



Request For Quotation (RFQ)

Reference: 45/WFP/2023

The Polish Center for International Aid (PCPM) with support from the World Food Program (WFP) is implementing a project in Akkar Governorate funded by the German Cooperation (BMZ). The Project will contribute to the livelihoods' improvement of the most vulnerable communities. The main expected output of the project aims at sustainably improving the resilience and wellbeing of individuals, communities, and systems that are currently suffering from the economic crisis.

PCPM, hereby, invites you to submit a quotation for **Enterprise Resource Planning (ERP) software** as specified in Annex I, 'Schedule of Works and Specifications of Goods / Services', and in accordance with the 'Requirement and Conditions'.

Quotation should be submitted before 06 November 2023 at 12:00 pm to the following email address: lebanon.procurement@pcpm.org.pl

We, Polish Center for International Aid, are looking forward to receive your quotation and thank you in advance for your interest in our procurement opportunities.

Prepared by:

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Procurement Officer

Approved by:

Maya Kastoun
Project Coordinator

Requirements and Conditions for the Provision of ERP Software

Language of the Quotation	English
Currency of Quotation	United States Dollars (USD)
Deadline for the Submission of Quotation	06 November 2023
Estimated time period of the provision of goods	10 November 2023
Mandatory documents to be submitted	<ul style="list-style-type: none"> • Quotation Submission Form: <ul style="list-style-type: none"> - Form 1: Compliance Sheet to Requirement & Conditions - Form 2: Financial Offer - Form 3: Reference list <p><i>Quotation must be addressed to PCPM</i></p>
Qualification documents to be submitted	<ul style="list-style-type: none"> • Business Registration document • (شهادة تسجيل في الضريبة على القيمة المضافة) Tax Registration certificate • Commercial Circular (<i>if available</i>) • Official bank details (<i>Fresh Fund, USD currency</i>) • Financial offer • Screenshots of the proposed item's interfaces <p><i>All documents should be signed by the company's authorized representative and stamped</i></p>
Quote Validity Period	30 days
Evaluation Criteria	<ul style="list-style-type: none"> • Compliance to <i>Schedule of Works, to Specifications of Goods / Services</i> and to <i>Requirements and Conditions</i> • Lowest price • Successful reference check • Capacity and readiness to provide the goods 3 days after PO
Payment terms	The payment shall be made via bank transfer from PCPM's offshore bank account in Poland to the vendor's bank account, upon the completion of service. Final price must be expressly included in the offer.



Annex I. Schedule of Works, Specification of Service, & Unit Price

LOT	ITEM	DESCRIPTION	UNIT	QTY
1	ERP Software	<ul style="list-style-type: none">• Cloud Hosted ERP with Local Storage and Offline Access.• Lifetime License• Up to 2 users• 1-year secure cloud hosting• Interlinked interfaces:<ul style="list-style-type: none">- Accounting- Purchasing- Sales- Stock- Production- HR & Payroll (optional/preferred)- Customer Relations Management (optional/preferred)• Input, operation, and output in Arabic• Fully customizable to the need of the Cooperative• Installation on premises• On-boarding and professional training• After sales services, including updates and maintenance as needed	Pcs	1

Full Name of company's authorized representative: _____

Position: _____

Date of submission: _____

Signature and stamp: _____



Quotation Submission Form

Form I. Compliance of the supplier to Requirements & Conditions

Requirement & conditions	Supplier Responsiveness		
	Will comply	Cannot comply	If cannot comply, please indicate counter proposal
Readiness to provide the goods 3 days after PO			
Submission of mandatory documents			
Able to submit post-qualification documents			
Offer valid for at least 30 days			
Approval on related requirements and conditions			
Responsiveness to technical specifications of the items			

Please answer by putting X in the corresponding cell.

Full Name of company's authorized representative: _____

Position: _____

Date of submission: _____

Signature and stamp: _____



Form II – Financial offer

Suppliers are requested to complete the below. The technical specifications are compulsory as minimum standards and will be the only basis for the Contracting Authority to assess the technical compliance of the software offered. Deviations from the specifications may be considered only if deemed to be in the best interest of the Contracting Authority.

Manufacturers' names, catalogue numbers and model designations appearing in the list are for reference only. Quotations for other equipment that is equal in function, quality and performance to that listed will be given full consideration.

(Price and currency to be inserted by supplier)

Lot	Item	Unit	Qty	Unit Price	Total Price	Comply (Y/N) If deviations, supplier please describe
1	Customizable Arabic ERP Software, including installation, training, and after sales services	Pcs	1			
2	Total Price					
3	Value added tax (VAT)					
4	Total price incl. VAT <DAP> (Incoterm 2020)					

On behalf of my company/business, I hereby:

- Accept, without restrictions, all the provisions in the Quotation Form including General Terms and Conditions for Supply Contracts.
- Certify that I/we do not support terrorists or terrorism activities, and do not condone the use of terrorism.
- Certify and attest that we meet the eligibility criteria stated in article 15, General Terms and Conditions for Supply Contracts.
- Certify and attest compliance with the PCPM Code of Conduct for Contractors.

This declaration will be confirmed in the Contract and misrepresentation will be regarded as grounds for termination.



Date, signature and stamp of the supplier:

Signed by:

The Contractor

Name of the company:

Address:

Telephone no.:

E-mail:

Name of contact person:

Date:



Form III. Reference list

Please list at least 3 references for services provided in the last 3 years:

Name of company / organization	Focal person name	Contact details (e-mail, phone number)	Date(s) of the services provided	Brief description of provided services

Full Name of company's authorized representative: _____

Position: _____

Date of submission: _____

Signature and stamp: _____