# **REQUEST FOR QUOTATION (RFQ)**

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| RFQ Reference: NG20-23-4200437557 | Date: 03 April 2023 |

# **SECTION 1: Request for Quotation for Second Quarter Vaccine Request 2023 Self Payers Program for Bidders in Nigeria**

International Organisation for Migration (IOM) kindly requests your quotation for the provision of goods, works and/or services as detailed in Annex 1 of this RFQ.

This Request for Quotation comprises the following documents:

Section 1: This request letter

Section 2: RFQ Instructions and Data

Annex 1: Schedule of Requirements

Annex 2: Quotation Submission Form

Annex 3: Technical and Financial Offer

When preparing your quotation, please be guided by the RFQ Instructions and Data. Please note that quotations must be submitted using Annex 2: Quotation Submission Form and Annex 3 Technical and Financial Offer, by the method and by the date and time indicated. It is your responsibility to ensure that your quotation is submitted on or before the deadline. Quotations received after the submission deadline, for whatever reason, will not be considered for evaluation.

Thank you and we look forward to receiving your quotations.

Approved by:

Signature:

Name: Mohammed Abdi

Title: Procurement and Logistics Officer

Date: 03rd April 2023

## **SECTION 2: RFQ INSTRUCTIONS AND DATA**

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| **Deadline for the Submission of Quotation** | 12:00 hrs; 07th April 2023  If any doubt exists as to the time zone in which the quotation should be submitted, refer to <http://www.timeanddate.com/worldclock/>. |
| **Method of Submission** | Quotations must be submitted as follows:  E-tendering  Email  Courier / Hand delivery  Other Click or tap here to enter text.  Bid submission address: IOMLagosTenders@iom.int   * File Format: PDF * File names must be maximum 60 characters long and must not contain any letter or special character other than from Latin alphabet/keyboard. * All files must be free of viruses and not corrupted*.* * Max. File Size per transmission: 10mb  Mandatory subject of email: NG20-23-4200437557\_Request for Quotation for Second Quarter Vaccine Request 2023 Self Payers Program.Multiple emails must be clearly identified by indicating in the subject line “email no. X of Y”, and the final “email no. Y of Y.  * It is recommended that the entire Quotation be consolidated into as few attachments as possible. * The proposer should receive an email acknowledging email receipt. |
| **Cost of preparation of quotation** | IOM shall not be responsible for any costs associated with a Supplier’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process. |
| **Supplier Code of Conduct** | All prospective suppliers must read the UN Supplier Code of Conduct and acknowledge that it provides the minimum standards expected of suppliers to the UN. The Code of Conduct, which includes principles on labour, human rights, environment and ethical conduct may be found at: [Supplier Code of Conduct (ungm.org)](https://www.ungm.org/Public/CodeOfConduct). |
| **Conflict of Interest** | **UN encourages every prospective Supplier to** avoid and prevent conflicts of interest, by disclosing to UN if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ. |
| **General Conditions of Contract** | Any Purchase Order or contract that will be issued as a result of this RFQ shall be subject to the IOM General Conditions of Contract for provision of goods/services/transportation/medical services available at https://www.iom.int/do-business-us-procurement. |
| **Eligibility** | Bidders shall have the legal capacity to enter into a binding contract with IOM and to deliver in the country, or through an authorized representative. |
| **Currency of Quotation** | Quotations shall be quoted in Click or tap here to enter text. |
| **Duties and taxes** | The International Organization for Migration is exempt from all direct taxes, except charges for public utility services, and is exempt from customs restrictions, duties, and charges of a similar nature in respect of articles imported or exported for its official use. All quotations shall be submitted net of any direct taxes and any other taxes and duties, unless otherwise specified below:  All prices shall:  be inclusive of VAT and other applicable indirect taxes  be exclusive of VAT and other applicable indirect taxes |
| **Language of quotation and documentation including catalogues, instructions and operating manuals** | English |
| **Documents to be submitted** | Bidders shall include the following documents in their quotation:  Annex 2: Quotation Submission Form duly completed and signed  Annex 3: Technical and Financial Offer duly completed and signed and in  accordance with the Schedule of Requirements in Annex 1  Other Click or tap here to enter text. |
| **Quotation validity period** | Quotations shall remain valid for 45 days from the deadline for the Submission of Quotation. |
| **Price variation** | No price variation due to escalation, inflation, fluctuation in exchange rates, or any other market factors shall be accepted at any time during the validity of the quotation after the quotation has been received. |
| **Partial Quotes** | Not permitted  Permitted *Based on Availability* |
| **Payment Terms** | 100% within 30 days after receipt of goods, works and/or services and submission of payment documentation.  Other Click or tap here to enter text. |
| **Contact Person for correspondence, notifications and clarifications** | Focal Person: Mohammed Abdi  E-mail address: IOMLagosTenders@iom.int  Attention: Quotations shall not be submitted to this address but to the address for quotation submission above. |
| **Clarifications** | Requests for clarification from bidders will not be accepted any later than 1 days before the submission deadline. Responses to request for clarification will be communicated 1 day by 06 April 2023 |
| **Evaluation method** | The contract will be awarded to the lowest price substantially compliant offer.  Other Click or tap here to enter text. |
| **Evaluation criteria** | Full compliance with all requirements as specified in Annex 1  Full acceptance of the General Conditions of Contract  Comprehensiveness of after-sales services  Earliest Delivery /shortest lead time  Others *(for ex, environmental criteria/considerations, etc)*   * **Completeness and responsiveness of the documents mentioned in 9.1** * **Compliance with technical specifications including delivery requirement.** * **Price** * **Adequate provision of Cold Chambers (2-8 Degrees Celsius).** * **Cold Chain Storage during delivery must be maintained, Cold Transport Bags/ Coolers (2-8 Degrees Celsius).** * **Availability of Data Loggers for monitoring temperature at storage and during transportation of vaccines.** * **Manufacturer’s Authorization to distribute vaccines.** * **Annual License of Superintendent Pharmacist.** * **Certificate of Registration/Retention of Wholesaling/ Distribution Premises.** * **Standby Generator, and/ or other back-up plan.** |
| **Right not to accept any quotation** | IOM is not bound to accept any quotation, nor award a contract or Purchase Order |
| **Right to vary requirement at time of award** | At the time of award of Contract or Purchase Order, IOM reserves the right to vary (increase or decrease) the quantity of services and/or goods, by up to a maximum 25% of the total offer, without any change in the unit price or other terms and conditions. |
| **Type of Contract to be awarded** | Purchase Order |
| **Expected date for contract award.** | 21 April 2023 |
| **Policies and procedures** | This RFQ is conducted in accordance with Policies and Procedures of IOM |
| **UNGM registration** | IOM is encouraging all suppliers to register at the United Nations Global Marketplace (UNGM) website at [www.ungm.org](http://www.ungm.org). The Bidder may still submit a quotation even if not registered with the UNGM, however, if the Bidder is selected for Contract award of USD 100,000 and above, the Bidder is recommended to register on the UNGM prior to contract signature. For vendors who do not have the technical means to register in UNGM, the UNGM has implemented an assisted vendor registration functionality that allows IOM procurement personnel to add local vendors to the UNGM. |

