

REQUEST FOR QUOTATION FOR HALL HIRE AND CATERING SERVICES

CARE is a humanitarian and development non-governmental organization committed to working with poor women, men, boys, girls, communities, and institutions to have a significant impact on the underlying causes of poverty. CARE seeks to contribute to economic and social transformation, unleashing the power of the most vulnerable women and girls. CARE's operations in South Sudan dates back to the early 1980s, focusing on emergency and disaster relief to the conflict affected populations. Currently, CARE South Sudan works in the six States of; Unity, Jonglei, Eastern Equatoria, Bahr el Ghazel, Central Equatoria and Upper Nile States, addressing both humanitarian and recovery/development needs. In development/recovery programming, CARE South Sudan focuses on five broad areas namely Peace Building, Gender and Protection, Food security and Livelihoods, Nutrition and Health, and Partnership and advocacy.

Description of Services/Goods

Care International South Sudan will procure goods and services on a regular basis throughout the year, as programme demands dictate. We are now calling for qualified, competent Hotel service Providers for **Hall Hire & Catering services** to support air a range of upcoming Care's trainings and meetings with various Stakeholders in Juba South Sudan. Care International South Sudan conducts regularly meetings with its stakeholders to support its program implementations. In most of the procurement processes Care International South Sudan ensures that competitive prices and value for money is obtained by way of "Competitive Negotiated Procedure". Therefore, Care International South Sudan is calling for Competent reliable registered Hotel service providers which will provide Care International South Sudan with the service and with whom Care International South Sudan would contract for the next 12 months to support its project implementation in South Sudan

Issuance Date	Tuesday 26 th April 2022
Closing Date	Friday 13th May 2022
Activity Title	Accommodation, hall hire and Catering Services
Determination of Award	Technically acceptable, reasonable price, best value.
Quotation	Quotations in response to this RFQ must be priced on a fixed-price basis in accordance with the specifications provided in Annex 1 – Detailed Technical Specifications.
Evaluation Criteria	Award will be made to the offeror that meets the minimum criteria and technical specificity for acceptable award at the lowest reasonable cost or price.
Award Type	Firm Fixed Price Agreement-Framework Agreement for 7 Months
Submission Deadline	Quotations must be received No-Later-Than 4:00PM Juba time, Friday may 13th 2022
Submission Address	Hard copies can be delivered IN A SEALED ENVELOPE clearly labeled with the name of the vendor and the RFQ activity Title to Care Office located at NPA Building 3 rd Floor Opp Unicef Office-Juba South Sudan . Electronic submission can be sent to SSD.tender@care.org .

	Hard Copy Sealed Quotation can be submitted and dropped in the CARE Tender Box
--	--

Annex 1- Service Detail specification

Line Item	Item	Specifications	Quantity	No. of Units	Unit Cost	Total Cost
1	Hall	Regular Conference Hall with maximum occupancy 1-50 Pax capacity, services include projector, Sound system, note pad, pens and stationeries	1	Day		
2	Hall	Regular Conference Hall Hire with maximum occupancy 51-100 Pax capacity, services include Projector and Sound System, note pads, pens and stationeries	1	Day		
3	Hall	Regular Conference Hall Hire with maximum occupancy 101-150 Pax Capacity, services include Projector and Sound System, note pads, pens and stationeries	1	Day		
4	Hall	Regular Conference Hall Hire with maximum occupancy 151-200 Pax services includes Projector and Sound System, note pads, pens and stationeries	1	Day		
5	Hall	Regular Conference Hall Hire with maximum Occupancy 201-250 Pax, services include Projector and Sound System, note pads, pens and stationeries	1	Day		
6	Hall	Regular Conference Hall Hire with Maximum occupancy 251 and above Pax, services include Projector and sound system, note pads, pens and stationeries	1	Day		
7	Lunch	Lunch-Cost of Plate of Food Buffet	1	Plate		
8	Bottle	Bottle of Water 500ml-Cost of bottle of water	1	Bottle		

9	Bottle	Bottle of Soda	1	Bottle		
10	Cup	Tea and Snacks	1	Cup		
TOTAL USD						

PLEASE SPECIFY and INCLUDE WITH YOUR QUOTATION	
Payment Terms	
Delivery Time	
Payment Schedule	
Payment Method	
Price Validity	

Instructions to Offerors:

Submission Deadline:

- Final submissions will be due no later than **May 13th | 2022; 1400hrs. (South Sudanese Local Time)** submitted to: SSD.tender@care.org
Hard Copy Sealed quotation can be submitted and dropped in CARE Tender Box
- **Question & Answers:** Questions regarding the **RFQ- ACCOMODATION, HALL HIRE AND CATERING SERVICES-** shall be submitted to: SSD.tender@care.org no later than **Friday May 13th 2022; 1400 hrs. (South Sudanese Local Time)**. Care International South Sudan will not respond to questions pertaining to this RFQ over the phone. Care International South Sudan will not in any way assist Offerors in preparing their bids nor reimburse any bid preparation costs incurred by the Offeror.

