

REQUEST FOR QUOTATION -TRANSPORTATION

CARE South Sudan is an international humanitarian organization dedicated to fighting poverty and social justice with a special emphasis on women and girls. CARE South Sudan is part of CARE International whose vision is to seek a world of hope, tolerance and social justice, where poverty is overcome and people live in dignity and security. CARE has been present in South Sudan since 1970, before the country's independence. CARE South Sudan head office is in Juba with operation in Jonglei, Unity, Western Bahr El Ghazal, Upper Nile, and Eastern Equatorial states.

CARE South Sudan would like to invite competent and reputable Transport Companies/ Service Providers to submit financial proposal for transportation of 80MT livelihood inputs. **Interested suppliers/vendors** are requested to submit their financial proposal for routes and locations as per the table below.

S. No	Items Description	Unit of measure	No. of Units	Frequency (Times)	Unit cost (USD)	Total cost (USD)
1	Transportation of 80mt livelihood inputs from Logistics Hub, Juba up to river site	Trip	1			
2	River transportation of 80mt livelihood inputs from Juba to Port Manga, Unity State in two boats of max 40 mt.	Trip	1			
3	River transportation of 80mt livelihood inputs from Port Manga to Rubkona/Bentiu	Trip	1			
4	Transportation of 80mt livelihood inputs from Rubkona/Bentiu to Yida by road	Trip	1			
5	Truck hire for transportation of livelihood inputs from Yida to different Payams and Boma (final destination, minimum 10 locations) in Pariang	Trip	1			
Total cost (in USD)						
Note:						
<ul style="list-style-type: none"> - The cost should include loading and offloading, insurance of vehicles, boats and goods in transit via transfer from road and river and road and river clearances. - The movement of livelihood inputs will happen before the rainy season starts (May/June) whilst roads are still accessible and river transport is feasible. - The quotation must be valid for at least three months. 						

SUBMISSION OF PROPOSALS

All proposals should be received in ssd.procurement@care.org no later than 4:00pm on Tuesday, 18 April 2023. Interested suppliers/vendors must submit the completed **Vendor Questionnaire** and **Vendor/Payee Details**.



care[®]

VENDOR QUESTIONNAIRE (Confidential)

Note: CARE Standard Payment Terms are 30 days from receipt of goods or service and a CARE approved invoice.

I. REQUIRED INFORMATION (Please Print Clearly)

CARE Contact Name:			
Company/Individual Name:			
Owner Name (if different from above):		Nationality of Owner:	
Contact Person:			
Full Address (Street/City, etc):			
Phone No:		Fax No:	
E-mail:		Website:	

II. CUSTOMER REFERENCES

Provide 3 current customer references, listing customer, phone number, contact person, contact's e-mail and a description of the product or service provided to the customer. (If you need additional space please use a separate page.)

1	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
2	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Type of product / service provided to client			
3	Name of Organization/Business			
	Name of Contact Person		Title	
	E-mail:		Phone:	

	Type of product / service provided to client	
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III. Indicate below the products or services sold or provided by you

[a]	[b]
[c]	[d]
[e]	[f]
[g]	[h]

IV. Registration of Business

1. Is your firm registered as a business entity with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If YES, please provide your business registration number		
3. If applicable, please provide Sales Tax Registration Number		
4. Please provide Tax ID number		
5. Indicate how long have you been in this type of business		
6. Have you ever done business with other aid agencies? If so, provide names of agencies immediately below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you related to any person currently employed with CARE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. If YES, please provide name and position		

9. Provide here, any additional information regarding your business	
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NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor.

V. Certification

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 cancellation and severing all ties with the agency/person and will be deleted from CARE's database of clients. I have read the above statement and certify under oath that the information contained herein is true and accurate to the best of my knowledge and belief.

Name of Person Completing Form (Please print clearly)	
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Title:	Signature:	Date:
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FOR PROCUREMENT USE ONLY

<input type="checkbox"/> Anti-Terrorism Check Completed <input type="checkbox"/> Customer References Verified
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