**ANNEX 1: SCHEDULE OF REQUIREMENTS**

**Technical Specifications for Goods:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **Minimum technical requirements** | **Unit** | **Quantity** |
| 1 | Havrix , Avaxim, Hepatitis A | Dose | 264 |
| 2 | Engerix B, Euvax B,Genevac B,Revac B | Dose | 636 |
| 3 | Priorix, Tresivac | Dose | 665 |
| 4 | Varilrix | Dose | 400 |
| 5 | Nimenrix , Meningitis Vaccine | Dose | 114 |
| 6 | Prevenar 13 , Pneumonia Vaccine | Dose | 75 |
| 7 | Inactivated Polio Vaccine, immovax polio | Dose | 1020 |
| 8 | Tetanus dipthteria | Dose | 1130 |
| 9 | Vaxigrip Tetra , Flu Vacccine | Dose | 400 |
| 10 | Rotarix , Rotateq | Dose | 2 |

**Delivery Requirements**

|  |  |
| --- | --- |
| **Delivery Requirements** | |
| **Delivery date and time** | Bidder shall deliver the goods 7 Days After Contract signature. |
| **Delivery Terms (INCOTERMS 2020)** | Click or tap here to enter text. |
| **Customs clearance**  **(must be linked to INCOTERM** | Not applicable  Shall be done by:  Name of organisation  Supplier/bidder  Freight Forwarder |
| **Exact Address(es) of Delivery Location(s)** | IOM Office, 1 Isaac John Street, Ikeja GRA |
| **Distribution of shipping documents (if using freight forwarder)** | Click or tap here to enter text. |
| **Packing Requirements** | As Specified in the RFQ |
| **Training on Operations and Maintenance** | Click or tap here to enter text. |
| **Warranty Period** | Click or tap here to enter text. |
| **After-sales service and local service support requirements** | Click or tap here to enter text. |
| **Preferred Mode of Transport** | Land |
| **Other information** |  |

**ANNEX 2: QUOTATION SUBMISSION FORM**

*Bidders are requested to complete this form, including the Company Profile and Bidder’s Declaration, sign it and return it as part of their quotation along with Annex 3: Technical and Financial Offer. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | Click or tap here to enter text. | Date: Click or tap to enter a date. |

