

## Corus International Request for Quote (RFQ)

<b>RFQ #:</b>	TZ-2020-1209
<b>Services Requested:</b>	Blanket Purchase Agreement for Provision of Printing Services per attached SOW
<b>Issuance Date:</b>	December 08, 2020
<b>Deadline for Responses (Date of Receipt):</b>	<b>January 08, 2021, 12:00 PM EST</b> Submission by email to <a href="mailto:procurement@imaworldhealth.org">procurement@imaworldhealth.org</a>
<b>Last Receipt Date for Questions:</b>	<b>December 17, 2020, 12:00 PM EST</b>
<b>Answers by Corus International Due</b>	December 23, 2020, 12:00 PM EST
<b>Anticipated Award Date:</b>	January 29, 2021
<b>Contract Type:</b>	Blanket Purchase Agreement

**CONTACT**

: Procurement Department  
[procurement@imaworldhealth.org](mailto:procurement@imaworldhealth.org)

**REQUEST FOR PROPOSAL (RFP) - RFP-FY20- TZ-2020-1209**

**OVERVIEW OF CORUS INTERNATIONAL**

***WHO WE ARE:***

Founded in 1945, Lutheran World Relief (LWR) is a U.S.-based 501(c)3 organization with a mission to end poverty, injustice, and human suffering. LWR focuses its work on humanitarian assistance and long-term development, laying a foundation for resilience, sustainable adaptation to climate change, and the strengthening of value chains.

Headquartered in Baltimore, Maryland, LWR has an annual operating budget of \$50 million, with funding from Lutheran individual and congregational donors, U.S. Agency for International Development (USAID), the United States Department of Agriculture (USDA), the Bill & Melinda Gates Foundation, the Margaret A. Cargill Philanthropies, and others. LWR's programmatic approaches promote collaboration between public and private institutions to achieve shared impact. In the past 10 years, LWR has successfully executed more than \$60 million in restricted funding from the U.S. government, foundations, and the private sector.

IMA is a global, faith-based nonprofit that helps developing communities overcome their public health challenges. Founded in 1960 as Interchurch Medical Assistance, today's IMA works alongside governments, non-governmental organizations, faith-based and secular agencies to bring the best in science and public health programming to some of the world's most challenging environments. With offices in six countries and more than \$100 million in annual revenue, IMA is a vibrant, growing agency working to achieve health, healing and well-being for all.

IMA offers sustainable and efficient solutions to health-related problems that are far too common in the developing world. IMA believes all people are children of God and thus deserve to lead healthy and productive lives. The founding members of IMA World Health, Protestant Churches and church-based organizations chose to be intentionally ecumenical to provide health services and to build healthy communities around the world. We can do more together than alone; that spirit of joint action remains foundational to IMA today.

IMA World Health and Lutheran World Relief combined in 2020 to create Corus International. Corus International is the parent organization of Lutheran World Relief and IMA World Health, two brands that operate as a single organization.

***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 above.

Corus International will award a blanket purchase agreement (BPA) for one year with possibility of extension for two additional years as a result of this tendering.

**Complete Description of Need/Scope of Work/Specifications**

<b>MDA AND IEC SUPPLIES NEEDS for Act to End NTDs – January 2020</b>			
<b>Item</b>	<b>Estimated Quantity</b>	<b>Description</b>	<b>Remarks</b>
Production of Measuring papers-PVC for PZQ	3,095	papers/pieces	PVC sheet
PZQ+ALB School Register - Enrolled	5,642	registers/book	40 pages
PZQ+ALB School Register - Non-Enrolled	1,822	registers/book	30 pages
ZITH Household registers	582	registers/book	60 pages
IVM Household registers	2,252	registers/book	60 pages
IVM+ALB Household registers	337	registers/book	120 pages
PZQ, ALB, ZITH Districts Reporting forms	5	booklet	20 triplicate sheets (ie: = 60 sheets)
IVM, ALB, PZQ Districts Reporting forms	12	booklet	20 triplicate sheets (ie: = 60 sheets)
PZQ, ALB, ZITH Health facility Reporting forms	46	booklet	20 triplicate sheets (ie: = 60 sheets)
IVM, ALB, PZQ Health facility Reporting forms	118	booklet	20 triplicate sheets (ie: = 60 sheets)
Posters A2 size	3,060	pieces	A2 size. Glossy art paper 170g full color
Flyers	2,390	pieces	Glossy art paper 150g full color
Brochures	6,695	pieces	Glossy art paper 150g full color
IVM Dose Pole - LF/ONCHO	1,892	poles/pieces	one sided engraved print
ZITH Dose Pole - Trachoma	180	poles	double sided engraved print
Banners (1m X 3m)	754	pieces	PVC outdoor banners full color
<b>Delivery address</b>	<b>Corus International (IMA World Health – L-LWR) Tanzania Office</b>		
<b>Payment Terms :</b>	<b>Net 30 Days – Any other payment terms will be subject to negotiation.</b>		

**In order to be considered, quotes must be valid for at least 90 days and must include all of the following:**

- Complete vendor contact information – including vendors physical address and full legal name.
- Business registration, certification, etc. as applicable.
- The most recent financial report
- Banking information – wire transfer instructions
- 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.
- All information relevant to demonstrating the vendor’s ability to meet Corus ’s Evaluation Criteria (see below).
- The quantity of printing services provided in SOW table is a maximum estimate. Quotes must be based on the unit price inclusive of all associated costs such as for delivery, shipping, installation, as applicable.

**Quotes will be evaluated based on the following Evaluation Criteria:**

<b>Ability to meet the Description/Scope of Work/Specifications above</b>	
<b>Price and Value</b>	
<b>Delivery timeline</b>	
<b>Acceptable Past Performance</b>	
<b>Other Factors (if any):</b>	

- The terms and conditions governing this RFQ and subsequent BPA are located below:
  - [Terms and Conditions](#)
- Prospective Bidders are under no obligation to prepare or submit proposals in response to this RFQ and do so solely at their own risk and expense. Corus will not reimburse any costs incurred related to this RFQ.
- Quotes may not be altered or corrected after the Date of Receipt, except when Corus at its sole discretion, may permit correction of arithmetic errors, transposition errors, or other clerical or minor mistakes, in cases in which Corus deems that both the mistake and the intended proposal can be established conclusively on the face of the quotes.
- Quotes must be valid for at least sixty (90) days from the Date of Receipt.
- *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](mailto: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:

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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 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