REQUEST FOR QUOTATION

2-YEAR FRAMEWORK AGREEMENT FOR THE SUPPLY OF ITEMS IN A STANDARD DIGNITY KIT

RFQ DOCUMENT# [003.11.2026_JUBA]

RFQ ISSUE DATE: [WEDNESDAY, NOVEMBER 2026]

QUOTATION SUBMISSION DEADLINE: [WEDNESDAY, NOVEMBER 25, 2026, 04:00 PM, CAT]

CARE SOUTH SUDAN
151 ELLIS STREET NE
ATLANTA, GA 30303-2440

CONFIDENTIAL DOCUMENT

PREPARED BY
CARE ®

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1. ABOUT CARE

At CARE, we seek a world of hope, inclusion, and social justice, where poverty has been overcome and people live with dignity and security.

This has been our vision since 1945, when we were founded to send lifesaving CARE Packages® to survivors of World War II. Today, CARE is a leader in the global movement to end poverty. We put women and girls in the center because we know we cannot overcome poverty until all people have equal rights and opportunities. In 2019, CARE worked in 100 countries and reached 70 million people with an incredible range of life-saving programs.

To know more about CARE, https://www.care.org/our-work/

2. GENERAL CONDITIONS AND CLAUSES

2.1. CARE's GENERAL CONDITIONS

The enclosed document is not an offer to contract, but a solicitation of a vendor's proposed intent. Acceptance of a quotation in no way commits CARE to award a contract for any or all products and services to any vendor.

CARE reserves the right to make the following decisions and actions based on its business interests and for reasons known only to CARE:

- To determine whether the information provided does or does not substantially comply with the requirements of the RFQ
- To contact any bidder after quotation submittal for clarification of any information provided.
- To waive any or all formalities of bidding
- To accept or reject a quotation in whole or part without justification to the bidder
- To not accept the lowest bid
- To negotiate with one or more bidders in respect to any aspect of submitted quotation.
- To award another type of contract other than that described herein, or to award no contract.
- To enter into a contract or agreement for purchase with parties not responding to this RFQ
- To request, at its sole discretion, selected Vendors to provide a more detailed presentation of the quotation.
- To not share the results of the bids with other bidders and to award contracts based on whatever is in the best interest of CARE.

Any material statements made orally or in writing in response to this RFQ or in response to requests for additional information will be considered offers to contract and should be included by vendor in any final contract.

2.2. CONFIDENTIALITY/ NON-DISCLOSURE

All information gained by any vendor concerning CARE work practices is not to be disclosed to anyone outside those responsible for the preparation of this quotation. Any discussion by the vendor of CARE's business practices could be reason for disqualification. CARE, at their discretion, reserves the right to require a non-disclosure agreement.

Reciprocally, CARE commits that information received in response to this RFQ will be held in strict confidence and not disclosed to any party, other than those persons directly responsible for the evaluation of the responses, without the express consent of the responding vendor.

Finally, the information contained within this RFQ is confidential and is not to be disclosed or used for any other purpose by the vendor.

2.3. PUBLICITY

Any publicity referring to this project, whether in the form of press releases, brochures, or photographic coverage will not be permitted without prior written approval from CARE.

2.4. LIABILITY

The selected vendor(s) will be required to show proof of adequate insurance at such time as CARE is prepared to procure the services. The participating vendor will also be required to indemnify and hold harmless CARE for, among other things, any third-party claims arising from the selected vendor's acts or omissions and will be liable for any damage caused by its employees, agents or subcontractors.

2.5. FORCE MAJEURE

a. Neither Party shall be responsible for a performance that is delayed, hindered, or is rendered inadvisable, commercially impracticable, illegal, or impossible by a "Force Majeure Event." A Force Majeure event includes, without limitation, an act of nature, a pandemic, emergency, civil unrest or disorder, actual or threatened terrorism, war, fire, governmental action or interference of any kind, power or utility failures, strikes or other labor disturbances, a health warning issued by the Center for Disease Control (or similar agency), any other civil or governmental emergency and/or any other similar event beyond a Party's reasonable control.

b. The Party that seeks to invoke this Force Majeure provision (the "Affected Party") shall provide the other Party (the "Unaffected Party") with a written notice within ten (10) days of the date the Affected Party determines a Force Majeure Event has occurred.

