



Request For Quotation (RFQ)

Reference: 27/WFP/2022

The Polish Center for International Aid (PCPM) with the support from the World Food Program (WFP) is implementing a project in the 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 crises.

PCPM, hereby, invites you to submit a quotation for **Personal Protective Equipment** 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 14 June 2023, 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 Safety Boots

Language of the Quotation	English
Currency of Quotation	United States Dollars (USD)
Deadline for the Submission of Quotation	14 June 2023
Estimated time period of the provision of goods	23 June 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 and 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 curricular (<i>if, available</i>) • Official Bank Details (<i>Fresh Fund, USD currency</i>) • Financial Offer • Photos of the proposed items <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 Schedule of Works and Specifications of Goods / Services and to Requirements and Conditions - 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 offshore bank account in Poland to the vendor bank account, upon the completion of service. Final price calculated on the basis of the total quantity of days of provision of service.
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Annex I. Schedule of Works, Specification of Service and Unit Price

LOT	ITEM	DESCRIPTION	UNIT	Quantity
1	Safety Boots	<ul style="list-style-type: none"> - Metal support to protect the feet of the wearer against falling or rolling objects. - Puncture resistant. - Water/Oil/Fuel resistant. - Good breathability. - Slip resistant. 	Pcs	110
2	Safety Helmets	Safety Helmet with 4-point suspension. Buckle Adjustment. <ul style="list-style-type: none"> - 2 logos on the helmet. 	Pcs	110
3	Reflective Vests	<ul style="list-style-type: none"> - Reflective Vests with printed logos (2 logos on the back) 	Pcs	110
4	Heavy Duty Gloves	<ul style="list-style-type: none"> - Rubber and cotton heavy duty gloves for construction. 	Pcs	220

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 and Conditions

Requirement and conditions	Supplier Responsiveness		
	We comply	We cannot comply	If you 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 equipment 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	Quantity	Unit Price	Total Price	Comply (Y/N) If deviations, supplier please describe
1	Safety Boots	Pcs	110			
2	Safety Helmets with 2 logos	Pcs	110			
3	Reflective Vests with 2 logos	Pcs	110			
4	Heavy Duty Gloves	Pcs	220			
5	Total Price					
6	Freight cost					
7	Value added tax (VAT)					
8	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 below. (Annex 1)
- 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 below. (Annex 2)

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: _____