



CARE SOUTH SUDAN
NPA Building, 3rd floor, Martyrs Street
P.O. Box 302
Juba - South Sudan
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Email: ssd.info@care.org

**INVITATION TO EXPRESS INTEREST FOR SUPPLY OF PHARMACEUTICALS AND MEDICAL
EQUIPMENT FOR CARE SOUTH SUDAN**

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 operations in Jonglei, Unity State, Western Bahr El Ghazal, Upper Nile, and Eastern Equatorial.

CARE South Sudan is implementing one of its health projects in Pariang that aims to improve access to life-saving and medical services to meet the needs of the community related to sexual and reproductive health.

Through the funding from GFFO, CARE is inviting applications from credible, eligible and well-established suppliers who deal in pharmaceuticals and medical equipment to submit an expression of interest through ssd.procurement@care.org before **November 01, 2024, at 2:00 pm CAT**.

Late submitted Expressions of Interest and incomplete documents shall not be accepted for evaluation irrespective of the circumstances.

Proof documents listed in the evaluation and shortlisting criteria must be submitted as part of the expression of interest. Only shortlisted bidders will be contacted with a Request for Quotations to submit quotations.

Interested bidders may obtain further information through ssd.procurement@care.org from 08.00 am to 15.00 pm Monday to Friday commencing from October 24, 2024, except on public holidays. **28 October 2024, CARE South Sudan office will be closed, work will resume on 29 October 2024.**

Expression of Interest must be addressed to:

John Lasu

Supply Chain Manager

CARE South Sudan

NPA Building, 3rd Floor, Martyrs Street,

Juba, South Sudan

Evaluation and Shortlisting Criteria for Suppliers

#	REQUIREMENTS	Points
Administrative requirements (25 points)		
1	Valid registration documents (Tax Compliance Certificate, Tax Identification Number Certificate, Operations License, Membership certificate, Registration/Incorporation certificate) <ul style="list-style-type: none"> - Invalid documents: Provide proof of application for renewal if it has expired: 2 points - Valid documents: 5 points 	5
2	Years of experience working with UN agencies or/and International NGOs in South Sudan, referenced made to the Certificate of Incorporation (a score of 0 points if not attached). <ul style="list-style-type: none"> - 0-1 years: 0 points - 2-5 years: 2 points - 6-10 years: 3 points - 11+ years: 5 points 	5
3	Provide 10 client reference letters you received in the past whose environment, size, and scope are most similar to CARE. Include reference contact names, with telephone numbers and email addresses. <ul style="list-style-type: none"> - Max. 10 points ≥ 10 clients and each individual client's reference letter is 1 point 	10
4	Vendor's representatives to call upon and consult with. Name, Title, contact details must be provided and filled Supplier set-up & Change form and Vendor questionnaire form. Stamped and signed. <ul style="list-style-type: none"> - Representatives Details: 1 point, - Supplier set-up & Change form: 2 points, - Vendor Questionnaire form: 2 points 	5
Financial requirements (25 points)		
1	Financial stability of the Company. Bank statement as of 1 April 2024 to up to date of submission of EOI). Details must be for the company seeking a qualification in the EOI. <ul style="list-style-type: none"> - \$10,000- \$25,000: 2 points - \$25,001- \$35,000: 4 points - \$35,001-\$40,000: 6 points - \$40,000- \$above: 10 points 	10
2	Relevant Work Experience for similar goods supplied <u>in the period 2023 – 2024</u> . Evidence is a must <ul style="list-style-type: none"> - More than 4 invoices/PO & contract higher than 20,000USD: 15 points - 3- 4 invoice/PO & contract higher than 20,000USD: 10 points - 1-2 invoice/PO & contract higher than 20,000USD: 5 points - No invoice/PO & contract higher than 20,000USD: 0 points 	15
Technical requirements (30 points)		
1	Compliance and Regulatory Standards (20 points) <ul style="list-style-type: none"> - Certifications and Accreditations (5 points) - Letters of distribution, authorization, or representation in South Sudan from WHO GMP Manufacturers: 5 points - Food and Drug Authority: 5 points - Certificates of Analysis: 5 points 	20
2	Indicate the <ul style="list-style-type: none"> - Range of Shelf-life for all your medical supplies: From MM/YYYY to MM/YYYY: 5 points - Origin of your medical supplies, list all the countries of origin for your medical supplies: 5 Points (these criteria will be scored based on CARE South Sudan's set preferences for shelf-life and origin of medical supplies) 	10

Conclusion

- Each criterion shall be scored based on the evidence provided in the EOI.
- Scoring shall be done by a panel of evaluators to ensure objectivity.
- Comments shall be provided for each score to justify decisions and ensure transparency.
- Any vendor that obtains a minimum score of 70% of the total score (56+1) shall be selected for RFQ but more preference will be given to suppliers who score better in financial and technical requirements.

This structured shortlisting framework will help ensure that suppliers are assessed fairly and comprehensively, allowing for informed decision-making in selecting the best suppliers who will be contacted with a Request for Quotations to submit quotations.

Additional Information:

The prequalified vendors from this prequalification process will be included in CARE South Sudan Supplier Database and will be considered for future supply of Drugs and Pharmaceuticals, Medical equipment and furniture, Laboratory reagents and equipment, medical consumables.

Checklist of documents required for Vendor Entry in PeopleSoft

S/No	Documents included for vendor set up as a <u>COMPANY</u>	Put ✓ if included	Put x (if not applicable)
1.	The company profile		
2.	Letter of recommendations		
3.	Tax identification number		
4.	Tax clearance certificate		
5.	Membership certificate from the body responsible where the company operates in.		
6.	Registration certificate from the Ministry of Justice		
7.	Operation license		
8.	Trade license for specialized services like hotels, aviation, pharmaceuticals etc. in case.		
9.	A filled vendor setup form (attached in this email, fill all the areas marked x with the relevant company information)		
10.	Vendor's questionnaire		
11.	First page of memorandum and articles of association and the page with shares allocation/board of directors.		
12.	Passports or national IDs for each of the company board of directors as shareholders. NB: The details of the IDs should be clearly readable.		
13.	A copy of void cheque of the bank account provided to CARE South Sudan		
COMMENTS: (Please put additional remarks if any of the documents are not available)			

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

Vendor ID: _____

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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
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Procurement Committee Approval (Procurement Vendors and Consultants Only)

Name	Title	Signature	Date
<hr/>			
Name	Title	Signature	Date
<hr/>			
Name	Title	Signature	Date

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

Name	Title	Signature	Date
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Revised 1 July, 2015

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

Section A	Vendor Information	
	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 <u>Tax ID Number</u> :
Section B	Payment into a Domestic / US Bank (Bank account located within the US)	
	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
	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.	Vendor Email Address (for Remittance Advice Alert/Notification):
	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.	By checking this box, you are agreeing to participate in this Virtual Pay Option <input type="checkbox"/>
<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:	<u>SWIFT/BIC</u> (8 or 11 alphanumeric code/not applicable to US banks):
	<u>IBAN Code</u> (if applicable):	Account Type: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
	Currency of Bank Account:	Email Address (for Remittance Advice Notification):
Section D	Acceptable Forms of Verification	
	Vendor <u>must</u> 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.	