2.6. ERRORS AND OMISSIONS

CARE expects the vendor will provide all labor, coordination, support, and resources required based on the vendor's quotation and corresponding final SOW. No additional compensation will be available to the vendor for any error or omission from the quotation made to CARE. The only exclusions are add-ons, deletions, and/or optional services for which the vendor has received written authorization from CARE.

2.7. OWNERSHIP OF WORK

All work created during this evaluation must be original work, and no third party should hold any rights in or to the work. All rights, title and interest in the work shall be vested in CARE.

2.8. CONFLICT OF INTEREST

CARE encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to CARE if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ.

3. COMPANY PROFILE & BIDDER'S DECLARATION

Bidders are requested to complete this form, including the Company Profile and Bidder's Declaration, sign it and return it as part of your quotation. No alterations to its format shall be permitted and no substitutions shall be accepted.

3.1. COMPANY PROFILE

***Table 4.1.A* Previous Work with CARE**

Have you already had previous transactions with CARE?	Yes	No
	☐	☐
If marked ***"Yes",*** please provide the year of the latest transaction with CARE and the requirement that was delivered. *(This is to inform everyone that this information is for system checking only. This will not be part of any evaluation process.)*		
If you marked, ***"No"*** on the table above, please answer the Table 4.1.A. below:		

Table 4.1.B **Other Information**

Item Description	Detail(s)
Legal name of bidder	
Legal Address, City, Country	
Website	
Year of Registration	
Company Expertise	
Bank Information *(Please answer below)*	
Bank Name:	
Bank Address:	
IBAN:	
SWIFT/BIC:	
Account Currency:	
Bank Account Number:	

Previous relevant experience: 3 contracts				
Name of previous contracts	**Client & Reference Contact Details**	**Contract Value**	**Period of activity**	**Types of activities undertaken**

3.2. BIDDER'S DECLARATION

Yes	No	
☐	☐	**Ethics:** By submitting this Quote, I/we guarantee that the bidder has not engaged in any improper, illegal, collusive, or anti-competitive arrangements with any competitors; has not directly or indirectly contacted any buyer representative (aside from the point of contact) or gather information regarding the RFQ; and has not attempted to influence or offer any type of personal inducement, reward, or benefit to any buyer representative.
☐	☐	I/We affirm that we will not engage in prohibited behavior or any other unethical behavior with CARE or any other party. We also affirm that we have read the general clause and conditions included in this RFQ and that we will conduct business in a way that avoids any financial, operational, reputational, or other undue risk to CARE.
☐	☐	**Conflict of interest:** I/We warrant that the bidder has no actual, potential or perceived Conflict of Interest in submitting this Quote, or entering into a Contract to deliver the Requirements. CARE Procurement's Point of Contact will be notified right away by the bidder if a conflict of interest occurs during the RFQ process.
☐	☐	**Bankruptcy:** I/We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal issues that could hinder the ability to conduct business.
☐	☐	**Offer Validity Period:** I/We confirm that this Quote, including the price, remains open for acceptance for the Offer Validity.
☐	☐	I/We understand and recognize that you are not bound to accept any quotation you receive, and we certify that the goods offered in our Quotation are new and unused.
☐	☐	By signing this declaration, the signatory below represents, warrants and agrees that he/she has been authorized by the Organization/s to make this declaration on its/their behalf

Name:	
Title/Designation:	
Company Name:	
Date:	
Signature	

4. CONDITIONS AND GUIDELINES FOR SUBMISSION OF QUOTATION

This Request for Quotation (RFQ) outlines the requirements for an open and competitive procurement process aimed at establishing Framework Agreements. The objective is to pre-position qualified suppliers to enable faster and more efficient contracting when needs arise.

