**REQUEST FOR QUOTES (RFQ)**

|  |  |
| --- | --- |
| **RFQ #:**  | **FY22-001-LBN-001- Laptops WGDP**  |
| **Purpose:** | **Lebanon Online Capacity Training** |
| **Issue Date:** | December 3rd, 2021 |
| **Closing Date:** | December 13th, 2021, 16: 00 hrs. Beirut, Lebanon time |
| **Questions Due:** | December 6th, 2021, 16:00 hrs. Beirut, Lebanon time |
| **Anticipated Award Date:** | December 17th, 2021 |
| **Anticipated Award Type:**  | Fixed Price Contract |
| **Email** | wgdp@lwr.org |
| **Email and Contact Information for Questions** | Firas Al Sabeh – Country Finance and Administration Managerfalsabeh@corusinternational.org 00961-71-221402 |

**ATTACHMENT A. 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** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |