

IMA WORLD HEALTH REQUEST FOR QUOTES (RFQ)

RFQ #:	RFQ-FY21-095-USA-087
Purpose:	Consultant Services for developing and rolling out staff survey
Issue Date:	May 28, 2021
Closing Date:	April 07, 2021, 5:00 PM EST
Submission Email	procurement@corusinternational.org
Questions Due:	Questions will be accepted on an open, rolling basis.
Anticipated Award Date:	Immediately
Anticipated Award Type:	Purchase Order

1. 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, Lutheran World Relief 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.

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.

2. Request for Quotation

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.

3. Scope of the Work:

The table below is a summary of the scope of work.

Description of Need/Scope of Work/Specifications		
Item	Technical specifications/SoW	Quant
1	<p>Consulting services to assist the DEI task force with a staff-wide survey on staff attitudes around diversity, equity, and inclusion.</p> <p>The survey will assist the DEI task force and Human Resources department to measure and respond to staff attitudes around DEI. The consultant/ firm will be responsible for:</p> <ol style="list-style-type: none"> 1. Developing. 2. Rolling out/implementation. 3. Analyzing result. 4. Assisting with development of follow up/action plan. 	LS
Delivery adresse :		Corus International
Payment Terms :		Net 30 Days per invoice submission and verification – any other payment term will be subject to negotiation.

4. Required supplier documentation.

To be considered, quotes must be valid for at least 90 days and must include all 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.
- All information relevant to demonstrating the vendor’s ability to meet Corus ’s Evaluation Criteria (see below).

5. Evaluation Criteria

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

- *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*

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 90 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