CARE receives funding from multiple donors including but not limited to ECHO, EC, NORAD, GIZ, BMZ, UN, OCHA, SDC, MFO and others. These may require the provision of goods and services, and quicker implementation will be necessary during emergency. Upon identification of a need, a call-off request will be issued only to the selected Framework Agreement holders. The successful supplier will then be requested to provide s specific quotation for the requied goods and/or services, and a Purchase Order (PO) will be issued under the terms of the Framework Agreement and PO terms for the specific procurement requirement.

Quotations will be accepted until **04:00 PM, CAT [WEDNESDAY, NOVEMBER 25, 2026], delivered via email solely to** [SSD.Tender@care.org] no later than the above specified date.

Additionally, all costs included in quotations must be all-inclusive to include any outsourced or contracted work. Any quotations which call for outsourcing or contracting work must include a name and description of the organizations being contracted.

All costs must be itemized to include an explanation of all fees and costs.

Contract terms and conditions will be negotiated upon selection of the winning bidder for this RFQ. All contractual terms and conditions will be subject to review by the CARE legal department, and will include scope, budget, schedule, and other necessary items pertaining to the project.

You must respond to every subsection including statement, question, and/or instruction without exception.

Any verbal information obtained from, or statements made by representatives of CARE shall not be construed as in any way amending this RFQ. Only such corrections or addenda as are issued in writing by CARE to all RFQ participants shall be official. CARE will not be responsible for verbal instructions.

5. SCHEDULE OF REQUIREMENTS

5.1. CARE TECHNICAL SPECIFICATIONS

Item #	Description	Bidder's Specification
1	**Refer to Table 5.1.B**	**As per the description of service in Table 5.1.**

5.2. CARE DELIVERY REQUIREMENTS

Item #	Other Requirements	
1	Delivery Date & Time	Bidder shall deliver the services 7 days after signing the PO
2	Delivery Terms (incoterms)	☐ EXW [Ex-works (Place)]
		☐ FCA [Free Carrier (Port)]

		☐ FAS [Free Along-Side Ship (Port)]
		☐ FOB [Free On-Board (Port)]
		☐ CFR [Cost, & Freight (Port)]
		☐ CIF [Cost, Insurance & Freight (Port)]
		☐ CPT [Carriage Paid-To (Place)]
		☐ CIP [Carriage & Insurance Paid-To (Place)]
		☐ DAP [Delivered at Place (Place)]
		☐ DPU [Delivered at Place Unloaded (Place)]
		☒ DDP [Delivered Duty Paid (Place)] **Juba City**
3	Custom Clearance (Must be linked to Incoterms at origin)	☒ Not Applicable. Shall be done by _____
		☐ Shouldered by CARE
		☐ Supplier/ Bidder
		☐ Freight Forwarder
4	Exact Address(es) of Delivery Location	**Juba City, Lologo 2 Warehouse and/or CARE office.**
5	Warranty Period	Standard Manufacturer's Warranty (if applicable)
6	Payment Terms	30 Days upon Receipt of items
7	Quotation Validity	The quote needs to be valid for 90 days to cover all the days from bidding up to the award process.

6. TECHNICAL & FINANCIAL OFFERS

6.1. SUPPLIER'S OFFER

Table 5.1.A Bidder's Offer

Item #	Description	Specification	Quantity	Unit of Measurement
1	**Refer to Table 5.1.B**	**As per the description of service in Table 5.1.**		

Table 5.1.B Cost Proposal

Item #	Description	Quantity Requested	Unit of Measurement (UAM)	Unit Price (in USD)	Total Price (in USD
1	Dignity Kit bag branded with CARE and donor logos.	1	Piece		
2	Laundry bar soap (washing soap) 600 grams	1	Piece		
3	Laundry bar soap (washing soap) 800 grams	1	Piece		
4	Bathing soap	1	Piece		
5	Ladies' underwear - cotton	1	Piece		
6	Multipurpose Garment (wrapper/kanga/kitenge)	1	Piece		
7	Hand /face towel (dark-coloured) roughly 16-inch x 26 inch	1	Piece		
8	Pocket size Comb, approx. 12.8 cm x 2.5 cm)	1	Piece		

