LUTHERAN WORLD RELIEF REQUEST FOR QUOTES (RFQ)

<table>
<thead>
<tr>
<th>RFQ #:</th>
<th>FY21-026-BFA-001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>Supply and Delivery of 5 X Motorized Tricycles and to SESAME Project Office in Ouagadougou, Burkina Faso per DAP (INCOTERMS 2020) delivery terms</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>December 3, 2021</td>
</tr>
<tr>
<td>Questions Date:</td>
<td>Dec 04, 2021, 12:00 PM EST</td>
</tr>
<tr>
<td>Closing Date:</td>
<td>Dec 09, 2021, 12:00 PM EST</td>
</tr>
<tr>
<td>Anticipated Award Date:</td>
<td>Dec 25, 2021</td>
</tr>
<tr>
<td>Anticipated Award Type:</td>
<td>Fixed Price &amp; Fixed Quantity Contract (Purchase Order)</td>
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INTRODUCTION

Corus International (Corus) is the parent of a family of long-serving, faith-based organizations committed to ending poverty and building healthy communities in the world’s most challenging places. Drawing on a heritage of nearly 150 combined years, Corus connects and catalyzes non-profit and for-profit subsidiaries that include Lutheran World Relief, IMA World Health, Charlie Goldsmith Associates, Ground Up Investing, IMA Innovations, and LWR Farmers Market Coffee. Alongside communities in fragile settings, their dedicated experts integrate disciplines, approaches, and people to grow local economies, eliminate extreme poverty, ensure access to quality healthcare, mitigate climate change, and respond to humanitarian crises.

RFQ

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 above table.
### Complete Description of Need/Scope of Work/Specifications

<table>
<thead>
<tr>
<th>Item</th>
<th>Technical specifications</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Supply and delivery of <strong>Motorized Tricycles</strong> to Ouagadougou, Burkina Faso, per DAP INCOTERMS 2021</td>
<td>5 Ea.</td>
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</table>

**Technical specification:**
- Charge utile nominale (kg.): 1500 minimum
- La puissance nominale du moteur: 15 KW
- Type d’engrenage de direction : Mecanique
- Type de carburante: Essence
- Type de transmission: Arbre
- Systeme de freinage: Frein simple
- Type de carroserie: Ouvert
- Avec Bache de couverture pour couvrir le porte- bagage

**Delivery address**
- Ougadougou au siege du Projet Sesame
- Six Arrondissement 12, secteur 53
- Ouaga 2000, zone A
- Tel. (226) 25 37 40 93/ 25 37 40 82
- Ougadougou, Burkina Faso

**Payment Terms:**
Net 30 days or as negotiated.

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**To be considered, quotes must be valid for at least 60 days and must include all the following:**
- Complete vendor’s 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.
- Current business documents (legal registration, recent audit report, etc. as applicable) are required for fresh vendors and those who did not do any business with Corus International/IMA World health during past one year.
- Current wire transfer payment instructions (Bank name and address, Routing/ABA/Swift Code, Account number, etc. as applicable)
- Attach your legal business documents such registrations, audit report for the recent year, etc. as applicable. IMA World Health reserves the rights to request any additional legal documents if needed and not provided.
- All information relevant to demonstrating the vendor’s ability to meet Corus ‘s Evaluation Criteria (see below).

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**Quotes will be evaluated based on the following Evaluation Criteria:**
<table>
<thead>
<tr>
<th><strong>Ability to meet the Description/Scope of Work/Specifications above</strong></th>
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<tbody>
<tr>
<td><strong>Price and Value</strong></td>
</tr>
<tr>
<td><strong>Acceptable Past Performance</strong></td>
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<tr>
<td><strong>Other Factors (if any):</strong></td>
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<tr>
<td>- Please quote your best delivery lead timeline for the entire content as it remains as one of the major evaluation factors.</td>
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<tr>
<td>- Please submit your quotes to <a href="mailto:procurement@imaworldhealth.org">procurement@imaworldhealth.org</a> before or by the submission deadline.</td>
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</table>

- 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@imaworldhealth.org
ATTACHMENT A. VENDOR CERTIFICATION

CHECK HERE ☐ IF NON-US BUSINESS PROCEED TO ATTACHMENT B

CHECK HERE ☐ IF PROCUREMENT IS ABOVE $30,000 (USG Contracts) and $25,000 (USG Cooperative Agreements and Grants) AND COMPLETE QUESTIONS 10 AND 11.

The NAICS code for this procurement is 423110, and the size standard is 100 employees. For the purposes of this procurement, a small business is one that has 100 employees or less.

VENDOR NAME:
________________________________________________________________________

1. Vendor ☐is or ☐is not a U.S. based small business? (If “no” – go to question 9, and answer question 9. If “yes” – continue with question 2.)

2. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more veterans, AND are the management and daily operations controlled by one or more veterans? ☐YES ☐NO

3. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority? ☐YES ☐NO

4. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more service-disabled veterans, AND are the management and daily operations controlled by one or more service-disabled veterans? ☐YES ☐NO

5. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more minority, AND are the management and daily operations controlled by one or more minority? ☐YES ☐NO

6. At least 51% of your company is owned by (or is more than 51% of the stock owned by) one or more women, AND are the management and daily operations controlled by one or more women? ☐YES ☐NO

7. Is your company a SBA certified small, disadvantaged business? ☐YES ☐NO

8. Is your company a SBA certified HUBZone small business concern? ☐YES ☐NO

9. Are you, is your company, or any one of its principal officers presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal Agency? ☐YES ☐NO

10. What is your company’s DUNS#: ___________________________?

11. When does your SAM (System for Award Management) registration expire: _________?
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 60 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: ____________________________

<table>
<thead>
<tr>
<th>#</th>
<th>Reference Contact Name</th>
<th>Organization Name</th>
<th>Telephone</th>
<th>Email</th>
<th>Date Services Performed</th>
<th>Type of Services Performed</th>
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