

## REQUEST FOR QUOTATION -VEHICLE HIRE

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, before the country's independence. CARE South Sudan head office is in Juba with 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 hire of **Land Cruiser Hardtop (only)**. Interested suppliers/vendors are requested to submit their financial proposal for vehicle charge per kilometre for the locations below.

| S. No | Location      | Charge per kilometre<br>(in USD) Category 1 | Charge per kilometre<br>(in USD) Category 2 |
|-------|---------------|---|---|
| 1     | Juba          |   |   |
| 2     | Torit         |   |   |
| 3     | Bor           |   |   |
| 4     | Wau           |   |   |
| 5     | Rubkona       |   |   |
| 6     | Koch          |   |   |
| 7     | Abeimnom      |   |   |
| 8     | Mankein       |   |   |
| 9     | Boma          |   |   |
| 10    | Paraiang/Yida |   |   |
| 11    | Panyagor      |   |   |
| 12    | Pibor         |   |   |

CATEGORY 1: Charge per kilometre included will be exclusive of Fuel Cost, regular services and Driver's salary and benefits.

CATEGORY 2: Charge per kilometre will be exclusive of Fuel Cost, regular services and Driver's salary and benefits.

### **NOTE:**

1. The vehicle must be fully equipped with accessories like basic tool kits, fire extinguisher, shovel –Pick and rope or any other mechanism to pull the vehicle during emergency and consumable spares, rain coat, umbrella, torch light, first aid box etc.
2. CARE will cover the expenses of insurance, repair and maintenance cost, fuel and driver's salary.
3. Charge per km must be only for vehicle usage.

### **SUBMISSION OF PROPOSALS**

All proposals should be received in [ssd.procurement@care.org](mailto:ssd.procurement@care.org) no later than 4:00pm on Thursday 23rd March 2023. CARE will cover the expenses of insurance, repair and maintenance cost, fuel and driver's salary.



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

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

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