Item #	Description	Quantity Requested	Unit of Measurement (UAM)	Unit Price (in USD)	Total Price (in USD
9	Set of adult toothbrush and toothpaste – medium size	1	Set		
10	Compact Hand Mirror, 11.5 x 21 cm (approx. 4.5 x 8.3 inches)	1	Piece		
11	Round neck T-shirt	1	Piece		
12	Polo T-shirt	1	Piece		
13	Pair of slippers, ladies wear	1	Pair		
14	Packets of reusable sanitary pads (a packet of 2 pads).	1	Packet		
15	Packets of reusable sanitary pads (a packet of 3 pads).	1	Packet		
16	Packets of reusable sanitary pads (a packet of 4 pads).	1	Packet		
17	Torch – Rechargeable by both solar and AC electricity	1	Piece		
18	Vaseline Jelly of 5.5-gram (0.25 oz)	1	Piece		
19	Nail cutter – adult size and good quality	1	Piece		
20	Roll of toilet paper	1	Piece		
21	Bath towel – adult size and good quality	1	Piece		
22	Diaper – adult size	1	Piece		
23	Alcohol Isopropyl – 500 ml	1	Piece		
24	Hand sanitizer – 500 ml	1	Piece		
25	Bucket with lid – 20-liter	1	Piece		
26	Whistle	1	Piece		
27	Shampoo – 500 ml	1	Piece		
28	Wipes – anti-septic 80 pcs	1	Piece		
29	Chamber pot, a heavy-duty, reusable plastic chamber pot with a tight-fitting lid and carrying handle, intended for emergency household sanitation with a capacity of 5 to 7 liters, base diameter of 18-22cm base, height of 18-22cm and wall thickness of 2-2.5mm with a load Bearing Capacity of 100 kg to 120 kg without cracking or deforming.	1	Piece		

Table 5.1.C Compliance with Requirements

	Yes, we will comply	No, we cannot comply	If marked as "No", please provide counter proposal

Minimum Technical Specifications	☐	☐	
Delivery Lead Time	☐	☐	
Delivery Term (INCOTERMS)	☐	☐	
Warranty Period (If Applicable)	☐	☐	
Validity of Quotation	☐	☐	
Other Requirements (Please specify)	☐	☐	

Guidelines for Establishment of a Two-Year Framework Agreement

1. Purpose of the Framework Agreement

CARE South Sudan intends to establish a non-exclusive Framework Agreement with qualified and eligible suppliers for the supply of specified goods and/or services for a period of twenty-four (24) months.

The purpose of the Framework Agreement is to establish pre-agreed terms, conditions, and pricing arrangements to facilitate efficient procurement throughout the contract period. Quantities indicated in the RFQ are estimated requirements only and shall not be construed as a commitment by CARE South Sudan to purchase any minimum or maximum volume.

2. Nature of the Framework Agreement

The Framework Agreement does not constitute a purchase order, service order, or guarantee of future business. Procurement requirements arising during the agreement period shall be executed through individual Purchase Orders (POs) or Call-Off Orders issued on an as-needed basis.

CARE South Sudan reserves the right to:

- Award the Framework Agreement to one or multiple suppliers.
- Divide or split awards among successful suppliers.
- Increase, decrease, or omit estimated quantities based on operational needs.
- Procure similar goods or services outside the Framework Agreement when deemed necessary.

3. Eligibility of Bidders

Participation is open to legally registered and qualified companies with demonstrated capacity and experience to supply the requested goods and/or services within South Sudan.

Bidders must maintain valid business registration and regulatory compliance throughout the duration of the Framework Agreement.

4. Language of Submission

All quotations, technical documentation, correspondence, contractual documents, and supporting information shall be submitted in English.

