

**REQUEST FOR QUOTATION (RFQ) for the Provision of Office Relocation Services in Juba.**

**RFQ instructions.**

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| --- | --- |
| Date RFQ issued | September 19, 2024 |
| Deadline for the Submission of Quotation | October 1, 2024 |
| Method of Submission | Quotations must be submitted as follows:  Bid submission address: [southsudanprocurement@imaworldhealth.org](mailto:southsudanprocurement@imaworldhealth.org)  **Hand delivery**,  Procurement Unit  IMA World Health, South Sudan.  Heran Office Complex, 3rd floor ECOBANK building.  Nimule Street, Hai Malakal, Juba  South Sudan. |

**Requirements.**

**IMA World Health** is requesting door to door transportation services from IMA World Health Main office (Heran Complex Building, Ecobank, 3rd floor) and move from below mentioned addresses to the new address detailed below.

**From:**

**IMA World Health office address**: Heran Office complex, Plot 82. Ecobank building, opposite to Juba National Stadium, 3rd floor.

**To:**

**New office address:** Goshen house, Plot 23, Kololo, Airport Rd, Opposite Ministry of Humanitarian Affairs and Disaster Management, Juba Nabari Area-Juba.

**The Transportation Service requires the followings:**

1. Movement of all furniture, equipment and all the items. Including dismantling, packing, installing services (Furniture) and re-arrangement at the few facility.
2. The expected movement shall take place start from **November 15-29, 2024**; IMA World Health will notify the selected transporter about the movement date 1 week in advance.
3. The exact movement plan shall be shared with the transporter before the movement date. The movement will be done during working days start from 09:00am to 3:00pm
4. Movement of the IMA World Health Assets (Furniture, office consumables & non consumables, IT Equipment, etc.) shall be completed in 2 phases.

* The movement of furniture, office consumables shall be completed as the first phase.
* IT Equipment, TV Screens shall be completed as a second phase.

1. The transporter needs to provide enough empty boxes immediately, once they receive the Notice of Award from IMA World Health.
2. The transporter shall be responsible for insurance cover for their staff during movement and the transporter shall be responsible for any damages of furniture during movement.
3. The transporter is responsible for obtaining CID clearance letter for the movement.
4. Transporter should come to assess the furniture and other items before providing quotation.

**Financial Offer.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Description** | **Qty** | **Unit** | **Unit Price** | **Total** |
| 1 | Provision of door-to-door transport service (office relocation) | N/A |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Total |  |  |  |  |

Currency of USD.

**Supporting Documentation to be submitted with each bid.**

Copies of the following supporting documentation **must** be submitted with each Bid, **failure to do so will see immediate rejection of bid**:

* Certificate of incorporation
* Trading licence
* VAT registration
* Memorandum & Articles of Association
* Financial statements and audited accounts for the past 1 year
* Company profile
* Certificate of completion/reference information of previous undertakings of similar contracts
* Details for key staff members
* Tax Exempt Certificate, known in South Sudan as a TIN certificate (Tax Identification Number)
* Reference and or proof for similar work done before.

**Evaluation of Bids**

All valid bids will be evaluated by procurement evaluation committee of IMA World Health South Sudan who will assess the bids based on administrative, technical, and financial evaluation, using the information provided in your submission.

IMA World Health reserves the right to request samples of products or past work and to visit the premises of bidders, if this is deemed necessary to complete the evaluation.

**Company Information**

**Business Profile**

|  |  |
| --- | --- |
| Name of Company: |  |
| Physical Address: |  |
| Postal Address: |  |
| Telephone Number: |  |
| Fax Number, if applicable: |  |
| Email, if applicable: |  |
| Certificate of Registration Number/Trading Partner Identification Number (TIN) Registration Number: |  |
| Website address, if applicable: |  |
| Contact Name, Telephone Number and Title: |  |
| Parent Company, if applicable: |  |
| Type of business (limited company/partnership etc…) |  |
| Name of business: |  |

**Bank Details:**

|  |  |
| --- | --- |
| Bank Name: |  |
| Bank Address: |  |
| Bank Account Name: |  |
| Bank Account Number: |  |
| How long has this Account been open? |  |

**Payment Terms:**

|  |  |
| --- | --- |
| Orders accepted on receipt of an LPO: Y/N |  |
| Number of days credit provided, if applicable: |  |
| Details of any discounts that apply: |  |
| Preferred payment method: (cash/cheque/electronic payment) |  |

**Reference of undertaking similar work in the past:**

Please complete the table below using the format to summarise the **Major relevant supplies/services** carried out in the course of the past 3 years by your company. Please provide proof e.g. copy of LPO.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provide details of other International Aid and UN Organisations that you supply. | | | | |
| International NGO/UN Organisation | Contact details in NGO/Co. | Total Contract Value | Date | Description of services |
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|  |  |  |  |  |
|  |  |  |  |  |
| Provide information on previous experience with IMA World Health if any | | | | |
| Description of items supplied. | Description of items supplied | Total Contract Value | Date | Related Service Provided |
| Experience with IMA World Health |  |  |  |  |
| Experience with IMA World Health |  |  |  |  |
| Experience with IMA World Health |  |  |  |  |

Thank you and we look forward to receiving your quotations.

**IMA World Health**

Procurement Unit, Juba

South Sudan Program.