# **REQUEST FOR QUOTATION**

|  |  |
| --- | --- |
| RFQ Reference**: NG20-23-4200539969** | Date: 19 September 2023 |
| **Subject of RFQ: NG20-23-4200539969\_laboratory consumables required for 4th quarter 2023** | |

International Organization for Migration kindly requests your quotation for the provision of the goods, works and/or services described in the RFQ submission form below.

When preparing your quotation, please be guided by the RFQ information below. 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.

## **RFQ INFORMATION**

|  |  |
| --- | --- |
| **Deadline for the submission of quotation** | 10:00 hrs 6th October 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** | Quotation must be submitted as follows:  E-tendering  Email  Courier / Hand delivery  Other Click or tap here to enter text. |
| **Cost of preparation of quotation** | IOM shall not be responsible for any costs associated with a vendor’s preparation and submission of a quotation, regardless of the outcome or the manner of conducting the selection process. |
| **Contractual Terms** | Any Purchase Order that will be issued as a result of this RFQ shall be subject to the IOM standard terms for provision of goods/services/transportation/medical services available at <https://www.iom.int/do-business-us-procurement> or IOM standard contract templates. |
| **Documents to be submitted** | Bidders shall submit and sign the-bid submission form below. |
| **Quotation validity period** | The quotation shall remain valid for Click or tap here to enter text. days from the deadline for the submission. |
| **Price** | Quotations shall be for the goods, works and/or services stated in the Specification/TOR/SOW |
| **Partial quotations** | Not permitted  Permitted Insert conditions for partial bids and ensure that the requirements are properly listed in lots to allow partial bids |
| **Clarifications** | Contact person for correspondence, notifications, and clarifications.  Contact person: Mohammed Abdi  E-mail address: IOMLagosTenders@iom.int |
| **Evaluation method** | The contract will be awarded to the lowest price substantially compliant offer.  Other Click or tap here to enter text. |
| **Right not to accept any quotation** | IOM is not bound to accept any quotations, nor award a contract or purchase order |
| **Expected date for contract/PO award.** | 10th October 2023 |

Thank you and we look forward to receiving your quotation.

Issued by:

Signature:

Name: Mohammed Abdi

Title: Procurement and Logistics Officer

Date: 19th September 2023

## **QUOTATION SUBMISSION FORM**

|  |  |
| --- | --- |
| RFQ Reference: **NG20-23-4200539969** | Date: 19 September 2023 |
| RFQ ref no: **NG20-23-4200539969** | |

## **Requirements (Specifications)**

## **Delivery Requirements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Currency of the Quotation: Naira**  **INCOTERMS:** Click or tap here to enter text. | | | | | |
| **tem** | **Description** | **UOM** | **Qty** | **Unit price** | **Total price** |
| **1** | 70% isopropyl Alcohol pad (cartons) | **Cart** | **5** |  |  |
| **2.** | silver care plus under pad (large 23/30 inches) | **Inch** | **10** |  |  |
| **3** | 50mls falcon centrifuge tubes (high clarity, flat top screw cap CAT NO 352098, rack included 20pks/carton) | **Pks/Cart** | **30** |  |  |
| **4** | 50ml universal urine bottles 500pcs/carton | **Pks/Cart** | **30** |  |  |
| **5** | Cryovial tubes (2ml) 10packs/carton | **Pks/Cart** | **7** |  |  |
| **6** | vacutainer Needle (Disposable, Size 22G) BD cartons/40packs) | **Pks/Cart** | **6** |  |  |
| **7** | 2mls syringe (packs) | **Pks** | **8** |  |  |
| **8** | 5mls syringes (packs) | **pks** | **6** |  |  |
| **9** | Zip Lock Resealable Plastic Bag large | **Bag** | **50** |  |  |
| **10** | 5mls vacutainer blood collection tubes, sst/Goldtop bottles (BD plastic) 10pks/carton. cartons required. | **Pks/Cart** | **30** |  |  |
| **11** | 2mls yellow pipettes tips without rack 500/bag | **Bag** | **50** |  |  |
| **12** | Agary adhesives plaster 100/carton | **Cart** | **2** |  |  |
| **13** | BD automatic vacutainer needle holder. Quick release needle holder 20/pack REF 368872 | **PKS** | **5** |  |  |
| **14** | yellow pipette tips | **EA** | **40** |  |  |
| **15** | Emergency Eye wash station (SET OF EMERGENCY EYE WASH STATION CONTAINING 2PCS EMERGENCY EYEWASH BOTTLES 2X500ML I PCS OF INSTRUCTION FOR WASHING 1 PCS KEY FOR REFILL CARTRIDGES 1 PCS WALL MOUNT PORTABLE EYEWASH STATION WITH MIRROR | **PKS** | **5** |  |  |
| **16** | SPILL KIT Each pack contains: o 1 x pair nitrile gloves o 1 x apron o 1 x 100g SoChlor NaDCC granules / tablet diluter o 1 x scoop and scraper o 1 x clinical waste bags o 4 x SoChlor TAB chlorine tablets o Paper towels o Illustrated instructions on pack | **pks** | **6** |  |  |
| Total Price | | | | |  |
| Transportation Price | | | | |  |
| Insurance Price | | | | |  |
| Installation Price | | | | |  |
| Training Price | | | | |  |
| Other Charges (specify) | | | | |  |
| **Total Final and All-inclusive Price** | | | | |  |