**VENDOR INFORMATION SHEET[[1]](#footnote-2)**

**BIDDER’S DECLARATION OF CONFORMITY[[2]](#footnote-3)**

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | On behalf of the Supplier, I hereby represent and warrant that neither the Supplier, nor any person having powers of representation, decision-making or control over it or any member of its administrative, management or supervisory body, has been the subject of a final judgement or final administrative decision for one of the following reasons: bankruptcy, insolvency or winding-up procedures; breach of obligations relating to the payment of taxes or social security contributions; grave professional misconduct, including misrepresentation, fraud; corruption; conduct related to a criminal organisation; money laundering or terrorist financing; terrorist offences or offences linked to terrorist activities; child labour and other trafficking in human beings, any discriminatory or exploitative practice, or any practice that is inconsistent with the rights set forth in the Convention on the Rights of the Child or other prohibited practices; irregularity; creating or being a shell company. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier is financially sound and duly licensed. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier has adequate human resources, equipment, competence, expertise and skills necessary to complete the contract fully and satisfactorily, within the stipulated completion period and in accordance with the relevant terms and conditions. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier complies with all applicable laws, ordinances, rules, and regulations. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier will in all circumstances act in the best interests of IOM. |
|  |  | On behalf of the Supplier, I further represent and warrant that no official of IOM or any third party has received from, will be offered by, or will receive from the Supplier any direct or indirect benefit arising from the contract. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier has not misrepresented or concealed any material facts during the contracting process. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier will respect the legal status, privileges and immunities of IOM as an intergovernmental organization. |
|  |  | On behalf of the Supplier, I further represent and warrant that neither the Supplier nor any persons having powers of representation, decision-making or control over the Supplier or any member of its administrative, management or supervisory body are included in the most recent Consolidated United Nations Security Council Sanctions List (the “UN Sanctions List”) or are the subject of any sanctions or other temporary suspension. The Supplier will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier does not employ, provide resources to, support, contract or otherwise deal with any person, entity or other group associated with terrorism as per the UN Sanctions List and any other applicable anti-terrorism legislation. |
|  |  | On behalf of the Supplier, I further represent and warrant that, the Supplier will apply the highest ethical standards, the principles of efficiency and economy, equal opportunity, open competition, and transparency, and will avoid any conflict of interest. |
|  |  | On behalf of the Supplier, I further represent and warrant that the Supplier undertakes to comply with the Code of Conduct, available at <https://www.ungm.org/Public/CodeOfConduct>. |
|  |  | It is the responsibility of the Supplier to inform IOM immediately of any change to the information provided in this Declaration. |
|  |  | On behalf of the Supplier, I certify that I am duly authorized to sign this Declaration and on behalf of the Supplier I agree to abide by the terms of this Declaration for the duration of any contract entered into between the Supplier and IOM. |
|  |  | IOM reserves the right to terminate any contract between IOM and the Supplier, with immediate effect and without liability, in the event of any misrepresentation made by the Supplier in this Declaration. |

Signature:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

## **ANNEX 3: TECHNICAL AND FINANCIAL OFFER - GOODS**

*Bidders are requested to complete this form, sign it and return it as part of their bid along with Annex 2: Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | Click or tap here to enter text. | Date: Click or tap to enter a date. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Currency of the Quotation:** Click or tap here to enter text.  **INCOTERMS:** Click or tap here to enter text. | | | | | |
| **Item No** | **Description** | **UOM** | **Qty** | **Unit price** | **Total price** |
| 1. | Havrix , Avaxim, Hepatitis A | Dose | 264 |  |  |
| 2. | Engerix B, Euvax B,Genevac B,Revac B | Dose | 636 |  |  |
| 3. | Priorix, Tresivac | Dose | 665 |  |  |
| 4. | Varilrix | Dose | 400 |  |  |
| 5. | Nimenrix , Meningitis Vaccine | Dose | 114 |  |  |
| 6. | Prevenar 13 , Pneumonia Vaccine | Dose | 75 |  |  |
| 7. | Inactivated Polio Vaccine, immovax polio | Dose | 1020 |  |  |
| 8. | Tetanus dipthteria | Dose | 1130 |  |  |
| 9. | Vaxigrip Tetra , Flu Vacccine | Dose | 400 |  |  |
| 10. | Rotarix , Rotateq | Dose | 2 |  |  |
| Total Price | | | | |  |
| Transportation Price | | | | |  |
| Insurance Price | | | | |  |
| Installation Price | | | | |  |
| Training Price | | | | |  |
| Other Charges (specify) | | | | |  |
| **Total Final and All-inclusive Price** | | | | |  |

**Compliance with Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **You Responses** | | |
| **Yes, we will comply** | **No, we cannot comply** | **If you cannot comply, pls. indicate counter proposal** |
| Minimum Technical Specifications |  |  | Click or tap here to enter text. |
| Delivery Term (INCOTERMS) |  |  | Click or tap here to enter text. |
| Delivery Lead Time |  |  | Click or tap here to enter text. |
| Warranty and After-Sales Requirements |  |  | Click or tap here to enter text. |
| Validity of Quotation |  |  | Click or tap here to enter text. |
| Payment terms |  |  | Click or tap here to enter text. |
| Other requirements *[pls. specify]* |  |  | Click or tap here to enter text. |