Requirements

- Submit a quotation in response to this RFQ using the template provided above, all pages should be initiated and stamped officially by the vendor.
- Hard copies quotation: In case of a supplier –Vendor is submitting a hard copy quotation, it shall then be submitted in a sealed envelope, mentioning **RFQ activity Title (for reference)** shall be clearly written on this envelope and shall be registered with Care receptionist during submission.
- **Vendors are to commit to the delivery time after placing the order, which is critical and important to Care Project activities.**
- Quoted Price: Quotations in response to this RFQ must be priced on a fixed-price basis in accordance with the specifications provided for in Annex 1.
- Supplier-Vendors are requested to provide quotations on official letterhead fully stamped
- Supplier-Vendors shall provide contact list of past clients (preferably INGOs and Cooperate Business, at least three (3) they have provided services in the past 3 years, recommendation letters should be attached.

- Suppliers-Vendors are required to submit their business incorporation certificate, and tax clearance certificate updated as per below mandatory submission requirements
- Supplier-Vendors are required to submit cover letter in Annex 3 on an official letterhead, official stamped, signed by an authorized representative of the Supplier-Vendor with company/contact details
- Charges against any of the goods or services will be made against the price quoted in this RFQ in reference with terms and conditions in Annex 1.

Inspection: All Goods/ Services will be inspected against conformance to the specifications and technical description attached to this RFQ before approving any payment to the awarded vendor.

Demonstration of Responsibility: To be deemed a responsible and responsive Supplier-Vendor, the Supplier-Vendor's bid shall include all of the following in accordance with the instructions and terms and conditions of the RFQ:

Mandatory Submission Requirements

S/No	Documents included for vendor set up as a <u>COMPANY</u>
1.	The company profile
2.	Past work experience letter recommendations
3.	Tax identification number
4.	Tax clearance certificate
5.	Membership certificate from the responsible body 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 the 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

- Completed Supplier-Vendor Cover Letter, signed and stamped by an authorized representative of the Supplier-Vendor with company/contact details.
- Official quotation, including specifications of offered materials/ services (see Annex 1).
- For Organizations: Copy of Supplier-Vendor's registration or business license.
- Certification of Price Guarantee or Warrantee (12 months).

Determination for Award: award will be made to a responsible Supplier-Vendor whose offer follows the RFQ instructions and provides the reasonable-cost, technically acceptable offer.

- Please note that if there are significant deficiencies regarding responsiveness to the requirements of this RFQ, an offer may be deemed “non-responsive” and thereby disqualified from consideration.

Bank Account: Awarded Bidder should provide a full bank account information for the purpose of wiring payments

CARE					
Vendor/Payee Set-Up and Change Form					
Vendor ID:				Appendix E	
				Page 1 of 2	
Vendor/Payee Type	New	Change	Discontinue	Approval Responsibility	
Procurement Vendor				Procurement Committee	
Consultant				Procurement Committee	
Discontinue Vendor				Procurement Committee	
National Employee				Human Resources	
International Employee				Human Resources	
Sub-Grantee				Program	
Donor				Program	
Utility				Administration	
Landlord				Administration	
Bank				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		Inactive		
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					
				page 2 of 2	
Vendor/Payee Selection Criteria					Yes

Vendor/Payee Anti-Terror Check Completed (note this is done through the Vendor Set-Up in PeopleSoft)					
Vendor/Payee has the Necessary Goods and/or Services					
Vendor/Payee Credit and Payment Terms					
Vendor/Payee costs and prices are reasonable and competitive					
Procurement Committee Approval (Procurement Vendors and Consultants Only)					
Name	Title		Signature		Date
Name	Title		Signature		Date
Name	Title		Signature		Date
Human Resources, Program, Administration or Finance Approval (As Appropriate)					
Name	Title		Signature		Date
Revised 1 July, 2015					

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			

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		
NOTE: Government regulations may require CARE to deduct taxes on any transaction prior to effecting payment to the vendor.		

V. Certification

<p>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.</p> <p>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.</p> <p>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.</p>		
Name of Person Completing Form (Please print clearly)		
Title:	Signature:	Date:

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