

## Corus International REQUEST FOR QUOTES (RFQ)

<b>RFQ #:</b>	FY21-204-USA-178 Consultant Services-HQ & Intl Offices
<b>Purpose:</b>	Assess Corus accounting practices at both the HQ level and overseas offices regarding allocations tied to LOE such as fringe, staff allowances
<b>Issue Date:</b>	<b>July 29, 2021</b>
<b>Closing Date:</b>	<b>August 6<sup>th</sup>, 2021</b>
<b>Anticipated Award Date:</b>	<b>August 13<sup>th</sup>, 2021</b>

### Scope of Work

#### Background

As of January 1, 2020, Corus International (d/b/a Corus) was created as the overarching parent organization of Lutheran World Relief, Incorporated (LWR) and Interchurch Medical Assistance, Inc. (d/b/a IMA World Health) (IMA), resulting in the consolidation of LWR and IMA under Corus. In August 2020 a fringe rate was established for Corus HQ employees and expats while the country offices all have a variety of practices for coding, allocating and incurring fringe related cost.

#### Deliverables

Assess Corus accounting practices at both the HQ level and overseas offices regarding allocations tied to LOE such as fringe, staff allowances and make recommendations consistent with industry practices and compliant under the future requirement of CAS compliance. Further details of these two processes and deliverables are listed below:

1. **HQ level:** for HQ staff and expatriate employees, US National (USN) and Third Country Nationals (TCNs):
  - a. Fringe for HQ Staff, overseas based US Nationals and overseas based TCN's which all have unique costs related to "fringe"
    - i. Are the correct cost and amounts provisioned in the fringe calculation
    - ii. Are Fringe cost appropriately allocated to salaries (and benefits/allowances if necessary)
    - iii. Recommended fringe rate structure i.e. using one fringe rate for all HQ and expats or separating them into multiple fringe rates
  - b. Treatment of USN and TCN allowances
    - i. Implication of extending different allowances to staff in country (following DSSR schedule vs offering less/more than DSSR rates)
    - ii. Would the recommended policy be to only extend benefits consistent/within DSRR as any LOE for staff on USG awards would be subject to proportionate allowances
  - c. Allocated Central Services

- i. Allocation of HQ facilities and admin cost (HQ rent, printers, stationary, building insurance, etc) proportionately allocated across budgets in relation to LOE of HQ based staff
      - ii. Is this practice CAS compliant and in line with industry practices?
      - iii. Recommend additional language to strengthen the ACS memo provided to donors/clients
      - iv. Is our ACS process sufficient?
    - d. Other cost allocation methodologies or structures we could employ to identify more direct cost which are currently included in indirect cost pool or otherwise unrecovered
2. **Overseas level:** for locally hired staff
  - a. Develop a framework for determining how fringe related benefits are accrued, expensed and reported for staff hired locally in overseas offices.
    - i. Review and provide recommendations to benefits and allowance accruals and the cost allocation practice to programs
      1. Annual leave
      2. Sick Leave
      3. Admin Leave (i.e. office closed for employer convenience, e.g. office temporarily closed due to civil unrest)
      4. Other paid leave (bereavement, parental leave, etc)
      5. 13<sup>th</sup> month
      6. Severance
      7. Health insurance
      8. Pension funds, local employment taxes, other local allowances

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

Submit your offer via email to: [procurement@corusinternational.org](mailto:procurement@corusinternational.org)

- 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/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)
- Complete Annexes- attached

- *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@corusinternational.org](mailto:procurement@corusinternational.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: \_\_\_\_\_

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