**INVITATION TO TENDER (ITT)**

**WAREHOUSE LEASE IN JUBA**

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| **Ref No:** | **Detailed Specifications** |
| **IMA/SSD/JB/1033** | **Warehouse/Storage Space Rental Services** |
| **Date of posting** | **August 9, 2024, at 10:00am** |
| **Deadline** | **August 20, 2024, before 5:00pm** |

**IMA World Health South Suda** procures goods and services on a regular basis throughout the year, as per program need.

**IMA World Health South Sudan** seeks proposals from qualified services providers for the provision of Storage Space for Rental, cold room for storage of medicines, equipment, and supplies, performing warehouse management and handling, in/outgoing IMA humanitarian supplies in Juba, South Sudan to be used for storage of the IMA non-food commodities while on transport for 5 Months.

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| **#** | **Description of items** | **Qty** | **Unit** | **Unit cost ($)** | **Total cost ($)** |
| 1 | Warehouse Space for rental, 560SQM with pallets, power supply, AC, good ventilation system, no rodents etc.   * The compound shall have sufficient space for the trucks' maneuvering and parking. * The warehouses must not be located near military quarters or close to hazardous substance manufacturing facilities. * The warehouses are to have strong and well-fitted metal gates and other anti-burglary protection elements such as strong metal bars on the windows, operational CCTV equipment with power back-up and digital. * Lighting the interior yards and fences with lighting units that are resistant to weather. * The facility should have security guards 24/7. * The facility should have fire extinguishers and be well serviced. | 5 | Months |  |  |

**Mandatory documents to be submitted for vendor registration:**

* The company profile.
* Past work experience letter recommendations
* Tax identification number
* Valid tax clearance certificate
* Membership certificate from the responsible body where the company operates in.
* First page of memorandum and articles of association and the page with shares allocation/board of directors
* Passports or national IDs for each of the company board of directors as the shareholders. NB: The details of the IDs should be clearly readable.
* Contact list of past clients (preferably INGOs and Cooperate Business, at least three (3) they have provided services in the past 3 years, recommendation letters should be attached.
* company/contact details.
* Payment Terms
* Delivery time
* Payment schedule
* Payment method
* Quote validity.

***TERMS AND CONDITIONS:***

Issuance of this RFQ does not constitute an award commitment on the part of IMA World health, nor does it commit IMA World Health to pay for costs incurred in the preparation and submission of a bid.

1. IMA World Health may contact bidders to confirm contact person, address, bid amount and to confirm that the bid was submitted for this solicitation.
2. False Statements in the Bid: Bidders must provide full, accurate and complete information as required by this solicitation and its attachments.
3. Conflict of Interest Disclosure: Bidders must provide disclosure of any past, present or future relationships with any parties associated with the issuance, review or management of this solicitation and anticipated award. Failure to provide full and open disclosure may result in IMA World Health having to re-evaluate selection of a potential Bidder.
4. Right to Select/Reject IMA World Health reserves the right to select and negotiate with those firms it determines, in its sole discretion, to be qualified for competitive proposals and to terminate negotiations without incurring any liability. IMA World Health also reserves the right to reject any or all proposals received without explanation.
5. Reserved rights: All RFQ responses become the property of IMA World Health and IMA Health reserves the right in its sole discretion to:

* To disqualify any offer based on Bidder’s failure to follow solicitation instructions.
* To waive any deviations by Bidder from the requirements of this solicitation that in IMA’s opinion are considered not to be material defects requiring rejection or disqualification; or where such a waiver will promote increased competition.
* Extend the time for submission of all RFQ responses after notification to all Bidders.
* Terminate or modify the RFQ process at any time and re-issue the RFQ to whomever IMA World Health deems appropriate.
* Issue an award based on the initial evaluation of offers without discussion; and
* Award only part of the activities in the solicitation or issue multiple awards based on solicitation activities.

**QUOTATION VALIDITY:**

Quotation should be valid for [90 days] days from the RFQ due date. This includes, but is not limited to, cost, pricing, terms and conditions, service levels and all other information. If your firm is awarded the contract, all information in the RFQ and negotiation process is contractually binding.

**DELIVERY LOCATION AND LOGISITCS**.

**Deliver location**: JUBA IMA World Health Office

**DELIVERY TIMELINE:**

**5 working days**

**QUESTIONS / CLARIFICATION REQUESTS:**

In case you may have questions about any terms or requested item specification, please feel free to contact us via email.  [southsudanprocurement@imaworldhealth.org](mailto:southsudanprocurement@imaworldhealth.org)

Please contact: +211 923 000 881/0927773880:

1. ***SUBMISSION INSTRUCTION(S):***

You are requested to submit signed and dated offers to the office specified in this solicitation at or before the exact time specified in this solicitation.

Quotations may be submitted on Bidder’s letterhead and signed by the authorized company officer.

All quotations must be submitted to [southsudanprocurement@imaworldhealth.org](mailto:southsudanprocurement@imaworldhealth.org)

**ATTACHMENT A. VENDOR CERTIFICATION**

***CHECK HERE ☐ IF NON-US BUSINESS PROCEED TO ATTACHMENT B***

***CHECK HERE ☐ IF US SMALL OR TRADITIONALLY UNDERREPRESENTED BUSINESS[[1]](#footnote-1)- MARK BELOW ALL THAT APPLIES***

*VENDOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Vendor ☐is or ☐is not a U.S. based small business? (If “no” – go to question 9, and answer question 9. If “yes” – continue with question 2.)
2. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more veterans, AND are the management and daily operations controlled by one or more veterans? ☐YES ☐NO
3. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more service-disabled veterans, AND are the management and daily operations controlled by one or more service-disabled veterans? ☐YES ☐NO
4. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more LGBTQ, AND are the management and daily operations controlled by one or more minority? ☐YES ☐NO
5. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more women, AND are the management and daily operations controlled by one or more women? ☐YES ☐NO
6. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more minority (Hispanic, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander people), AND are the management and daily operations controlled by one or more minority? ☐YES ☐NO
7. Is your company a SBA certified small, disadvantaged business? ☐YES ☐NO
8. Is your company a SBA certified HUBZone small business concern? ☐YES ☐NO
9. Are you, is your company, or any one of its principal officers presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency? ☐YES ☐NO
10. What is your company’s DUNS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?
11. When does your SAM (System for Award Management) registration expire: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

**ATTACHMENT B. QUOTE COVER SHEET**

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorized Official to Sign Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification: I certify that information provided is true and correct. The offer is valid for a minimum of XXX days.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT C. PAST PERFORMANCE**

Complete the table below. Please include contact information for past customers that can provide professional references for your organization.

**VENDOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | **Reference Contact Name** | **Organization Name** | **Telephone** | **Email** | **Date Services Performed** | **Type of Services Performed** |
|  |  |  |  |  |  |  |
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1. **Traditionally Underrepresented Business** (definition applicable in the United States)**:** A business whose ownership (defined as having 51 percent or more of the stock or equity in the business) is composed of traditionally underrepresented groups including veterans, women, LGBTQ+, and Hispanic, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander people. [↑](#footnote-ref-1)