

**REQUEST FOR QUOTE (RFQ) FOR RESTRICTED COMMODITIES (VEHICLES)**

<b>RFQ #:</b>	<b>FY22-518-DRC-004</b>
<b>Purpose:</b>	Supply and Delivery of <b>Nine (9)</b> Double Cabin, All-Wheel Drive <b>6 seats Pickups</b> , and <b>2 (Two)</b> Station Wagon, All-Wheel Drive, 5 door, <b>10 Seater</b> , and Spare parts per CPT Ocean, Port of Matadi, DRC (INCOTERMS 2020)
<b>Issue Date:</b>	July 25, 2022
<b>Closing Date:</b>	August 10, 2022
<b>Questions Due:</b>	July 29, 2022
<b>Anticipated Award Date:</b>	September 1st, 2022
<b>Award Type:</b>	Purchase Order

**Corus Procurement Ethics**

Corus International is committed to a transparent and ethical procurement process aiming to achieve the best value for money, fairness, integrity, and doing business in compliance with the US government regulations, the beneficiaries, donors, and partners' interests.

Corus does not allow accepting any monetary transaction, gratuity, or compensation of any type from current or potential vendors or suppliers in exchange for or as a reward for a business. Therefore, all potential vendors and suppliers taking part in this solicitation must not offer fraud, bribery, or kickback to an employee or staff of Corus. Any vendor or supplier violating these standards will be automatically disqualified for doing business with Corus in the future.

A comprehensive list of Corus's ethical standards as well as information on how to report any violation pertaining to this solicitation (Corus's Integrity and Ethics Reporting Hotline) is found here: <https://corusinternational.org/ethics-and-policies-corus-international>.

**INTRODUCTION:**

IMA World Health is a member of Corus International. Corus International combines over 150 years of experience of our non-profit and for-profit subsidiary organizations – IMA World Health, Lutheran World Relief, CGA Technologies, Ground Up Investing, and Farmers Market Brands. Together, the organizations take a systematic approach to grow rural economies, eliminate extreme poverty, ensure access to quality healthcare, and respond to urgent humanitarian needs in fragile settings.

Corus leads an ensemble of social impact organizations working together in the world's most fragile settings to deliver the holistic, lasting solutions needed to overcome the interconnected challenges of poverty, health care access and climate change. Corus is a new model in the international space, creating a consortium of specialized non-profit and for-profit entities for greater impact. Our annual budgets have ranged between \$110-130 million a year. Additional growth is expected.

Further details about the organization can be found at: <https://corusinternational.org>

**SERVICE REQUIREMENT:**

IMA World Health invites qualified suppliers to submit offers for the supply of project vehicles according to the quantities and specifications listed below. The RFQ closing date is August 10th, 2022, 17:00 Hrs (EST)

Expression of intent to quote and any questions pertaining to this RFQ must be submitted by July 29th, 2022 17:00 Hrs (EST) Unless extended, no questions will be accepted after this date. Questions received will be compiled and responses will be sent to all participating offerors by August 4th, 2022 17:00 Hrs EST

Only Corus Prequalified Vehicle Suppliers are invited to participate:

Offers MUST be received prior to the closing date of the RFQ. No late Offers will be considered. Questions and offers must be submitted to: [procurement@corusinternational.org](mailto:procurement@corusinternational.org)

ITEM	Vehicle	Quantity
1.	Double – Cabin 6 Cylinder, 4WD, 4- Door Pick Up. (Toyota Landcruiser 70 or equivalent) Refer to detailed vehicle specifications below.	9 (Nine)
2.	Station Wagon, 6 Cylinder, 4WD, 5- Door, 10 seater (Toyota Landcruiser 70 or equivalent) Refer to detailed vehicle specifications below.	2 (Two)
3.	See enclosed Spare Parts List. Parts must be accompanied with vehicle in secured boxes.	1 (Lot)

<b>Vehicle Specifications- Item 1</b>
<ul style="list-style-type: none"> <li>• Pick Up, 4 Door, 6-seater, Diesel- 6 Cylinder engine, Double -Cabin, 4WD</li> <li>• Toyota Landcruiser 70 or equivalent (LHD) Left Hand Drive</li> <li>• Air Conditioner System</li> <li>• 5 Speed Manual Transmission</li> <li>• Power Steering</li> <li>• Color: White</li> <li>• Desired Options: Fuel prefilter Kit:</li> <li>• Desired Option: 12 V electric winch with heavy duty pull bar</li> <li>• 16 in steel rims</li> </ul>
<b>Vehicle Specifications- Item 2</b>
<ul style="list-style-type: none"> <li>• Station Wagon, 5 Door, 10 Seater, 4WD, 6 Cylinder Diesel engine.</li> <li>• Toyota Landcruiser 70 or equivalent (LHD) Left Hand Drive</li> <li>• Air Conditioner System</li> <li>• 5 Speed Manual Transmission</li> <li>• Power Steering</li> <li>• Color: White</li> <li>• Desired Option: fuel prefilter Kit:</li> <li>• Desired Option: 12 V electric winch with heavy duty pull bar</li> <li>• Desired Option: Roof Rack</li> <li>• Desired Option: Automatic Freewheeling Hubs</li> <li>• 16 in steel rims</li> </ul>
<b>Spare Parts List:</b>
<ul style="list-style-type: none"> <li>• Refer to enclosed Annex.</li> </ul>