5. Clarifications and Requests for Information

Bidders requiring clarification regarding any aspect of this RFQ may submit written requests to the designated procurement contact before the clarification deadline specified in the RFQ.

To ensure fairness and transparency, CARE South Sudan may share responses to clarification requests with all participating bidders without disclosing the identity of the requesting bidder.

Requests received after the stated deadline may not be considered.

6. Pricing Requirements

Currency

All prices shall be quoted in United States Dollars (USD), unless otherwise specified in the RFQ.

Price Composition

Quoted prices shall be fully inclusive of all costs necessary for the supply and delivery of the goods and/or services, including but not limited to:

- Transportation and logistics costs.
- Loading and offloading charges.
- Packaging and handling.
- Insurance, where applicable.
- Duties, taxes, permits, and regulatory fees.
- Any other associated costs required for successful delivery.

No additional charges shall be accepted after contract award unless expressly agreed in writing by CARE South Sudan.

Price Validity

Prices and rates quoted under the Framework Agreement shall remain fixed for the duration of the agreement unless otherwise stated and supported by verifiable market evidence acceptable to CARE South Sudan.

7. Mandatory Eligibility Requirements (Pass/Fail)

Bidders must submit the following documents as part of their quotation. Failure to provide any mandatory document may result in disqualification from further evaluation.

A. Legal and Registration Documents			
S/No.	**Item description**	**Yes**	**No**
1	Valid Memorandum and Articles of Association (Main page and the Shares allocation)		
2	Valid Certificate of Incorporation		
3	Valid Trading License or Operational License.		
4	Tax Identification Certificate (TIN).		
6	Valid Tax Clearance/Compliance Certificate.		
7	Valid Membership certificate from the Chamber of commerce		
8	Security Clearance (CID Letter of No Objection)		
B. Administrative and Financial Documents			
1	Company Profile.		
2	Completed vendor questionnaire form		
3	Stamped Bank statement for the last 3 months, (For the period August 2026 – October 2026)		
4	Bank details MUST be submitted in a company's letterhead and stamped.		
C. Technical and Operational Documents			

1	Product specifications – Each item must be clearly specified where necessary a picture is attached in the quotation		
2	Manufacturing/expiry dates – items must have at least a minimum of 6 months shelf life / expiry period clearly indicated for item in the quotation		
D. Bid Submission Documents			
1	Signed and stamped RFQ document.		
2	Official Stamped company quotation on company letterhead.		
3	Completed price schedule, including applicable taxes and delivery costs for in-house and outside catering services.		
4	Delivery timeline and signed declarations		

Note:

- **Women-owned and women-led enterprises/companies are strongly encouraged to participate in this solicitation.**
- **South Sudanese owned enterprises/companies are strongly encouraged to participate in this solicitation.**

8. Selection evaluation criteria

Technical proposals will be evaluated against the established criteria and awarded a maximum of **80 marks**. Bidders attaining a technical score of **61 marks and above** will qualify for the financial evaluation. Financial proposals will be evaluated on price competitiveness and scored out of **20 marks**, with the lowest evaluated responsive bid receiving the full **20 marks**. The overall award recommendation will be based on the highest combined technical and financial score out of **100 marks**.

1. Overall Proposal Suitability

S/No.	Requirements – 25 Marks	Maximum Score
1	Compliance with all solicitation requirements, terms, conditions, and scope of work.	10
2	A detailed clarity and completeness of the proposed operational approach, including the packaging, branding and labelling of the kit	15

2. Previous Work and Awards

S/No.	Requirements – 20 Marks	Maximum Score
1	Provide at least five (5) client references supporting humanitarian organizations, NGOs and UN agencies with similar standard dignity conducted within the last two (2) years. Include client name, contact details, locations served, and scope of services.	10
2	Provide at least 3 service contracts or framework agreements with International or UN Agencies for the past 2 years between 2025 and 2026 (Existing and/or completed agreements)	10

