



REQUEST FOR QUOTATION

HEALTH FACILITY BASIC EQUIPMENT

RFQ DOCUMENT # 0000039003

RFQ ISSUE DATE: 26 MAY 2026

QUOTATION SUBMISSION DEADLINE: 6 JUNE 2026

CARE SOMALIA

CONFIDENTIAL DOCUMENT

*PREPARED BY
CARE PROCUREMENT IN GAROOWE OFFICE*



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1. ABOUT CARE

At CARE, we seek a world of hope, inclusion, and social justice, where poverty has been overcome and people live with dignity and security.

This has been our vision since 1945, when we were founded to send lifesaving CARE Packages® to survivors of World War II. Today, CARE is a leader in the global movement to end poverty. We put women and girls in the center because we know we cannot overcome poverty until all people have equal rights and opportunities. In 2019, CARE worked in 100 countries and reached 70 million people with an incredible range of life-saving programs.

To know more about CARE, <https://www.care.org/our-work/>

2. GENERAL CONDITIONS AND CLAUSES

2.1. CARE'S GENERAL CONDITIONS

The enclosed document is not an offer to contract, but a solicitation of a vendor's proposed intent. Acceptance of a quotation in no way commits CARE to award a contract for any or all products and services to any vendor.

CARE reserves the right to make the following decisions and actions based on its business interests and for reasons known only to CARE:

- To determine whether the information provided does or does not substantially comply with the requirements of the RFQ
- To contact any bidder after quotation submittal for clarification of any information provided.
- To waive any or all formalities of bidding
- To accept or reject a quotation in whole or part without justification to the bidder
- To not accept the lowest bid
- To negotiate with one or more bidders in respect to any aspect of submitted quotation
- To award another type of contract other than that described herein, or to award no contract;
- To enter into a contract or agreement for purchase with parties not responding to this RFQ
- To request, at its sole discretion, selected Vendors to provide a more detailed presentation of the quotation.
- To not share the results of the bids with other bidders and to award contracts based on whatever is in the best interest of CARE.



Any material statements made orally or in writing in response to this RFQ or in response to requests for additional information will be considered offers to contract and should be included by vendor in any final contract.

2.2. CONFIDENTIALITY/ NON-DISCLOSURE

All information gained by any vendor concerning CARE work practices is not to be disclosed to anyone outside those responsible for the preparation of this quotation. Any discussion by the vendor of CARE's business practices could be reason for disqualification. CARE, at their discretion, reserves the right to require a non-disclosure agreement.

Reciprocally, CARE commits that information received in response to this RFQ will be held in strict confidence and not disclosed to any party, other than those persons directly responsible for the evaluation of the responses, without the express consent of the responding vendor.

Finally, the information contained within this RFQ is confidential and is not to be disclosed or used for any other purpose by the vendor.

2.3. PUBLICITY

Any publicity referring to this project, whether in the form of press releases, brochures, or photographic coverage will not be permitted without prior written approval from CARE.

2.4. LIABILITY

The selected vendor(s) will be required to show proof of adequate insurance at such time as CARE is prepared to procure the services. The participating vendor will also be required to indemnify and hold harmless CARE for, among other things, any third-party claims arising from the selected vendor's acts or omissions, and will be liable for any damage caused by its employees, agents or subcontractors.

2.5. FORCE MAJEURE

- a. Neither Party shall be responsible for a performance that is delayed, hindered, or is rendered inadvisable, commercially impracticable, illegal, or impossible by a "Force Majeure Event." A Force Majeure event includes, without limitation, an act of nature, a pandemic, emergency, civil unrest or disorder, actual or threatened terrorism, war, fire, governmental action or interference of any kind, power or utility failures, strikes or other labor disturbances, a health warning issued by the Center for Disease Control (or similar agency), any other civil or governmental emergency and/or any other similar event beyond a Party's reasonable control.



- b. The Party that seeks to invoke this Force Majeure provision (the “Affected Party”) shall provide the other Party (the “Unaffected Party”) with a written notice within ten (10) days of the date the Affected Party determines a Force Majeure Event has occurred.

2.6. ERRORS AND OMISSIONS

CARE expects the vendor will provide all labor, coordination, support, and resources required based on the vendor’s quotation and corresponding final SOW. No additional compensation will be available to the vendor for any error or omission from the quotation made to CARE. The only exclusions are add-ons, deletions, and/or optional services for which the vendor has received written authorization from CARE.

2.7. OWNERSHIP OF WORK

All work created during this evaluation must be original work, and no third party should hold any rights in or to the work. All rights, title and interest in the work shall be vested in CARE.