All shipping documents: (Bill of Lading, Packing List, and Commercial Invoice) must be couriered and emailed to: Authorization to ship vehicles to DRC are contingent upon vendor obtaining a FERi certificate and IMA DRC's greenlight.

Consignee: Alberto Galora, IMA / DRC , Kinshasa, Democratic Republic of Congo (Full Consignee address will be shared at the time of award.)

## **INSTRUCTIONS & CONDITIONS**

### ***PARTICIPATION***

IMA World Health reserves the right to negotiate any or all RFQ terms and conditions, and to cancel, amend or resubmit this RFQ in part or entirety at any time.

This RFQ is not an offer to contract but represents a definition of specific requirements and an invitation to qualified companies to submit Offers. Issuance of the RFQ, preparation and submission of a quotation, and subsequent receipt and evaluation by IMA World Health does not commit IMA World Health to award a contract to any respondent. All costs of participation including your quotation and subsequent activity in the selection phase are at the offeror's risk and any such costs, whether direct or indirect, will not be reimbursed by IMA World Health

Nothing in this document shall be construed as an offer by IMA World Health and no terms, discussions or proposals shall be binding on either party prior to execution of a definitive agreement.

The Offeror shall indemnify and hold harmless IMA World Health, its officers, members, partners, agents and employees from and against all action, claims, demands, losses, costs, damages, suits or proceedings whatsoever which may be brought against or made upon IMA World Health and against all loss, liability judgment, claims, suits, demands or expenses which IMA World Health may sustain, suffer or be put to resulting from or arising out of the company's failure to exercise reasonable care, skill or diligence or omissions in the performance or rendering of any work or service, required hereunder to be performed or rendered by the company, its agents, officials and employees.

### ***LEGAL, PAST PERFORMANCE AND FINANCIAL CAPACITY***

Offerors should provide the following:

- Evidence of Offeror's legal company registration, articles of incorporation or business license issued by a competent authority in the country of registration.
- Audited financial statements for the previous fiscal year.
- Past Performance references from three previous customers for supply of similar goods as included in this RFQ. Contact details should be included.

### ***SPECIFICATIONS***

- Products offered must comply with all specifications indicated in the RFQ. Supplier must highlight any deviations from requested specifications.

### ***LANGUAGE***

The Offer, as well as all correspondence and documents relating to the offer shall be in English.

**CURRENCY**

Prices shall be stated in US dollars (\$).

**PREPARATION AND SUBMISSION**

Offers must be submitted electronically and include the following details:

- Signed and dated bid form
- Detailed description & specifications
- Product availability/delivery date
- Manufacturer and Origin
- Unit FOB Price, Extended FOB Price, and Total CPT Ocean Price
- Offer validity date (at least 90 days)

Offers must be received no later than the due date and time as shown on the cover sheet of this RFQ. IMA World Health may, at its discretion, extend the due date and time for the submission of Offers by amending this RFQ. Any Offer received IMA World Health after the due date and time for submission of Offers will be rejected.

IMA World Health reserves the right to accept or reject any offer or cancel this RFQ and reject all offers at any time prior to contract award without thereby incurring any liability to the offeror.

**QUOTES PER OFFEROR**

Only one quote per Offeror will be accepted. Offerors may quote for any or all items listed in this RFQ.

**VALIDITY**

Offers shall remain valid for 90 calendar days from the due date for receipt of Offers. In exceptional circumstances, prior to expiry of the original offer validity period, IMA World Health may request that the offeror(s) extend the period of validity for a specified additional period. Offeror agreeing to the request will not be required to modify their Offer.

**EVALUATION**

IMA World Health will examine all Offers to determine completeness and adherence to the terms and conditions of the RFQ. An Offer will be deemed complete and compliant if the Offer is signed, meets product specifications, is valid for at least 90 days, and is substantially responsive to the terms and conditions of the RFQ.

Offers received prior to the closing date will be evaluated based on:

- Vehicle meeting technical specifications
- The earliest possible date of delivery
- Lowest Price
- Past Performance – References

Additional criteria:

- Adherence to products specifications
- Warranty provisions and in country maintenance guarantees

**CLARIFICATION OF OFFERS**

During evaluation of the offers, Procurement Department may, at its discretion, ask offerors for a clarification of their offers. Clarifications are limited exchanges with an offeror to resolve minor or clerical errors; they do not offer an opportunity for an offeror to modify or change an offer.

