



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 head office is in Juba with operations in Jonglei, Unity State, Western Bahr El Ghazal, Upper Nile, and Eastern Equatorial.

CARE South Sudan would like to invite competent and reputable drinking water suppliers to submit financial proposal for supply and delivery of drinking water. Interested suppliers/vendors are requested to submit their financial proposal as per Annex I.

Annex I

S/No	Item	Unit	Quantity	Unit Cost USD inclusive of Taxes
1	Empty Jambo	Jambo	85	
2	Jambo -refilling with drinking water	Jambo	85	
3	600 ML bottled drinking water <i>Note: The supplier must indicate the minimum number of cartons they can deliver at one time.</i>	Carton	Carton of 24 bottles	

Evaluation criteria

S/No	Description of criteria	Maximum Score
1	Provide a list of at least three (3) clients to which the company has done similar work in the last three years	15
2	Recommendation letters from the above-mentioned clients	15
3	Number of years in business of supplying bottled water	20
4	List of equipment/tools; delivery van	20
5	Awards of excellence i.e., ISO certification	30

NOTE:

1. The supplier will provide clean office drinking water to CARE South Sudan.
2. The service provider will be required to deliver the drinking water at the following points:
 - CARE-South Sudan main office located at NPA building, 3rd floor. The building has no lift, the supplier will manually ferry the water by hand climbing through the stairs from the ground to the 3rd floor.
 - CARE Guesthouse located at Tomping, Gosene house approximately 100 meters from Juba Regency Hotel. Supplier will deliver the water in ground floor.
3. All prices must be inclusive of transportation cost and last mile deliveries as per location stated above.
4. The service provider will be paid monthly upon submission of invoices and copies of signed delivery notes by both parties. Supplier will issue delivery note/s for any deliveries made and

signed by both parties and supplier will issue a delivery note statement (stating dates deliveries were made within the 1-month period) and an invoice for payment.

5. The supplier will provide good quality drinking water with visible expiry dates on the Jambos and water bottles. CARE's staff will inspect at time of delivery and containers without or with unclear expiry dates will be rejected/not received and supplier will be required to replace them.
6. All jambos must be in good shape and any leaking container(s), the service provider will replace it/them no cost.
7. CARE will request for samples in container of 600ml, 1.5 liters, Jerry can and Jambo when required. Non-returnable at no cost.
8. The service provider will supply drinking water to CARE based on the following specifications.

SUBMISSION OF PROPOSALS

All proposals should be received in ssd.procurement@care.org no later than 4:00pm on June 8th, 2023. CARE South Sudan reserves the right to accept or reject all proposals at any time.



care®

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

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.
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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 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
<input type="checkbox"/> Anti-Terrorism Check Completed <input type="checkbox"/> Customer References Verified

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

Appendix E

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	

EXPRESSION OF INTEREST (EOI) FROM ELIGIBLE CONSULTANCY

	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]
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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"/>
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NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor.	

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<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> <p>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.</p>		
Name of Person Completing Form (Please print clearly)		
Title:	Signature:	Date:

FOR PROCUREMENT USE ONLY	
<input type="checkbox"/> Anti-Terrorism Check Completed	
<input type="checkbox"/> Customer References Verified	