



**REQUEST FOR QUOTATION
FOR
FRAMEWORK AGREEMENT**

ACCOMODATION, CATERING AND CONFERENCE HALL

RFQ DOCUMENT # [001/01/2024]

RFQ ISSUE DATE: [FRIDAY, JANUARY 5, 2024]

QUOTATION SUBMISSION DEADLINE: [MONDAY, JANUARY 15, 2024]

**CARE USA
151 ELLIS STREET NE
ATLANTA, GA 30303-2440**

CONFIDENTIAL DOCUMENT

*PREPARED BY
CARE®*



Table of Contents

1.	ABOUT CARE.....	2
2.	GENERAL CONDITIONS AND CLAUSES	2
2.1.	CARE’S GENERAL CONDITIONS.....	2
2.2.	CONFIDENTIALITY/ NON-DISCLOSURE.....	3
2.3.	PUBLICITY.....	3
2.4.	LIABILITY.....	3
2.5.	FORCE MAJEURE	3
2.6.	ERRORS AND OMISSIONS	4
2.7.	OWNERSHIP OF WORK	4
2.8.	CONFLICT OF INTEREST.....	4
3.	COMPANY PROFILE & BIDDER’S DECLARATION.....	5
3.1.	COMPANY PROFILE	5
3.2.	BIDDER’S DECLARATION	6
4.	CONDITIONS AND GUIDELINES FOR SUBMISSION OF QUOTATION	7
5.	SCHEDULE OF REQUIREMENTS.....	7
5.1.	CARE TECHNICAL SPECIFICATIONS	7
5.2.	CARE DELIVERY REQUIREMENTS.....	7
6.	TECHNICAL & FINANCIAL OFFERS	8
6.1.	SUPPLIER’S OFFER.....	8



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
	<input type="checkbox"/>	<input type="checkbox"/>
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	
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Offer Validity Period: I/We confirm that this Quote, including the price, remains open for acceptance for the Offer Validity.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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 represents the requirements for an open and competitive process.

Quotations will be accepted until **4:30 PM CAT [Monday, January 15, 2024]**, delivered via email solely to [mary.amer@care.org] (ssd.procurement@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

Items	Description	Specification	Qty	Unit of Measurement
57	Accommodation, catering and conference hall	As required by CARE in table 5.1 B below	As per table 5.1	As per table 5.1

5.2. CARE DELIVERY REQUIREMENTS

Item #	Other Requirements
1	Delivery Date & Time Bidder shall deliver the services within 1-3 days after purchase order is issued.
	<input type="checkbox"/> EXW [Ex-works (Place)]



2	Delivery Terms (incoterms)	<input type="checkbox"/> FCA [Free Carrier (Port)]
		<input type="checkbox"/> FAS [Free Along-Side Ship (Port)]
		<input type="checkbox"/> FOB [Free On-Board (Port)]
		<input type="checkbox"/> CFR [Cost, & Freight (Port)]
		<input type="checkbox"/> CIF [Cost, Insurance & Freight (Port)]
		<input type="checkbox"/> CPT [Carriage Paid-To (Place)]
		<input type="checkbox"/> CIP [Carriage & Insurance Paid-To (Place)]
		<input type="checkbox"/> DAP [Delivered at Place (Place)]
		<input type="checkbox"/> DPU [Delivered at Place Unloaded (Place)]
		<input checked="" type="checkbox"/> DDP [Delivered Duty Paid (Place)]
3	Custom Clearance (Must be linked to Incoterms at origin)	<input type="checkbox"/> Not Applicable. Shall be done by _____
		<input type="checkbox"/> Shouldered by CARE
		<input checked="" type="checkbox"/> Supplier/ Bidder
		<input type="checkbox"/> Freight Forwarder
4	Exact Address(es) of Delivery Location	As defined in the purchase order
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

5.3. SUPPLIER'S OFFER

Table 5.1.A Bidder's Offer

Items #	Description	Bidder's Specification
57	Accommodation, catering and conference hall	As required by CARE in table 5. 1 B below

Table 5.1.B Cost Proposal

S. No.	Item Description	Measurement Type			
		UOM	Qty	Price/Unit	Total \$
1	Single room only (without breakfast, TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet)	Night	1		
2	Single room - Bed and breakfast with TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet (BB)	Night	1		
3	Single room -Half board with breakfast and lunch or breakfast and dinner, TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet (HB)	Night	1		



S. No.	Item Description	Measurement Type			
		UOM	Qty	Price/Unit	Total \$
4	Single room- Full board with breakfast, lunch, and dinner,TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet (FB)	Night	1		
5	Double room-(without breakfast,TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet)	Night	1		
6	Double room - Bed and breakfast with TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet (BB)	Night	1		
7	Double room-Half board with breakfast and lunch or breakfast and dinner,TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet (HB)	Night	1		
8	Double room- Full board with breakfast, lunch, and dinner,TV with all channel, air conditioned, laundry service, 24 hour power and wi-fi internet (FB)	Night	1		
9	Full day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 1-25 pax	Day	1		
10	Full day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 26-50 pax	Day	1		
11	Full day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 51-100 pax	Day	1		
12	Full day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 100 pax above	Day	1		
13	Half day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 1-25 pax	Day	0.5		
14	Half day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 26-50 pax	Day	0.5		
15	Half day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 51-100 pax	Day	0.5		
16	Half day hall hire: air conditioned with 24 hour power, free wifi, LCD projector , maximum capacity: 100 pax above	Day	0.5		
17	Breakfast with tea/coffee including but not limited to peanut, butter, boiled eggs, mandazi, sausages, chicken wings, bread.	Plate/Pax	1		



