**REQUEST FOR QUOTES (RFQ)**

|  |  |
| --- | --- |
| **RFQ #:**  | **IMA-SSD-JUBA-0001** |
| **Purpose:** | **Procurement of/ Lease of office space-Juba**  |
| **Issue Date:** | **01-03-2024** |
| **Closing Date:** | **20-03-2024** |
| **Questions Due:** | **Before 13-03-2024**  |
| **Anticipated Award Date:** | **ASAP** |
| **Anticipated Award Type:**  | **Contract Service**  |
| **RFQ Contents and Attachments** | 1. **Introduction**
2. **Requirements and Commodity Table**
3. **Evaluation Criteria**
4. **Terms and Conditions**
5. **Bid Submission Instruction(s)**
* **Annexes**
* **Attachment A- Small Business Certification Form**
* **Attachment B- Bids Cover Sheet**
* **Attachment C- Past Performance Form**
 |

1. ***INTRODUCTION:***

IMA World Health (IMA) is a global, faith-based nonprofit organization that offers sustainable and efficient solutions to health-related problems that are far too common in the developing world.

IMA has been working as a key humanitarian partner in South Sudan since 2008 working closely with the National Ministry of Health, CHDs, Civil Societies, donor partners addressing health needs, primarily on health system strengthening interventions. IMA World Health registered in South Sudan under RRC no 053.

Our mission is to build healthier communities by collaborating with key partners to serve vulnerable people. Our vision is health, healing, and well-being for all. With a mission to restore health and healing to those most in need, IMA offers extensive expertise in health systems strengthening as well as neglected tropical diseases, malaria, HIV, non-communicable diseases, and sexual and gender-based violence programs in some of the most challenging and post-conflict settings throughout the world.

1. ***REQUIREMENT AND COMMODITY TABLE:***

IMA invites qualified suppliers to submit offers in accordance with the requirements and specifications listed in this document. Quotes must be received by IMA no later than the Date and Time indicated in the following table.

Quotes must be received by IMA World Health no later than the **15th November 2024,** before **5:00pm** and see the details below.

|  |
| --- |
| **Complete Description of Need/Scope of Work/Specifications** |
|

|  |  |  |
| --- | --- | --- |
| Item | Technical specifications/SoW  | Quantity  |
|  | **Office Space rental with details below:*** Office space of minimum 10 to 15 office rooms.
* Availability of space for **50** people with space for office furniture with at least two possible exits.
* One conference hall preferrable to accommodate 50-100 people.
* Well secured perimeter wall fence of about 2 to 3 meters high with extra roll of razor wire on top, security lights and enough parking slots for vehicles.
* Strong perimeter gate of about 2 and half meters high with a peep hole for security guards to view outside guest before entrance. Two side security mirrors.
* 1 big heavy electrical power for generator. Power supply and backup systems.
* Connected to JEDCO city power as the main power supply.
* Preferable locations, Thong piny (Juba Na Bari), Hai Malakal, Hai Cinema.
* Kitchen and bathroom/ washroom for gents & ladies.
* 1 security room and external toilets.
* Confirmation of available necessary security measures (smoke detectors, fire extinguishers, etc.) and other utilities, water pump, (water tanks preferable with on pump) and waste management.
* Windows and exterior openings screened to prevent insects from entering.
* Exterior lighting is installed, with all fixtures and cables protected from tampering.
* Facility access routes especially during the rainy season.
* 1 storage room/warehouse minimum 120 m2.
* One main gate, preferable one security gate access and main exists routes.

Kindly indicate on what safety measures and other amenities you have in place and any other additional relevant info. Kindly include photos if any are available | 1 |
|  |  |  |

 |
| **Delivery address**  | At the venue |
| **Payment Terms :** | Within 30 days after delivery of service/goods |

**General terms and conditions.**

**To be considered, quotes must be valid for at least 90 days and must include all of the following:**

* Complete vendor contacts information including vendors physical address and full legal name.
* The price offered for the needed goods and/or services, including associated costs such as shipping or installation.
* Current contact information for at least 3 past customer references.
* All information relevant to demonstrating the vendor’s ability to meet Corus ’s Evaluation Criteria (see below).

**Legal documents required.**

* Copy of valid tax clearance certificate.
* Copy of company incorporation certificate (Renewed). Make sure to submit both sides & stamped.
* Currency of the offer should be USD with clear payment terms.
* Sign & Stamp RFQ.
1. ***EVALUATION CRITERIA***

IMA World Health will evaluate bids that meet the minimum technical requirements based on.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Criteria**  | **Scoring**  | **Weight** |
|  | **Meet Technical Specification**  |  |  |
|  | **Price** |  |  |
|  | **Lead Time** |  |  |
|  | **Past Performance**  |  |  |
|  | **Other Factors**  |  |  |

It is anticipated that the award will be made on a best value analysis. However, IMA World health reserves the right to conduct negotiations with and/or request clarifications from any vendor prior to award at any time or change the evaluation criteria scoring/weighting at any time.

1. ***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 [30 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**.

**Delivery location**: Juba Country office!

**DELIVERY TIMELINE:**

We expect the property owner to ensure that the facility is clean within 7 days’ time before signing the contract.

**QUESTIONS / CLARIFICATION REQUESTS:**

In case you have questions about any terms or requested item specification, please feel free to contact us via email.  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

**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-2)- 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 the information provided is true and correct. The offer is valid for a minimum of 90 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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***LEGAL AND FINANCIAL CAPACITY FOR PERFORMANCE***

Offerors should provide the following:

* Evidence of Offeror’s legal company registration, incorporation, or license to do business issued by a competent authority in the country of registration.
* Audited financial statements for the previous fiscal year.
* Past Performance references from three previous customers for supply of similar goods as included in this RFQ. Contact details should be included.
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-2)