2.8. CONFLICT OF INTEREST

CARE encourages every prospective Supplier to avoid and prevent conflicts of interest, by disclosing to CARE if you, or any of your affiliates or personnel, were involved in the preparation of the requirements, design, specifications, cost estimates, and other information used in this RFQ.

3. COMPANY PROFILE & BIDDER’S DECLARATION

Bidders are requested to complete this form, including the Company Profile and Bidder’s Declaration, sign it and return it as part of your quotation. No alterations to its format shall be permitted and no substitutions shall be accepted.

3.1. COMPANY PROFILE

Table 4.1.A Previous Work with CARE

Have you already had previous transactions with CARE?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>



If marked “Yes”, please provide the year of the latest transaction with CARE and the requirement that was delivered. (This is to inform everyone that this information is for system checking only. This will not be part of any evaluation process.)

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If you marked, “No” on the table above, please answer the Table 4.1.B. below:

Table 4.1.B Other Information

Item Description	Detail(s)
Legal name of bidder	
Legal Address, City, Country	
Website	
Year of Registration	
Company Expertise	
Bank Information (Please answer below)	
Bank Name:	
Bank Address:	
IBAN:	
SWIFT/BIC:	
Account Currency:	
Bank Account Number:	

Previous relevant experience: 3 contracts				
Name of previous contracts	Client & Reference Contact Details	Contract Value	Period of activity	Types of activities undertaken

3.2. BIDDER’S DECLARATION

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Ethics: By submitting this Quote, I/we guarantee that the bidder has not engaged in any improper, illegal, collusive, or anti-competitive arrangements with any competitors; has not directly or indirectly contacted any buyer representative (aside from the point of contact) or gather information regarding the RFQ; and has not attempted to influence or offer any type of personal inducement, reward, or benefit to any buyer representative.
<input type="checkbox"/>	<input type="checkbox"/>	I/We affirm that we will not engage in prohibited behavior or any other unethical behavior with CARE or any other party. We also affirm that we have read the general clause and conditions included in this RFQ and that we will conduct



		business in a way that avoids any financial, operational, reputational, or other undue risk to CARE.
<input type="checkbox"/>	<input type="checkbox"/>	Conflict of interest: I/We warrant that the bidder has no actual, potential or perceived Conflict of Interest in submitting this Quote, or entering into a Contract to deliver the Requirements. CARE Procurement's Point of Contact will be notified right away by the bidder if a conflict of interest occurs during the RFQ process.
<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy: I/We have not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal issues that could hinder the ability to conduct business.
<input type="checkbox"/>	<input type="checkbox"/>	Offer Validity Period: I/We confirm that this Quote, including the price, remains open for acceptance for the Offer Validity.
<input type="checkbox"/>	<input type="checkbox"/>	I/We understand and recognize that you are not bound to accept any quotation you receive, and we certify that the goods offered in our Quotation are new and unused.
<input type="checkbox"/>	<input type="checkbox"/>	By signing this declaration, the signatory below represents, warrants and agrees that he/she has been authorized by the Organization/s to make this declaration on its/their behalf

Name:	
Title/Designation:	
Contact: Phone & email	
Company Name:	
Date:	
Signature	

4. CONDITIONS AND GUIDELINES FOR SUBMISSION OF QUOTATION

This Request for Quotation represents the requirements for an open and competitive process.

Quotations will be accepted until **11:59 PM Somalia time 6 JUNE 2026, delivered via email to SOM.Bids@care.org**, with subject line indicating **“Procurement of”. HEALTH FACILITY BASIC EQUIPMENT:**



Additionally, all costs included in quotations must be all-inclusive to include any outsourced or contracted work. Any quotations which call for outsourcing or contracting work must include a name and description of the organizations being contracted.

All costs must be itemized to include an explanation of all fees and costs.

Contract terms and conditions will be negotiated upon selection of the winning bidder for this RFQ. All contractual terms and conditions will be subject to review by the CARE legal department, and will include scope, budget, schedule, and other necessary items pertaining to the project.

You must respond to every subsection including statement, question, and/or instruction without exception.

Any verbal information obtained from, or statements made by representatives of CARE shall not be construed as in any way amending this RFQ. Only such corrections or addenda as are issued in writing by CARE to all RFQ participants shall be official. CARE will not be responsible for verbal instructions.

