**REQUEST FOR QUOTATION**

**Number: RFQ** **2025-001**

**Port-au-Prince, Haiti**

**Offer Basis: Firm-Fixed Price (FFP)**

**IBI,** implementer of the **Evaluation and Survey Services Plus Project (USAID- ESS+)** in Haiti is soliciting quotations from qualified vendors for the supply of health and life insurance services to project staff as described in the attached Technical Specifications Sheets.

Please submit your quotes for the Health and Life Insurance Services described in the attached Technical Specifications with the Instructions to Offerors and Terms of Contract of this RFQ.

This RFQ includes the following sections:

1. Instructions to Offerors
2. Technical Specifications Sheet
3. Commodity Schedule
4. Offeror’s Summary Sheet

All quotes, correspondence and/or inquiries regarding this Request for Quotation must reference the above RFQ number and be sent to email : [rbourdeau@haiti-essplus.com](mailto:rbourdeau@haiti-essplus.com) with the subject line “Response to RFQ #2025-001- [Company Name]”

For IBI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rose Martine Bourdeau

Administration Assistant

**1.0 INSTRUCTIONS TO OFFERORS**

1.1 **OFFER DEADLINES**

The deadline for submission is **January 21, 2025,** no later than 5 p.m. Late offers will be considered at the discretion of the Agent. Submission of quotation is not automatic qualification for contract award.

1.2 **REPLY TO**

Offers may be submitted electronically. All electronic copies must be emailed to [rbourdeau@haiti-essplus.com](mailto:rbourdeau@haiti-essplus.com) and copy [jlamour@haiti-essplus.com](mailto:jlamour@haiti-essplus.com), with the subject line “Response to RFQ #2025-001- [Company Name].”

1.3 **REQUIRED QDOCUMENTS**

The following required documents comprise the offer:

* Company’s profile (brief description of the company including the organizational history, corporate or agency structure, number of years in business and previous experience with projects of similar scope and size).
* Offeror’s Summary Sheet.
* Legal and registration documents.
* Specifications Sheet.
* All offerors must include in their medical plans the following:
  1. A complete list and address of medical clinics and hospitals partners that provide services to your clients. We would prefer a list of hospitals/clinics included on your list for this purpose.
  2. List of services offered for out-patient vs in-patient, pre-natal care, and diagnostics.
  3. Indicate the number visits period and the threshold or financial limits (deductibles, annual maximums, etc.)
* Offerors must provide insurance premium plans for medical insurance.
* All offerors must include in their submission the procedures, processes, and conditions for reimbursement of personal medical expenses to clients.
* Life insurance plan, benefits and costs associated.
* All pages of bids must be pre-numbered and initialed.
* All bid prices must be quoted in Haitian Gourdes (HTG).
* Quoted prices must be valid for (1) year as of contract signing date.
* Successful bidders will be required to provide IBI staff with an Insurance Card within 30 days.

A complete offer must include all of the above.

1.4 **SOURCE/ORIGIN**

All goods and services supplied under this order must meet **USAID Geographic Code 937** (United States, the recipient country, and developing countries other than advanced developing countries, and excluding prohibited sources[[1]](#footnote-2)). Offerors are requested to specify the geographic location in which the ITEM was manufactured.

Further all items pertaining to IT must comply with US Governments Federal Acquisition Regulation (FAR) section 889(a)(1)(B).

1.5 **QUOTATIONS**

* Offerors may respond to all, or part, of the request for Health Insurance service as described in the attached Technical Specifications Sheets. This service is eligible for VAT exemption under (IBI/USAID Contract No. 72052122F00001) .

Prices must be quoted on a lump‑sum, all-inclusive basis. Any taxes or fees are not to be added later. Offers must show unit prices, extensions, and total price. All items, services, spare parts, etc. must be clearly labeled and included in the total price. Quotations must be a fixed price, expressed in HTG

Quotations should be valid for 90 days from the deadline of submission

1.6 **BASIS FOR AWARD**

Awards will be made to a responsible offeror whose offer follows the RFQ instructions, meets the technical specifications, meets the origin requirements, and is judged to be the most advantageous to the Buyer in terms of cost, quality of equipment, quality of local service, experience, and delivery.

1.7 **NEGOTIATIONS**

Best offer quotations are requested. It is anticipated that award will be made solely on the basis of these original quotations. However, IBI reserves the right to conduct negotiations and/or request clarifications prior to award.

1.8 **Delivery Period**

Required delivery period of services is the effective date of the fully executed award.

**2.0 TECHNICAL SPECIFICATIONS SHEET\***

Comprehensive Health Insurance Services and # Requested:

1. Comprehensive Health Insurance Services that are intended to provide benefits for both IBI staff and their dependents, and costs (deductibles, annual maximums, etc.) associated. Please refer to list under 1.3 in section “1.0 Instructions to Offerors.”
   * Health insurance coverage for up to 15 employees and their dependents
   * List of benefits covered.
2. Life Insurance Coverage intended to provide benefits for IBI staff, their dependents, and costs associated.

\* Please note that these are minimum required specifications.

**3.0 COMMODITY SCHEDULE**

**Offeror \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **Item** | **Qty** | **Specifications** | **Unit Price (HTG)** | **Total Price (HTG)** |
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**Total Cost: HTG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.0 OFFEROR’S SUMMARY SHEET**

I. Name of Offeror:

Address:

Telephone/Fax No.

II. International warranty for health and life insurance services : \_\_\_\_\_yes \_\_\_\_\_no

III. Authorized Agent(s) in Haiti:

Name(s):

Address(s):

Telephone No.(s):

Email Address:

IV. **Total Commodity Schedule Cost** HTG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other HTG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL COST HTG\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

V. Delivery time

From receipt of order to delivery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ calendar days

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check [Sanctions Programs and Country Information | Office of Foreign Assets Control (treasury.gov)](https://ofac.treasury.gov/sanctions-programs-and-country-information) for current list of prohibited sources as determined by OFAC. [↑](#footnote-ref-2)