**RFQ 24-6353**

REQUEST FOR QUOTATION (RFQ)

**FOR SERVICES**

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| --- | --- |
| **Project Title:** | **Increasing Capacity to Test and Confirm Infectious Diseases** |
| **Nature of the services** | Preventative maintenance service on PCR equipment |
| **Location:** | Solomon Island |
| **Date of issue:** | 25/03/2024 |
| **Closing Date:** | 7/04/2024 |
| **SPC Reference:** | RFQ24-6353 |

### TECHNICAL PROPOSAL SUBMISSION FORM – SERVICES

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| Technical Requirements |
| *Evaluation criteria* | *Response by Bidder* |
| References (provide documents to support where possible)  |
| **Details for three references:** |
| 1. Client’s name: *[insert name of client 1]*
 |
| Contact name: | *[insert name of contact]* |
| Contact details: | *[insert contact details]* |
| Value contract: | *[insert value of contract]* |
| 1. Client’s name: *[insert name of client 2]*
 |
| Contact name: | *[insert name of contact]* |
| Contact details: | *[insert contact details]* |
| Value contract: | *[insert value of contract]* |
| 1. Client’s name: *[insert name of client 3]*
 |
| Contact name: | *[insert name of contact]* |
| Contact details: | *[insert contact details]* |
| Value contract: | *[insert value of contract]* |
| **Technical requirement 1:** |
| The provider should have at least 10 years of experience in servicing similar laboratory equipment | *[Bidder’s answer]* |
| **Technical requirement 2:** |
| The service provider should have a proven track record of performing maintenance on PCR equipment | *[Bidder’s answer]* |
| **Technical requirement 3:** |
| Technicians assigned to perform maintenance should possess relevant qualifications in biomedical engineering, electronics, or a related field. | *[Bidder’s answer]* |
| **Technical requirement 4:** |
| The provider should have access to necessary tools, equipment, and replacement parts required for the maintenance of PCR equipment | *[Bidder’s answer]* |
| **For the Bidder:** *[insert name of the company]* |
| Signature:Name of the representative: *[insert name of the representative]*Title: *[insert Title of the representative]* |
| Date: *[Click or tap to enter a date]* |

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### BIDDER’S FINANCIAL PROPOSAL

All costs indicated on the Financial Proposal should be **inclusive** of all applicable taxes.

The format shown below should be used in preparing the price schedule. All prices in the proposal must be presented in bidders’ local currency.

|  |  |
| --- | --- |
| Particulars | Amount (STATE CURRENCY) |
| Professional fees |  |
| Other expenses (please specify) |  |
| TOTAL [Insert Currency]  |  |

​Professional fees: Staff salaries, consultant fees and any other professional costs (with details on the level of effort of each person on the team if applicable. i.e., 50% full time, full-time, etc.).

Other expenses: if any, that are directly related to the delivery of the services will be reimbursable based on actuals (receipts and other supporting documents will be required). Such expenses will need prior approval before it is incurred and paid.

SPC does not provide or reimburse insurance for consultant’s travel or health, professional indemnity or any other risks or liabilities that may arise during the consultancy (this includes any subcontractors or associates the consultant may hire). SPC is also not responsible for any arrangements or payments related to visas, taxes, or duties for which the consultant may be liable.

The Contractor’s will travel to Solomon Islands to conduct the services.SPC will not cover any IT and communication equipment for the duration of the assignment. The consultant is to ensure stable internet connection for virtual interactions when necessary.

No payment will be made for items which have not been priced. Such items are deemed to be covered by the financial offer.

Bidders will be deemed to have satisfied themselves, before submitting their proposal and to its correctness and completeness, considering of all that is required for the full and proper performance of the contract and to have included all costs in their rates and prices.

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| **For the Bidder: ​** |
| ​​Signature: ​​ Name of the representative: ​ Title:  |