

## Corus International REQUEST FOR QUOTES (RFQ)

<b>RFQ #:</b>	FY21-099-USA-091 Motorcycle Procurement, Juba South Sudan
<b>Purpose:</b>	Supply and Delivery of One (1) Motorcycle. Juba, South Sudan per CIP (INCOTERMS 2020) delivery terms
<b>Issue Date:</b>	March 11 <sup>th</sup> , 2021
<b>Questions Date:</b>	March 17th, 2021 12:00 PM EST
<b>Closing Date:</b>	March 24th, 2021 12:00 PM EST
<b>Anticipated Award Date:</b>	March 31 <sup>st</sup> , 2021
<b>Anticipated Award Type:</b>	Fixed Price & Fixed Quantity Contract (Purchase Order)

### ***INTRODUCTION***

In collaboration with Corus International, MOMENTUM Integrated Health Resilience (MIHR) is part of the USAID MOMENTUM suite of programs that aim to accelerate reductions in maternal, newborn and child mortality and morbidity in high-burden countries by increasing commitment and capacity to provide high-quality, integrated health care. MIHR seeks to improve access to and availability of high-quality maternal, newborn and child health services, voluntary family planning and reproductive health in fragile and conflict-affected settings. This project will enhance coordination between development and humanitarian actors and strengthen the resilience of individuals, families, and communities to live a healthy and productive life.

### ***RFQ***

Corus/Momentum 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 above table. Refer to Motorcycle Vehicle Technical Specification on table provided below.

<b>Specifications (Lot 1)</b>		
<b>Item</b>	<b>Technical specifications</b>	<b>Quantity</b>
<b>1</b>	Supply and delivery of One (1) Motorcycle Juba, South Sudan per CIP INCOTERMS 2020  <b>Technical specifications:</b> <ul style="list-style-type: none"> <li>- 2021 Honda XR215 or <b>Equivalent</b></li> <li>- Engine: Air-cooled OHV 4-Stroke single cylinder</li> <li>- Horsepower: 11,6 PS/8500 rpm (DIN)</li> <li>- Ignition: Capacitor discharge (CDI)</li> <li>- Starter: Kick starter and electric starter</li> <li>- Transmission: 5 speed</li> <li>- Dimensions: L: 2,100 mm W 820 mm H: 1,126 mm</li> <li>- Wheelbase: 1,353 mm</li> <li>- Seat height: 825 mm</li> <li>- Ground Clearance: 243 mm</li> <li>- Fuel Capacity: 12 Litres</li> <li>- Tyres: Front 90/90-19 Rear: 110/90-17</li> <li>- Suspension: Front: Leading Axle Fork Rear: Mono Shock Hydraulic dampers</li> <li>- Dry Weight: 129 Kgs</li> <li>- <b>Required- One (1) Full Faced Helmet</b></li> </ul>	<b>1 Ea.</b>
<b>Delivery address</b>	Momentum Office Heram Office Complex, Hai Cinema Juba Stadium Rd- Juba, South Sudan	
<b>Payment Terms :</b>	Net - 30 days or as negotiated.	

**To be considered, quotes must be valid for at least 60 days and must include all the following:**

- Complete vendor's 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/IMA World health during past one year.
- Current wire transfer payment instructions (Bank name and address, Routing/ABA/Swift Code, Account number, etc. as applicable)

- Attach your legal business documents such registrations, audit report for the recent year, etc. as applicable. Corus reserves the rights to request any additional legal documents if needed and not provided.
- Accompany bid with a Technical Vehicle Specification Sheet.
- All information relevant to demonstrating the vendor’s ability to meet Corus ’s Evaluation Criteria

**Quotes will be evaluated based on the following Evaluation Criteria:**

<b>Ability to meet the Description/Scope of Work/Specifications above</b>	
<b>Price and Value</b>	
<b>Acceptable Past Performance</b>	
<b>In Country: Maintenance and Service availability</b>	
<b>Warranty Period</b>	
<b>Other Factors (if any):</b>	<ul style="list-style-type: none"> <li>- Please quote your best delivery lead timeline for the entire content as it remains as one of the major evaluation factors.</li> <li>- Please submit your quotes to <a href="mailto:procurement@imaworldhealth.org">procurement@imaworldhealth.org</a> before or by the submission deadline.</li> </ul>

- *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 Momentum/ Corus to award any contract. Momentum/ 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 Momentum/Corus. Momentum/Corus will not pay for a vendor’s quote preparation costs.*
- *Momentum/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 Momentum/Corus representative asking for such a payment to the following email address: [procurement@imaworldhealth.org](mailto:procurement@imaworldhealth.org)*

**ATTACHMENT A. VENDOR CERTIFICATION**

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

**CHECK HERE  IF PROCUREMENT IS ABOVE \$30,000 (USG Contracts) and \$25,000 (USG Cooperative Agreements and Grants) AND COMPLETE QUESTIONS 10 AND 11.**

*The NAICS code for this procurement is 423110, and the size standard is 100 employees. For the purposes of this procurement, a small business is one that has 100 employees or less.*

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 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 owned by) one or more minority, AND are the management and daily operations controlled by one or more minority?  YES  NO
4. At least 51% of your company is owned by (or is more than 51% of the stock 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
5. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority?  YES  NO
6. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more women, AND are the management and daily operations controlled by one or more women?  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
10. What is your company’s DUNS#: \_\_\_\_\_?
11. When does your SAM (System for Award Management) registration expire: \_\_\_\_\_?

**ATTACHMENT B. 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 60 days.

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

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

**ATTACHMENT C. 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