**AWARD**

IMA World Health may make an award to a single supplier should such an award be advantageous to IMA World Health. Alternatively, IMA World Health may make awards to different suppliers should such multiple awards be more advantageous.

Any award(s) will be made to the responsible Offeror(s) whose offer(s) has/have been determined to be most advantageous to IMA World Health.

**CONTRACT TYPE**

The Purchase order awarded pursuant to this RFQ will be on a fixed- price, fixed- quantity basis. Additional Instructions will be issued during contract award.

**PAYMENT**

Invoices and payments will be in United States Dollars (USD). Preferred Payment Terms are 25% advance, Net-30 days after confirmation of goods receipt by country office,

**INSPECTION AND ACCEPTANCE**

Offeror shall only deliver and offer for acceptance those goods that strictly conform to requirements. IMA World Health reserves the right to inspect or test any goods that have been offered for acceptance. Each item or service shall be inspected prior to final acceptance of the item or service. All significant discrepancies, shortages, and/or faults must be satisfactorily corrected and satisfactorily documented prior to delivery and release of payment.

**TRANSPORTATION AND DELIVERY**

All Offers received must show total freight and insurance costs. Shipping will be **CPT Ocean, Port of Matadi, DRC (Incoterms 2020)**. IMA World Health will be responsible for customs clearance.

Notwithstanding any INCOTERM 2020 used in this Purchase Order, the Supplier shall obtain any export licences required at origin.

**TRANSIT INSURANCE**

Not Applicable

**EMAIL ADDRESS:** [procurement@corusinternational.org](mailto:procurement@corusinternational.org)

**ATTACHMENT A. BID FORM**

**Offeror can submit quotes in standard bid form however the following bid form must also be completed.**

RFQ Number:	
Date of offer:	
Validity of offer (in calendar days from due date and time)	

**Company information (Offeror)**

Name:	
Address:	
ZIP/postal code:	
Country:	
Phone:	
Fax:	
Tax Payer Number:	
Registration/Tax payer ID nr	

Description	Quantity of vehicles	Lead Time In # of days from date of signed Purchase Order to: <b>Port of Matadi, DRC</b>	FOB Price per vehicle (US\$)	Freight (US\$) Via Ocean	CPT Total Price via Ocean (US\$)
Double – Cabin 6 Cylinder, 4WD, 4-Door Pick Up, 6- seater	<b>9 (Nine)</b>				
Station Wagon, 6 Cylinder, 4WD, 5-Door, 10-seater	<b>2 (Two)</b>				

- All total prices **CPT Ocean, Port of Matadi, DRC** (INCOTERMS 2020), as modified by the terms and conditions of the Purchase Order, in U.S. Dollars, and in accordance with all provisions of **this RFQ** and the resulting award and Purchase order. Prices are net of all trade/other allowances and discounts.

Signature	
Date:	
Name	
Job title	

**ATTACHMENT B. VENDOR CERTIFICATION**

**CHECK HERE  IF NON-US BUSINESS PROCEED TO ATTACHMENT B**

**CHECK HERE  IF US SMALL OR TRADITIONALLY UNDERREPRESENTED BUSINESS<sup>1</sup>- MARK BELOW ALL THAT APPLIES**

VENDOR NAME:

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1. Vendor  is or  is not a U.S. based small business? (If “no” – go to question 9, and answer question 9. If “yes” – continue with question 2.)
2. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more veterans, AND are the management and daily operations controlled by one or more veterans?  YES  NO
3. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more service-disabled veterans, AND are the management and daily operations controlled by one or more service-disabled veterans?  YES  NO
4. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more LGBTQ, AND are the management and daily operations controlled by one or more minority?  YES  NO
5. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more women, AND are the management and daily operations controlled by one or more women?  YES  NO
6. At least 51% of your company is owned by (or is more than 51% of the stock or equity owned by) one or more minority (Hispanic, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander people), AND are the management and daily operations controlled by one or more minority?  YES  NO
7. Is your company a SBA certified small, disadvantaged business?  YES  NO
8. Is your company a SBA certified HUBZone small business concern?  YES  NO
9. Are you, is your company, or any one of its principal officers presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency?  
 YES  NO

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<sup>1</sup> **Traditionally Underrepresented Business** (definition applicable in the United States): A business whose ownership (defined as having 51 percent or more of the stock or equity in the business) is composed of traditionally underrepresented groups including veterans, women, LGBTQ+, and Hispanic, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander people.



10. What is your company's DUNS#: \_\_\_\_\_?

11. When does your SAM (System for Award Management) registration expire: \_\_\_\_\_?

**ATTACHMENT C. QUOTE COVER SHEET**

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Authorized Official to Sign Contract: \_\_\_\_\_

Title of Authorized Official: \_\_\_\_\_

Physical Address (if different from above): \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT D. 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