**Other Information:**

|  |  |
| --- | --- |
| Estimated weight/volume/dimension of the Consignment: | Click or tap here to enter text. |
| Country/ies of Origin:  (*if export licence required this must be submitted if awarded the contract*) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. | |
| *Exact name and address of the company*  Company NameClick or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.  Phone No.: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | Authorized Signature:  Date: Click or tap here to enter text.  Name: Click or tap here to enter text.  Functional Title of Authorised  Signatory: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |

## **ANNEX 3: TECHNICAL AND FINANCIAL OFFER - SERVICES**

*Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | Click or tap here to enter text. | Date: Click or tap to enter a date. |

**Technical Offer**

*Provide the following:*

* *a brief description of your qualification, capacity and expertise that is relevant to the Terms of Reference.*
* *a brief methodology, approach and implementation plan;*
* *team composition and CVs of key personnel*

**Financial Offer**

Provide a lump sum for the provision of the services stated in the Terms of Reference of your technical offer. The lump-sum should include all costs of preparing and delivering the Services. All daily rates shall be based on an eight-hour working day.

**Currency of Quotation:** Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
| **Ref** | **Description of Deliverables** | **Price** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Price** | |  |

**Breakdown of Fees**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel / other elements** | **UOM** | **Qty** | **Unit Price** | **Total Price** |
| Personnel |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Other expenses |  |  |  |  |
| International flights |  |  |  |  |
| Subsistence allowance |  |  |  |  |
| Local Transportation |  |  |  |  |
| Communication |  |  |  |  |
| Other Costs: (please specify) |  |  |  |  |
| **Total** |  |  |  |  |

**Compliance with Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
|  | You Responses | | |
| Yes, we will comply | No, we cannot comply | If you cannot comply, pls. indicate counter proposal |
| Delivery Lead Time |  |  | Click or tap here to enter text. |
| Validity of Quotation |  |  | Click or tap here to enter text. |
| Payment terms |  |  | Click or tap here to enter text. |
| Other requirements [pls. specify] |  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. | |
| *Exact name and address of company*  Company NameClick or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.  Phone No.: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | Authorized Signature:  Date: Click or tap here to enter text.  Name: Click or tap here to enter text.  Functional Title of Authorised  Signatory: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |

**ANNEX 3: TECHNICAL AND FINANCIAL OFFER - WORKS**

*Bidders are requested to complete this form, sign it and return it as part of their quotation along with Annex 2 Quotation Submission Form. The Bidder shall fill in this form in accordance with the instructions indicated. No alterations to its format shall be permitted and no substitutions shall be accepted.*

|  |  |  |
| --- | --- | --- |
| Name of Bidder: | Click or tap here to enter text. | |
| RFQ reference: | Click or tap here to enter text. | Date: Click or tap to enter a date. |

**Technical Offer**

*Provide the following:*

* *a brief description of your qualification and capacity that is relevant to the Scope of Works;*
* *a brief method statement and implementation plan;*
* *team composition and CVs of key personnel*

**Financial Offer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of Works** | **UOM** | **Qty** | **Unit Price** | **Total Price** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total** |  |  |  |  |

**Compliance with Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **You Responses** | | |
| **Yes, we will comply** | **No, we cannot comply** | **If you cannot comply, pls. indicate counter proposal** |
| Delivery Lead Time |  |  | Click or tap here to enter text. |
| Validity of Quotation |  |  | Click or tap here to enter text. |
| Payment terms |  |  | Click or tap here to enter text. |
| Other requirements *[pls. specify]* |  |  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| I, the undersigned, certify that I am duly authorized to sign this quotation and bind the company below in event that the quotation is accepted. | |
| *Exact name and address of company*  Company NameClick or tap here to enter text.  Address: Click or tap here to enter text.  Click or tap here to enter text.  Phone No.: Click or tap here to enter text.  Email Address: Click or tap here to enter text. | Authorized Signature:  Date: Click or tap here to enter text.  Name: Click or tap here to enter text.  Functional Title of Authorised  Signatory: Click or tap here to enter text.  Email Address: Click or tap here to enter text. |

1. [Vendor Information Sheet.xlsx](https://iomint.sharepoint.com/:x:/t/ManilaSupplyChainUnit/EcdiXZEFetxEl29DHqMnNLgBnUvABCGiNC-UMMSpf4ddXQ?e=IBVJfN) [↑](#footnote-ref-2)
2. This form is mandatory to fill in and sign by every vendor who submits quotation. [↑](#footnote-ref-3)