S. No.	Item Description	Measurement Type			
		UOM	Qty	Price/Unit	Total \$
18	Evening tea/coffee with snacks including but not limited to samosa with meat, beans, cowpeas, cake and mandazi	Plate/Pax	1		
19	Milk tea	Cup	1		
20	Black tea	Cup	1		
21	Milk Coffee	Cup	1		
22	Black coffee	Cup	1		
23	Buffet lunch including but not limited to beef meat/fish, masala/fish curry/beef stew/roasted, chicken/chicken curry/chicken pilau/mutton/beans, rice/posho/bread/chapati, salad- tuna and fish-green salad/vegetables soup/mushroom soup, fruits.	Plate/pax	1		
24	Drinking water @ bottle 600ml	Bottle	1		
25	Drinking water @ bottle 500ml	Bottle	1		
26	Cartons of water (24 small bottle of 600ml)	Carton	1		
27	Crates of Soda (12 small, bottled soda 500ml)	Crate	1		
28	Soda	Bottle	1		
29	Cocktail Juice	Glass	1		
30	Chair hire	Pc	1		
31	DJ with PA System	EA	1		
32	Tent hire: (Capacity 1-25 pax)	Pc	1		
33	Tent hire: (Capacity 26-50 pax)	Pc	1		
34	Tent hire: (Capacity 51-100 pax)	Pc	1		



S. No.	Item Description	Measurement Type			
		UOM	Qty	Price/Unit	Total \$
35	Tent hire: (Capacity 100 pax)	Pc	1		
36	Table hire	Pc	1		
37	Bacon Pizza (Medium)	Pc	1		
38	Bacon Pizza (Large)	Pc	1		
39	Bacon Pizza (Extra large)	Pc	1		
40	Beef Pizza (Medium)	Pc	1		
41	Beef Pizza (Large)	Pc	1		
42	Beef Pizza (Extra large)	Pc	1		
43	Chicken Pizza (Medium)	Pc	1		
44	Chicken Pizza (Large)	Pc	1		
45	Chicken Pizza (Extra large)	Pc	1		
46	Margaria Pizza (Medium)	Pc	1		
47	Margaria Pizza (Large)	Pc	1		
48	Margaria Pizza (Extra large)	Pc	1		
49	Pepperoni Pizza (Medium)	Pc	1		
50	Pepperoni Pizza (Large)	Pc	1		
51	Pepperoni Pizza (Extra large)	Pc	1		
52	Cookies	Pkt	1		



S. No.	Item Description	Measurement Type			
		UOM	Qty	Price/Unit	Total \$
53	Cake (40-50 servings)	Pc	1		
54	Cake (70-80 servings)	Pc	1		
55	Choma(goats)	Pc	1		
56	Team building activities	Pkg	1		
57	Team building facilitator	Pkg	1		
	Sub total				

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	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	
Warranty Period (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	
Other Requirements (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	



Supplier/Payee Set-Up and Change Form(INTERNAL USE ONLY)

Vendor ID: _____

Vendor/Payee Type	New	Change	Discontinue	Approval Responsibility
Procurement Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procurement Committee
Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procurement Committee
Discontinue Vendor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procurement Committee
National Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources
International Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Human Resources
Sub-Grantee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program
Donor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program
Utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration
Landlord	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Administration
Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Finance

Vendor/Payee Details (note some information may not be applicable)	
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	
Persistence	Regular
Vendor Status	Approved <input type="checkbox"/> Inactive <input type="checkbox"/>
Currency of Payment	
Payment Method	
Payment Terms	
Vendor/Payee Bank Name	
Vendor/Payee Bank Address	
Bank Account Number	
International Bank Account Number	
Bank Code	
Branch Name & Address	
Swift Code	
Tax ID Number, Sales Tax or VAT	
Business Registration Number	

Sub-Recipient Information

Employer Identification Number (EIN)
 DUNS Number
 PADOR Number

Vendor/Payee Selection Criteria

Vendor/Payee Anti-Terror Check Completed (note this is done through the Vendor Set-Up in PeopleSoft) OFFLINE ONLY

Vendor/Payee has the Necessary Goods and/or Services

Vendor/Payee Credit and Payment Terms

Vendor/Payee costs and prices are reasonable and competitive

Yes

Procurement Committee Approval (Procurement Vendors and Consultants Only)

Name	Title	Signature	Date
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Name	Title	Signature	Date
------	-------	-----------	------

Name	Title	Signature	Date
------	-------	-----------	------

Human Resources, Program, Administration or Finance Approval (As Appropriate)

Name	Title	Signature	Date
------	-------	-----------	------

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

Vendor Information

Section A

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 :

Payment into a Domestic / US Bank (Bank account located within the US)

Section B

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: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
<small>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.</small>	Vendor Email Address (for Remittance Advice Alert/Notification):
<small>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.</small>	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: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Currency of Bank Account:	Email Address (for Remittance Advice Notification):

Acceptable Forms of Verification

Section D

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.	