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| --- | --- | --- | --- |
| **From:** | Wahat-Al-Farah Association for special needs (WAF) | **To:** |  |
| **Address :** | Bkeftine-El-Koura-Lebanon | **Address :** |  |
| **Contact Person:** | Rim Fares/Procurement Specialist | **Contact Person:** |  |
| **Phone:** | +961 71 98 66 97 | **Phone:** |  |
| **Email:** | procurement.wahafarah@gmail.com | **Email:** |  |

Wahat Al Farah for Special Needs cordially invites all qualified bidders to submit their offers in response to the service requirements outlined in this Request for Quotation.

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| --- | --- |
| **Request for quotation details:** | |
| **RFQ #:** | C4W029/24 |
| **RFQ Issuing Date:** | May 27 , 2024 |
| **Quotation Submission deadline:** | June 3, 2024, 5:00 p.m. Extended until June 12 |
| **Currency of Bid (3-letter code):** | USD |
| **Bid Validity Period** | 90 days |
| **Service Delivery Period** | As per the TOR |
| **Required Delivery Destination of the Service:** | Wahat al farah HQ Bkeftine-El-Koura-Lebanon |
| **Payment terms:** | Bank Note |

**IMPORTANT NOTE**

* Wahat al farah will award this contract to one Specialist based on the lowest-cost technically compliant bid
* WAF reserves the right to correct any miscalculation on the bid form
* Bids in any currency other than USD may be disqualified

**RFQ SUBMISSION INSTRUCTIONS**

**Offers can be submitted through the following method**

**Email Submission/** **تقديم عبر البريد الإلكتروني:**

Submit your offer via email to [procurement.wahafarah@gmail.com](mailto:procurement.wahafarah@gmail.com) Ensure that the subject of your email is <RFQ#: C4W029/24 – **Insurance Coverage**

**The following Documents are required to be submitted/** **يجب تقديم الوثائق التالية:**

1. This request for quotation completed signed and stamped Mandatory
2. Financial offer form fully and accurately filled in, signed and stamped. Mandatory
3. Technical proposal must include the following:
4. Coverage details, including inclusions and exclusions.
5. Premium rates, including any applicable taxes or fees.
6. Any additional benefits or services included in the insurance package.
7. Terms and conditions of the insurance policy.

*Administrative documents*

1. Copy of company registration/ نسخة من سجل الشركات.
2. Copy of tax registration/ نسخة من تسجيل الضرائب
3. Copy of VAT registration if any / نسخة من تسجيل ضريبة القيمة المضافة إذا كانت متاحة
4. Official Copy of IBAN –USD

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| *Financial Offer Form/عرض مالي:* | | | | | | | |
| **WAF TO COMPLETE** | | | | | **BIDDER TO COMPLETE**  **مقدم العرض لإكماله** | | |
| **Item No.** | **Service Description -**  **وصف الخدمة** | **Estimated Quantity** | **UOM** | | **Unit Price (USD)**  *Excluding VAT* | | **Total Price (USD)**  *Including VAT* |
| 1 | **insurance coverage** | 1 | LS | |  | |  |
|  |
| **Starting date:***Bid not meeting Wahat al farah payment terms may be disqualified* | | | |  | | **Day/Month/year** | |
| **Bid Validity Period*:*** *Your Bid must be valid as stated on the* ***Request for Quotation Details****. Bids not meeting the Bid Validity Period may be disqualified.* | | | |  | | **(Calendar) days** | |
| **Supplier Payment Modality:** *Bid not meeting Wahat al farah payment terms may be disqualified* | | | |  | | | |
| **Supplier/ Candidate name:** *as per the registration paper* | | | |  | | | |
| ***Signature, Date & Stamp:*** *Company Stamp only if any* | | | |  | | | |

**TERM OF REFERENCE**

*Wahat Al Farah Association is seeking quotations for insurance coverage for a project aimed at empowering and supporting individuals, including those with special needs, in Lebanon through the Cash for Work (C4WL) initiative. The project, funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) and implemented in collaboration with GIZ, requires insurance coverage for up to 100 individuals.*

***Details:***

Number of Individuals Up to 100

Special Needs Coverage: 50% of individuals

Age Range: 18 to 55 years

Duration: 4.5 months

Activities: Cooking in the community Kitchen, Sewing work and Handcraft.

**Coverage Requirements:**

Comprehensive insurance coverage for all project participants, including those with special needs.

Coverage to include medical expenses, accident coverage.

**Evaluation Criteria:**

Quotations will be evaluated based on the following criteria:

1. Compliance with coverage requirements.
2. Additional benefits or value-added services offered.
3. Terms and conditions of the insurance policy.

*Note: The issuance of insurance coverage is subject to approval by Wahat Al Farah Association and compliance with project requirements.*