**COMPANY PROFILE (Vendor Information Form)[[1]](#footnote-2)**

| **Item Description** | **Detail** |
| --- | --- |
| Legal name of bidder\* | Click or tap here to enter text. |
| Legal Address (house no, street name, zip code, city\*, region\*, country\*) | Click or tap here to enter text. |
| Website | Click or tap here to enter text. |
| Registration date\* and VAT number\* | Click or tap here to enter text. Click or tap here to enter text. |
| Legal structure | Choose an item. |
| Business type/industry category\* | Direct Producer/Manufacturing  Reseller/Distributor/Service Provider |
| Are you a UNGM registered vendor? | Yes  No If yes, insert UNGM Vendor Number |
| Do you provide services/goods internationally? | Yes  No If no, in which country: Click or tap here to enter text. |
| Contact information\* | Company Tel/Mobile: Click or tap here to enter text.  Company Email: Click or tap here to enter text.  Company Website: Click or tap here to enter text.  Contact Person 1:Click or tap here to enter text.  Contact Person 2: Click or tap here to enter text. |
| Disability inclusive business\* | Yes  No |
| Women-owned/controlled\* | Yes  No |
| Bank Information | Bank Name: Click or tap here to enter text.  Bank Address: Click or tap here to enter text.  IBAN: Click or tap here to enter text.  SWIFT/BIC: Click or tap here to enter text.  Account Currency: Click or tap here to enter text.  Bank Account Number: Click or tap here to enter text.  Other relevant information: Click or tap here to enter text. |

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

| **Yes** | **No** |  |
| --- | --- | --- |
|  |  | On behalf of the vendor, I hereby represent and warrant that neither the vendor, 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 vendor, I further represent and warrant that the vendor is financially sound and duly licensed. |
|  |  | On behalf of the vendor, I further represent and warrant that the vendor 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 vendor, I further represent and warrant that the vendor complies with all applicable laws, ordinances, rules and regulations. |
|  |  | On behalf of the vendor, I further represent and warrant that the vendor will in all circumstances act in the best interests of IOM. |
|  |  | On behalf of the vendor, 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 vendor any direct or indirect benefit arising from the contract. |
|  |  | On behalf of the vendor, I further represent and warrant that the vendor has not misrepresented or concealed any material facts during the contracting process. |
|  |  | On behalf of the vendor, I further represent and warrant that the vendor will respect the legal status, privileges and immunities of IOM as an intergovernmental organization. |
|  |  | On behalf of the vendor, I further represent and warrant that neither the vendor nor any persons having powers of representation, decision-making or control over the vendor 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 vendor will immediately disclose to IOM if it or they become subject to any sanction or temporary suspension. |
|  |  | On behalf of the vendor, I further represent and warrant that the vendor 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 vendor, I further represent and warrant that, the vendor 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 vendor, I further represent and warrant that the vendor undertakes to comply with the Code of Conduct, available at <https://www.ungm.org/Public/CodeOfConduct>. |
|  |  | It is the responsibility of the vendor to inform IOM immediately of any change to the information provided in this Declaration. |
|  |  | On behalf of the vendor, I certify that I am duly authorized to sign this Declaration and on behalf of the vendor I agree to abide by the terms of this Declaration for the duration of any contract entered into between the vendor and IOM. |
|  |  | IOM reserves the right to terminate any contract between IOM and the vendor, with immediate effect and without liability, in the event of any misrepresentation made by the vendor 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.

1. If company id not registered in UNGM or with IOM. If supplied to IOM already, please indicate if there are any changes to be incorporated in the vendor information sheet signed earlier [↑](#footnote-ref-2)
2. This form is mandatory to fill in and sign by every vendor who submits quotation [↑](#footnote-ref-3)