

IMA WORLD HEALTH REQUEST FOR QUOTES (RFQ)

RFQ #:	RFQ-FY20-087-DRC-026
Purpose:	Supply and Delivery of MUAC Measuring Bands (QTY: 560,000 PCS) to Kinshasa, DRC, per CIP INCOTERMS 2010
Issue Date:	May 21, 2020
Closing Date:	June 02, 2020, 12:00 PM EST
Questions Due:	May 26, 2020, 12:00 PM EST
Anticipated Award Date:	June 08, 2020
Anticipated Award Type:	Purchase Order/Fixed Price & Fixed Quantity Contract

INTRODUCTION

Corus offers sustainable and efficient solutions to health-related problems that are far too common in the developing world.

Our mission is to build healthier communities by collaborating with key partners to serve vulnerable people. Our vision is health, healing, and well-being for all.

With a mission to restore health and healing to those most in need, IMA World Health is a non-profit, faith-based organization that offers extensive expertise in health systems strengthening as well as neglected tropical diseases, malaria, HIV, non-communicable diseases, and sexual and gender based violence programs in some of the most challenging and post-conflict settings throughout the world.

RFQ

Corus invites qualified suppliers to submit offers in accordance with the requirements and specifications listed in this document. Quotes must be received by Corus no later than the Date and Time indicated in the following table.

Complete Description of Need/Scope of Work/Specifications
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Item	Technical specifications/SoW	Quantity
1	Supply and Delivery of MUAC Measuring Bands to Kinshasa Airport, DRC, per CIP INCOTERMS 2010 <ul style="list-style-type: none"> - Mid-Upper Arm - Circumferences Screening Band - MUACS in millimeters - Color - Polyethylene - For children between 6-59 months - A link with UNICEF guidelines can be found here 	560,000 PCS
Delivery address :		Interchurch Medical Assistance – IMA World Health 1 Avenue Tissakin Concession Tissakin Kinshasa Ngaliema Democratic Republic of the Congo
Payment Terms :		IMA's preferred payment term is net 30 days from delivery and acceptance of the goods ordered at the location specified. If this is not possible, please quote your best payment terms.

In order to be considered, quotes must be valid for at least 60 days and must include all of the following:

- Complete vendor contact information – including vendors physical address and full legal name.
- The price offered for the needed goods and/or services, including associated costs such as shipping or installation.
- Current contact information for at least 3 past customer references.
- **Current business documents (legal registration, recent audit report, etc. as applicable) are required for fresh vendors and those who did not do any business with Corus International/MA World health during past one year.**
- **Current wire transfer payment instructions (Bank name and address, Routing/ABA/Swift Code, Account number, etc. as applicable)**
- All information relevant to demonstrating the vendor's ability to meet Corus 's Evaluation Criteria (see below).

Quotes will be evaluated based on the following Evaluation Criteria:

Ability to meet the Description/Scope of Work/Specifications above
Price and Value
Acceptable Past Performance

Other Factors (if any):

Please quote your best delivery lead timeline for the entire content as it remains as one of the major evaluation factors.

- *Quotes submitted after the deadline has passed or that do not include all of the information requested may be rejected.*
- *By responding with a quote you are accepting the requirements as outlined above, including any delivery requirements and payment terms*
- *This RFQ is non-binding and in no way obligates Corus to award any contract. Corus reserves the right to purchase any or all of the items requested, to adjust quantities if necessary, or to make no purchase. Firm commitment to purchase is not established until a written order is issued by Corus. Corus will not pay for a vendor's quote preparation costs.*
- *Corus procurement staff are instructed not to request or accept any commission relating to this order, and Corus has procedures in place to detect such payments. Please do not offer or pay any such commission, as this could result in your quotation being rejected. Please report any Corus representative asking for such a payment to the following email address: procurement@imaworldhealth.org*

ATTACHMENT A. QUOTE COVER SHEET

Vendor Name: _____

Physical address: _____

City, State, Zip: _____

Primary Contact: _____

Tel: _____

Fax: _____

Email: _____

Name of Authorized Official to Sign Contract: _____

Title of Authorized Official: _____

Certification: I certify that information provided is true and correct. The offer is valid for a minimum of 90 days.

Signature: _____

Date: _____

ATTACHMENT B. PAST PERFORMANCE

Complete the table below. Please include contact information for past customers that can provide professional references for your organization.

VENDOR NAME: _____

#	Reference Contact Name	Organization Name	Telephone	Email	Date Services Performed	Type of Services Performed

ATTACHMENT C: PRICE QUOTE

VENDOR NAME

[VENDOR TO INSERT QUOTE PER RFQ SPECIFICATIONS]