5. SCHEDULE OF REQUIREMENTS

5.1. CARE TECHNICAL SPECIFICATIONS

SN	UOM	Specification	QTY
1	PCE	Plastic chairs(6 for Nawaawi health center Bossaso, 6 Daryeel Health center bossaaso)	12
2	PCE	Examination coach(3 pce for nawwawi HF bossaos, 3 daryeel HF bossaos)	6
3	PCE	Stethoscope	8
4	PCE	Obstetric lamp	2
5	PCE	Medical Storage Cabinet – Durable Healthcare Equipment Organizer	2
6	PCE	ANC Screens	6
7	PCE	Stainless Steel 3 Seat Waiting Chair	4
8	PCE	Mats for ANC Mothers	4
9	PCE	plastic Table Wight color, big and rounding	6
10	PCE	Drug Shelves including installation((Supply and install shelves for drugs (Pharmacy) made of MDF wood, white color (4m wide x 2.5m high), each drug box is	1



		(50cm wide x 30cm high), 70cm high open and close windows of the lower part of the shelves-Nawawi H	
11	PCE	Working Table(Working table with stainless steel surface and bottom.,Size: 1500 x 700 x 800 mm)	4

CARE DELIVERY REQUIREMENTS

Item #	Other Requirements	
1	Delivery Terms (incoterms)	<input type="checkbox"/> EXW [Ex-works (Place)] <input type="checkbox"/> FCA [Free Carrier (Port)] <input type="checkbox"/> FAS [Free Along-Side Ship (Port)] <input type="checkbox"/> FOB [Free On-Board (Port)] <input type="checkbox"/> CFR [Cost, & Freight (Port)] <input type="checkbox"/> CIF [Cost, Insurance & Freight (Port)] <input type="checkbox"/> CPT [Carriage Paid-To (Place)] <input type="checkbox"/> CIP [Carriage & Insurance Paid-To (Place)] <input type="checkbox"/> DAP [Delivered at Place (Place)] <input type="checkbox"/> DPU [Delivered at Place Unloaded (Place)] <input checked="" type="checkbox"/> DDP [Delivered Duty Paid (Place)]
2	Custom Clearance (Must be linked to Incoterms at origin)	<input type="checkbox"/> Not Applicable. Shall be done by _____ <input type="checkbox"/> Shouldered by CARE <input checked="" type="checkbox"/> Supplier/ Bidder <input type="checkbox"/> Freight Forwarder
3	Exact Address(es) of Delivery Location	Bosasoso(daryeel Health center and Nawawi health center)

Bidders are required to provide or attach the following requirement

1	Delivery duration	
2	Quotation validity	
3	Tax clearance certificate	
4	Provide Valid License	
5	Provide three Smilar PO or contract delivered within puntland	

6. TECHNICAL & FINANCIAL OFFERS

6.1. SUPPLIER'S OFFER

Table 5.1.A Bidder's Offer if different from CARE requirement

Item #	Description	Bidder's Specification
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1		
2		

Table 5.1.B Cost Proposal

Item #	Description	Qty	Unit of Measurement	Unit Price (in USD)	Total Price (in USD)
1	Plastic chairs(6 for Nawaawi health center Bossaso, 6 Daryeel Health center bossaaso)	6	PCE		
2	Examination coach(3 pce for nawwawi HF bossaos, 3 daryeel HF bossaos)	8	PCE		
3	Stethoscope	2	PCE		
4	Obstetric lamp	2	PCE		
5	Medical Storage Cabinet – Durable Healthcare Equipment Organizer	6	PCE		
6	ANC Screens	4	PCE		
7	Stainless Steel 3 Seat Waiting Chair	4	PCE		
8	Mats for ANC Mothers	6	PCE		
9	plastic Table Wight color, big and rounding	6	PCE		
10	Drug Shelves including installation((Supply and install shelves for drugs (Pharmacy) made of MDF wood, white color (4m wide x 2.5m high), each drug box is (50cm wide x 30cm high), 70cm high open and close windows of the lower part of the shelves-Nawawi H	1	PCE		
11	Working Table (Working table with stainless steel surface and bottom.,Size: 1500 x 700 x 800 mm)	4	PCE		
Grand Total					

Table 5.1.C Compliance with Requirements

	Yes, we will comply	No, we cannot comply	If marked as “No”, please provide counter proposal
Minimum Technical Specifications	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Lead Time	<input type="checkbox"/>	<input type="checkbox"/>	
Delivery Term (INCOTERMS)	<input type="checkbox"/>	<input type="checkbox"/>	
Warranty Period (If Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Validity of Quotation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other Requirements (Please specify) sample check and Payment terms</i>	<input type="checkbox"/>	<input type="checkbox"/>	



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