

- (1) That is at least 51 percent owned by one or more Minority, or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more Minority; and
- (2) Whose management and daily business operations are controlled by one or more Minority.

“Native American business concern” means a business concern -

- (1) That is majority owned by one or more qualifying native Americans, or, for any publicly owned business, the majority of the voting stock is owned by one or more qualifying native Americans; and
- (2) Whose management and daily business operations are controlled by one or more native Americans.

5. References **MUST** be business clients who have received your products or services during the past three (3) years.
6. The form **MUST** be electronically-signed (e-signed) utilizing the built in [Adobe](#) signature feature and returned to your CARE representative.
7. Virtual Pay OPTION for US Bank (US based suppliers only): CARE has partnered with US Bank to provide an easy and expedient means of accepting payment. If you would like to participate in the Virtual Pay option, please choose this option on the Electronic Banking Form (last page of the VQ). The standard processing fee administered by a supplier’s merchant acquiring bank will apply. We encourage suppliers to review their merchant account agreement. US Bank will contact your organization through the person you list below on the Vendor Questionnaire (see “Your company’s Contact” line on following page) . Benefits your organization may experience when you accept payment through Virtual Pay:
 - Accelerated payment
 - Reduced paperwork and streamlined accounts receivables process
 - Real-time notifications for each card payment
 - Complete remittance detail to support efficient receivables posting
 - No changes or modifications to your existing card acceptance procedures
 - CARE will be provided an End of Year rebate to further our operational Mission & Vision of saving lives around the world, defeating poverty and achieving social justice.

Note that even if you select the Virtual Pay option, we ask that you still complete the banking information on the Vendor Electronic Funds Transfer (EFT) Form on p. 6.

For question for specific to Virtual Pay, please contact Catherine Newbill (Catherine.Newbill@care.org).

- 8 For questions regarding the completion of this form, please contact Joanne Rivera, CARE Procurement, Joanne.Rivera@care.org.



VENDOR QUESTIONNAIRE (Confidential)

(Please utilize electronic signature feature. If for any reason you are unable to electronically sign this form, please contact your CARE representative so that we may send you an alternate document).

Please review the attached instructions prior to completing this form. All information must be completed.

Note: CARE Standard Payment Terms are Net 30 days from receipt of a CARE approved invoice.

REQUIRED INFORMATION (Please Print Clearly)

CARE Contact Name: _____

Company/Individual Name (Match contract, bank, invoice & W9/8? DBA name?): _____

Your company's Contact name & title: _____ If legally incorporated, in what State or district: _____

If an individual, are you a U.S. citizen? Yes: ☐ No: ☐ If not, Country of Citizenship or licensing (required): _____

Federal Income Tax ID# (or Social Security #, if an individual [or green card holder]): _____

Primary and Secondary NAICS Codes: _____

(Refer to 13 C.F.R. Part 121 or www.SBA.gov website. If unknown, please indicate description of primary service.)

Contact's Email: _____ Website: _____

Street Address: _____ Phone Number: _____

Number, Street, Floor, Suite #

City

State

Zip

Remit Address: _____ Phone Number: _____

Number, Street, Floor, Suite #

City

State

Zip

Email for Payment Notification: _____

Check or Fill in All That Apply

Please note that CARE procures products and services under government contract. If indicating your company qualifies as one of the following designations, refer to FAR 52.219.8 for definitions and to <https://www.sba.gov/federal-contracting/contracting-guide/size-standards> for size standards.

Cert. Small Disadv. Bus. 8(a) Certified: ☐ Small-Bus. Enterprise: ☐ Certified HUBZone Bus. Enterprise: ☐

It is important to note that to qualify as one of the following businesses, a qualifying individual who has a controlling interest in the company must operate it.

Native American Owned: ☐ Veteran Owned: ☐ Minority Owned: ☐ Women Owned: ☐

Additional Classifications:

Private Company: ☐ Public Company: ☐ Non-Profit: ☐ Consultant: ☐

Sole Proprietorship: ☐ Partnership: ☐

ADDITIONAL INFORMATION (fill in all that apply)

Parent Company: _____

(If Applicable)

Dun & Bradstreet Number: _____

(If Applicable)

Business References

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

1.)

2.)

3.)

Protection from Sexual Exploitation and Abuse

CARE does not tolerate any activity that may constitute or result in the sexual exploitation or abuse of the vulnerable adults or children CARE supports through its work. CARE expects that any incidents of sexual exploitation or abuse will be promptly reported to CARE.

