

Request for Quotations (RFQ #3135 MZR)

Issuance Date: August 11, 2024, Closing Date: August 25, 2024

Jhpiego is seeking qualified vendors to obtain quotation(s) for Procurement of medical consumables for MLMCC program and UHI targeted HFs in Mazar-e-Sharif for the period of 01. Oct 2024 till 30. Jun 2025.

Annex A: Vendor registration form.

Annex B: Items specifications & price.

Applicant Illegibility:

- The potential vendors must be registered with the government of Afghanistan and have a valid Business license. A Vendor's current and valid Business License must be attached with its quotation.
- The potential vendors must attach an Official Bank Account information with the same name as it is stated in Vendor's AISA or business license and must confirm acceptance of payments through bank transfer.
- The potential vendors must accept tax withholding based on Afghanistan Tax Law.
- All the cost should be stated in Local currency (AFN) any quotations submitted in other currencies will automatically be disqualified.
- The Potential vendors must submit a copy of their Tax Identification Number (TIN) letter.

Important Note: If the above-mentioned conditions are not met and the documents are not submitted along with the quotation, the quotation will be disqualified and will not be further evaluated.

Selection Criteria:

LPTA: The selection will be made based on lowest price and best quality products offered. A final determination will be made after vendor's relevant experience, capacity to deliver, and supply chain are assessed.

The selected vendor will be awarded a fixed price purchase order, resulting from this solicitation to the responsible Vendor/s whose quotation conform to this solicitation will be most advantageous to the project, price and other factors considered.

Jhpiego anticipates that this RFQ will result in a single award to a single Vendor; however, Jhpiego reserves the right to make multiple awards, if it is in the best interest of the project.

Penalty Charges: Jhpiego will add a clause to the purchase order as the result of this RFQ and may deduct a sum up to 2% of the task Order total value for each day of delay beyond the agreed delivery time until the actual goods/services are received.

Payment: Jhpiego will only make payment to the selected vendor's-maintained Bank Account after the delivery and acceptance of the required Goods/Services by Jhpiego.

Quotation Submission in Hard Copy:

Vendors are requested to submit their complete quotation to Jhpiego office in hard copy by no later than **August 25, 2024, (4:00 p.m. Mazar-e- Sharif, Afghanistan local time).** To Jhpiego office located in Mazar-e-Sharif city Chil Metra street Guzar Qabadian beside Shahriar private School District #6 House # 86.

Note: Quotations received though email or any other means than as stated above, and after the RFQ deadline will not be considered and evaluated. (We accept only hard and sealed copy of the quotations.)

for inquires and questions only, you can reach us at: Af.procurement@jhpiego.org

Disclaimer: Issuance of this RFQ does not constitute an award commitment on the part of Jhpiego or any other organization/associated agency, nor is it commitment to pay for any cost(s)/liability (ies)/loss (es) incurred in the preparation or submission of response. The organization reserves the right to reject, with or without assigning any reason, any or all response(s), if such action is considered to be in the best interest of the project/organization.

No employee is authorized to negotiate or promise work on behalf of Jhpiego. Selected vendors will have an official Purchase Order with Jhpiego with authorized signatures.

Important Note: Two percent (2%) will be withheld if the contractor has/submits a valid business license. The withheld tax per the law will be remitted to the Tax Office in the name of company and if the Vendor's License during the life of the contract expires and the vendor fails to renew it in time, Jhpiego will withhold 7% in taxes. Business Licenses issued by municipalities with the names of individuals rather than companies with TINs in individuals names will also be subject to 7% tax withholding.

Yours Sincerely,

Jhpiego AfghanistanUrban Health Initiative Project
COP/DCOP

Aug 08 2024

Stig Hansen

VENDOR

Company name:
Representative name:
Signature & Stamp
Date:

MSB

Aug 07 2024

Aug 08 2024

Annex (B) Description and Price Schedule

Vendors shall use this Annex as a template or their organization's commercial letterhead to submit their price quotation.

No.	Items & Specifications Required in English	Unit	Qty	Unit Price (AFN)	Total Price (AFN)
1	(scalpel n° 4) BLADE, s.u., sterile, n° 22, 01-22-22	Pcs	9,290		
2	CLAMP, UMBILICAL CORD, sterile, s.u.	Pcs	14,938		
3	COMPRESS, GAUZE, 10 cm, 12 plies, 17 threads, sterile	Pack	8,280		
4	DELIVERY KIT-Renewable (cloth (Falalin) 4 sheet size 1m*1m, diper 1 for mother 1 for baby, plastic size 1m*1.5m, drape 1 pc and Dettol soap small	Kit	10,231		
5	GLOVES, EXAMINATION, latex, s.u. non powdered, medium	Box	518		
6	IV CATHETER, injection port, s.u. 18 G (1.2 x 45 mm), green	Pcs	146		
7	IV CATHETER, injection port, s.u. 20 G (1.0 x 32 mm), pink	Pcs	811		
8	IV CATHETER, injection port, s.u. 22 G (0,8 x 25 mm), blue	Pcs	1,068		
9	SET, INFUSION 'Y', Luer lock, air inlet, sterile, s.u.	Pcs	2516		
10	SUT. ABS. braided (1) needle 1/2 31 mm taper	Pcs	720		
11	SUT. ABS. braided (2) needle 1/2 30 mm taper	Pcs	664		
12	SUT. ABS.polyglactin. braided (2) needle 1/2 40mm taper	Pcs	120		
13	SUT. ABS.polyglactin. braided (1) needle 1/2 40mm taper	Pcs	120		
14	SWABS 70%ISOPROPYL ALCOHOL	Box	195		
15	SYRINGE, s.u., Luer, 10 ml	Pcs	4061		
16	SYRINGE, s.u., Luer, 2 ml	Pcs	8,863		
17	SYRINGE, s.u., Luer, 5 ml	Pcs	11,616		
18	SYRINGE, INSULIN, 1ml / 100 IU, + needle, sterile, s.u.	Pcs	6,624		
19	ULTRASOUND COUPLING GEL, 5 Lt	Btl	24		
20	TAPE, ADHESIVE, ROLL, 2 cm x 5 m	Roll	1416		
21	TAPE, AUTOCLAVE STEAM INDICATOR, 50 m x 19 mm	Roll	125		
22	COTTON WOOL, hydrophillic, roll, 500 g	Roll	173		