3. Technical Expertise and Organizational Experience

S/No.	Requirements – 25 Marks	Maximum Score
1	At least 5 years of operation in South Sudan with reference to the Certificate of Incorporation from the Ministry of Justice.	10

2	Financial stability and organizational capacity to sustain operations throughout the contract period. Submit a bank statement for the month of May – October 2026.	10
3	Detailed contact information of company's representative to call upon for this RFQ.	5

4. Others

S/No.	Requirements – 10 Marks	Maximum Score
1	Operational assessments, site visits, and due diligence inspections of vendor offices, and operational bases before contract award.	10

9. Framework Agreement Award

CARE South Sudan reserves the right to:

- Award the Framework Agreement to one or several suppliers.
- Establish multiple framework agreements within the same category or lot.
- Award all, some, or none of the items under this RFQ.
- Negotiate final contractual terms prior to signing the agreement.

Selection under the Framework Agreement does not guarantee any minimum purchase quantity or contract value.

10. Contract Duration

The Framework Agreement shall remain valid for a period of twenty-four (24) months from the date of signature by both parties.

CARE South Sudan reserves the right to review supplier performance periodically and may suspend, renew, or terminate the agreement in accordance with the terms and conditions of the contract.

11. Supplier Performance Monitoring

Supplier performance shall be continuously monitored throughout the duration of the Framework Agreement based on the following criteria:

- Quality and conformity of goods and services supplied.
- Timeliness of deliveries.
- Responsiveness to requests and inquiries.
- Compliance with contractual obligations.
- Pricing competitiveness.
- Professional conduct and ethical business practices.
- Ability to maintain adequate stock levels and service availability.

Unsatisfactory performance may result in:

- Issuance of corrective action requests.
- Temporary suspension from receiving Purchase Orders.
- Reduction of order allocation.
- Termination of the Framework Agreement.

CARE South Sudan's Reservation of Rights

CARE South Sudan reserves the right, at its sole discretion, to:

- Accept or reject any quotation in whole or in part.
- Cancel the procurement process at any stage without obligation to award.

- Amend specifications, quantities, or requirements.
- Request additional information from bidders.
- Negotiate with one or more bidders.
- Award contracts for all items, selected items, or no items.

CARE South Sudan shall not be responsible for any costs incurred by bidders in preparing or submitting quotations.

12. Submission Instructions

Quotations must be submitted electronically to the email address specified in the RFQ by the stated closing date and time.

Bidders shall:

- Submit complete quotations before the deadline.
- Send submissions only to the designated procurement email address.
- Not copy individual CARE staff members unless expressly instructed.
- Clearly reference the RFQ number and title in the email subject line.
- Ensure all required supporting documents are attached.

Late submissions may be rejected and may not be considered during evaluation.

13. Special Framework Agreement Provisions

CARE South Sudan reserves the right to establish framework agreements with multiple suppliers for the same category, lot, or service area.

During the agreement period, Purchase Orders may be allocated among approved suppliers based on:

- Product quality and compliance.
- Supplier performance history.
- Availability of stock.
- Delivery lead times.
- Geographic coverage.
- Technical capacity.
- Competitiveness of quoted rates.
- Operational requirements and funding availability.

The allocation of Purchase Orders under the Framework Agreement shall be at the sole discretion of CARE South Sudan and shall not be interpreted as a guarantee of future business.

14. Special Framework Agreement Clause

CARE South Sudan reserves the right to establish framework agreements with multiple suppliers under the same category. Purchase Orders may be issued based on supplier performance, product quality, availability of stock, delivery lead time, and competitiveness of quoted rates throughout the duration of the Framework Agreement.

VENDOR QUESTIONNAIRE FORM

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 From (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,

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 60 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 #

Email for Payment Notification: _____

_____ _____ _____
City State Zip

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 ☐ Savings Account ☐
	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 ☐
	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 ☐ Savings Account ☐

Section D

Currency of Bank Account:	Email Address (for Remittance Advice Notification):

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.	