1. Will your work under this engagement involve interaction with vulnerable adults or children?
(If YES, please also complete Questions 2-6. If NO, please proceed to Section VI.) Yes ☐ No ☐
2. Do you have a policy addressing sexual exploitation or abuse? Yes ☐ No ☐
3. Do you engage in staff training on the issue? Yes ☐ No ☐
4. Do you conduct reference checks pre-hiring that includes investigation of complaints of sexual exploitation or abuse of program participants? Yes ☐ No ☐
5. In the past two years, has your organization been accused of sexual exploitation or abuse of vulnerable adults or children? (Your answer of YES does not automatically disqualify you from this engagement, but CARE will be requesting additional information.) Yes ☐ No ☐
6. If YES, please provide the name of a staff member whom we can contact for additional information and his/her contact information. _____

Indicate below the products or services sold or provided by you (if applicable)

[a] _____ [b] _____
[c] _____ [d] _____

Indicate languages spoken:

- ☐ French ☐ English ☐ Spanish ☐ Portuguese
☐ Other _____

Indicate below the specific areas of expertise, unique characteristics etc.

[a] _____ [b] _____
[c] _____ [d] _____

Indicate below the rates* associated with your products or services (if applicable)

[a] _____

*Daily and hourly rates preferred in USD



Vendor Electronic Funds Transfer (EFT) Form

Type of Request: ☐ New EFT Setup Authorization ☐ Bank Change Authorization

Section A	Vendor Information	
	Vendor/Contract Name (Individual or Company):	CARE Contact Name:
	Trade or Business Name (e.g. Doing Business As, if applicable):	If US Company, provide your Tax ID Number :
Section B	Payment into a Domestic / US Bank (Bank account located within the US)	
	Bank Name:	Branch Name (If Applicable):
	Bank Address (Street Address, City, States, and Zip):	
	Account Name (account holder/Payee):	9-digit ABA Number for ACH Payments (for US banks only):
	Account Number:	Account Type: Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>
	Automated Clearing House (ACH) refers to the U.S. payment network used by financial institutions to electronically transfer funds between banks. ACH payments cost significantly less than Wires for the parties involved.	Vendor Email Address (for Remittance Advice Alert/Notification):
	Virtual Pay Option: refers to CARE USA's partnership with US Bank to provide secure and expedited payments to our Approved Vendors with US Banks . Please see section 6 on p. 2 for more details.	By checking this box, you are agreeing to participate in this Virtual Pay Option <input type="checkbox"/>
	Payment into an International Bank (Bank account located outside the US)	
	Bank Name:	Branch Name (If Applicable):
	Bank Address (Street Address, City, States/Province, Zip (postal code), and Country):	
Account Name (account holder/Payee):	Branch Code (National Code/Local Clearing Code) (If Applicable):	
Account Number:	SWIFT/BIC (8 or 11 alphanumeric code/not applicable to US banks):	
IBAN Code (if applicable):	Account Type: Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>	
Currency of Bank Account:	Email Address (for Remittance Advice Notification):	
Section D	Acceptable Forms of Verification	
	Vendor must attach one of the following bank account verification documents with complete banking details along with this form:	
	Voided pre-printed domestic check for US Bank Only (within the US). Voided check without printed name will not be accepted. Bank Statement is also acceptable for Savings Account in lieu of voided check with *complete bank details (dated within the last 6 months)	
	Letter from Bank on bank letterhead with *complete banking details to validate information (dated within the last 12 months)	
Letter from Vendor on official company letterhead with *complete banking detail to validate details (dated within the last 6 months)		

CARE is not responsible for error, delays and other problems caused by or resulting from incorrect and/or incomplete banking instructions. Furthermore, CARE is not responsible for fees assessed by the intermediary/correspondent and/or beneficiary bank.

*For **Domestic payments**, complete bank details refer to the Bank Name, Bank Address, Account Name, Type (checking or savings account), ABA Routing Number, and Account Number.

*For **International payments**, complete bank details refer to the Bank Name, Bank Address, Branch Code (if applicable) Account Name, Type (checking or savings account), IBAN (if applicable), and SWIFT / BIC.

Acknowledgement & Acceptance

I (the undersigned) certify that the information provided on this form is correct and complete and I hereby authorize CARE to electronically deposit payments to the bank account designated above. I understand that I must notify CARE in writing immediately of any changes in status or banking information and understand that this authorization will remain in full force and effect until CARE has received written notification by submitting a Bank Change Authorization.

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.

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.

Misrepresentation above may result in penalties and fines, including those as set forth in the Small Business Administration Act Section 16.d.2 and 18 U.S.C. § 1001. 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.

Title of Authorized Signer:	Email Address of Authorized Signer:
Phone Number of Authorized (for call-back verification) (XXX-XXX-XXXX):	Date Signed (MM/DD/YYYY):
Name of Authorized Signer:	Electronic Signature of Authorized Signer: ATTENTION: Once you electronically sign the form, all parts of this form will lock the document to prevent subsequent changes and ensure security.
Additional signature line if provider policy requires a different signature format, such as certificate-based digital signature, inserting digital signature, draw signature, etc.	