23	BANDAGE, EXTENSIBLE, non-adhesive, 6 to 7	Roll	2,644		
	cm x 4 m \				
24	MASK, SURGICAL, IIR type, s.u.	Box	180		
25	HAND WASH, liquid, 500 ml, bot.	Btl	180		
26	ALCOHOL-BASED HAND RUB, solution, 500 ml, bottle	Btl	180		
27	CHLORINE, NaOCl , Granules	Kg	120		
28	PLASTIC FOR BAG,3 COLORES	Kg	888		
29	GLOVES, CLEANING, rubber, reusable, pair, medium	Pair	120		
30	GLOVES, SURGICAL, latex, disp.,n.p., 7.5, pair,sterile	Pair	14,292		
31	Bottle, for drug, plastic	Btl	180		
32	DELIVERY KIT-Renewable_2 (cloth (Falalin) 4 sheet size 1m*1m, diper 1 for mother 1 for baby, plastic size 1m*1m, 1 drape 1 Pcs Dettol soap Small, 1 Cord Clamp, 1 Blade, 1 baby powder, 1 Blanket, 1 Pack Gauze pad, 1 Baby Shampo, 1 Infant Clothes)	Kit	200		
33	IV CATHETER, injection port, s.u. 24 G (0,8 x 25 mm), Yellow	Pcs	1,800		
34	TAPE, ADHESIVE, finger	Box	18		
35	FILM DRESSING, semi-permeable, adhesive, IV, sterile, M	Pcs	18		
36	SUT. ABS. braided (2/0) needle 1/2 30 mm taper	Pcs	54		
37	TOURNIQUET, elastic, 100 x 1.8 cm	Pcs	20		
38	TRIANGULAR BANDAGE, 90x90x130cm	Roll	135		
	Grand Total				
Please	Please confirm the above-mentioned delivery date & time after receipt of the purchase order by				

Jhpiego.

Vendor's Name:	Date:	Signature and Stamp:



jhpiego Vendor Information/Pre-qualification Form

Saving lives. Improving health. Transforming futures.

This Pre-qualification Form is to be completed by prospective Vendors/Service Providers desirous of providing goods/services to Jhpiego. Prospective Vendors must complete this Form accurately and in its entirety. Prospective Vendors understand and accept that completion of this Form does not constitute prequalification, nor does it guarantee an award of contract.

Company Information			
Company /Vendor Name:			
Please list any Affiliates, Subsidiaries, etc (if applicable):			
Office Address:			
Are you a service provider, an agent, wholesaler or manufacturer			
If service provider, agent/wholesaler: store or service location			
If manufacturer: factory location			
Name of Contact Person:			
Phone Number (s)			
Company Email Address(s)			
Website Add (if any)			
	Business Profile		
Year company formed			
Trade License Number/ Commercial Registration Number			
Country/ City of Registration			

				
PIN No		VAT No		
Name of Bank				
Bank Branch				
Bank Account N	Name			
Bank Account N	Number			
IBAN Number				
SWIFT/ BIC				
		Business Activit	ies	
What are the m	nain business activities o	of your company? Please inc	clude any specialized services/goods offered.	
Low many staf				
HOW Many Star	ff does your company ha	ave?		
What geograph	hical location(s) you ope	erate?		
-	Does your company / products offered possess any international approved quality certification (ISO, EQM etc)			
	Do you offer delivery of goods to the buyer's designated location? (Yes/No)			
		Business Experie	nce	
Please provide main customer		experience relevant to provis	sion of goods/services.(Year in business and	



Vendor Information Form

Vendors Conflict of Interest Statement

I/We,) ,	hereby certify that:	
a)	(Name of Vendor) I/We will not offer, promise or provide to any Jhpiego employee or family member a bribe, favor, cash, gratuity, entertainment or anything of value to obtain favorable treatment, business or contract from Jhpiego. I/We also understand that Jhpiego employees are similarly prohibited from soliciting such favors from vendors.		
	Any gifts provided by vendors will be addressed to Jhpiego and benefit shared among all staff members or at the discretion of the Country Director or his designee.		
b)	I/We will not enter into a financial or any other relationship with a Jhpiego employee that creates any actual or potential conflict of interest for Jhpiego. I understand that a conflict of interest arises when the material personal interests of the Jhpiego employee are inconsistent with the responsibilinties of his/her position with Jhpiego. All such conflicts must be disclosed and corrected.		
c)	l/We will declare the name of any relative or friend holding a management position such as director, officer or employee working with Jhpiego.		
Nama	ne: Sig	n:	
name			
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ADDENDUM TO VENDOR INFORMATION FORM

This addendum supplements the Jhpiego Vendor Information Form

Vendors Commitment to Refund VAT Funds to Jhpiego

I/We,	hereby certify that:
(Name o	f Vendor)
of the VAT by submitting a DA1 form to the Conduly approved DA1 form, I/We undertake to ref	nvoice(s) inclusive of VAT and apply for a waiver nmissioner of Value Added Tax. On receipt of the und the relevant VAT amount to Jhpiego and/or t any pending invoices and/or payments due to
Name:	Sign:
Title:	Date: