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**OHW: INVITATION TO BID (ITB-** ITB OHW-Kabul-ITB-19-03**)**

No. ITB OHW-Kabul-ITB-19-03

Medicine for PHS project clinics in Kabul.

Issue Date: 03-November- 2019

Deadline for Receipt: 15-November-2018

**Request for Invitation to Bid (ITB)**

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| **1. ITB No.** | ITB OHW-Kabul-ITB-19-03 |
| **2. Issue Date** | 03-November-2019 |
| **3. Supplies** | Medicine for PHS project clinics in Kabul |
| **4. Issuing Office & Physical Address for Submission of ITB’s** | Offers who wish to submit a Bid should visit the OHW Kabul main office before the closing date. The address is as following:  **OHW-Kabul Office:** House # 40, St # 01 from Saleem Karwan Square in front of Sehat Afghan Clinic, Kabul, Afghanistan.  **Contact Email:** For any information or query please contact through e-mail only.  **Email Address:** logistics.kbl@ohw.org.af |
| **5. Deadline for Receipt of Quotes.** | 04:00 PM local time Kabul, on 15- November- 2018  Bids should reach us by:  All bids should be sending with in sealed envelope with the Tender No: ITB OHW-Kabul-ITB-19-03 (Medicine for PHS project clinics in Kabul) written on the outside of the envelope and physically putting the bids in tender box. As soon as possible after the closing date all of the bids will be opened by procurement committee and the best bid selected according to the award criteria. |
| **6. Anticipated Award Type** | Fixed Term Agreement  Purchase Order will be awarded on monthly basis at beginning  Of each month. |
| **7. Basis for Award** | An award will be made to the responsible bidder whose bid is  Responsive to the terms of the ITB and is most advantageous to OHW, considering price or/and other factors included in the ITB. To be considered for award, bidders must meet the requirements identified in Section 12, “Determination of Responsibility”. |
| **8. General Instructions to**  **Bidders** |  The bidders are encouraged to quote for all the items which are specified in the annexes.   * Final Bids due by 04:00 PM local time Kabul, 15- Nov- 2019.    Include a statement that the vendor fully understands that their bid must be valid for one month after bid date.   Bidders shall sign and date their Bid.   Bidders shall complete Attachment C annexes.   * The selected supplier will be providing the sample before signing the contract for acceptance by bid committee and technical team.    The payment will be made upon submission and acceptance of an invoice after deliveries the Medicine for PHS project clinics in Kabul. Then transfer to their bank account.   Organization of Human Welfare (OHW) reserves the rights to cancel or terminate the Purchase Order if the company is not able to provide the satisfactory services. |
| **9. Terms and condition** | **Bidders**  The Bidders shall provide and deliver the Medicine for PHS project clinics in Kabul to the Organization of Human Welfare (OHW) Kabul Office Qala Fatullah Street 13 in front of Sehat Afghan Clinic in the right quality at the right quantity to the right place on the right time base on contract.   1. Bidders shall submit Bids physically as original hard in a sealed envelope to OHW Kabul main Office: Qala-e-Fatullah Street 12 near Salim Karwan in front of Sehat Afghan clinic Kabul Afghanistan. The hard copy attached quote shall include the ITB number, title, and closing date. 2. The quote submitted shall be valid for a period specified. 3. Bidders shall sign and date their Bid. 4. The rates quoted shall be for the complete service inclusive of all taxes. Valid update license from AISA or ministry of commerce 2% and expire license 7% 5. All prices shall be quoted in AFN only other currency quote will not be considered. 6. The contractor shall be providing the Medicine for PHS project clinics in Kabul and deliver to Kabul Office. 7. Only Qualified Medicine Companies for egg those Legal documents have register with AISA and MOPH registration number, having GMP, Drug quality control documents and have experience of supply on time and date. Will be applying for this ITB-OHW-KBL-19-03. List is attached a long with specification 8. No offer, payment, consideration or benefit of any kind, which could be regarded as an illegal or corrupt practice, shall be made, promised, sought or accepted - neither directly nor indirectly - as an inducement or reward in relation to activities funded under this agreement, incl. tendering, award or execution of contracts. Any such practice will be grounds for the immediate cancellation of this agreement/contract and for such additional action, civil and/or criminal, as may be appropriate.   **Payment and invoicing:**   * Payment will be done in AFN and will be transferred by Bank TT-Form into the supplier’s bank account when all Medicine for PHS project clinics in Kabul deliver to Main Office. |
| **10. Determination of**  **Responsibility** | OHW will not enter into any type of agreement with a vendor prior to ensuring the vendor’s responsibility. When assessing an vendor’s responsibility, the following factors are taken into consideration:   1. Provide copies of the required Afghanistan Investment Support Agency (AISA) or the Ministry of Commerce in Afghanistan. 2. Valid license   2. Ability to comply with required or proposed delivery or performance schedules. |

**Attachment A: Cover Letter**

**Date:**

To: Organization of Human Welfare

From:

Subject: Cover Letter for the ITB OHW- Kabul –ITB-19-03

We, the undersigned, provide the attached quote in accordance to the ITB ITB-OHW- Kabul –ITB-19-03 specifications.

I certify a validity period of thirty days (30) for the prices provided in the attached Price Schedule/Bill of Quantities. Our quote shall be binding upon us subject to the modifications. We confirm the availability of required services, and that unit prices are inclusive of final service delivery to OHW Kabul office. We further agree to payment terms upon submission and acceptance of an invoice by when Medicine for PHS project clinics in Kabul are delivering to Kabul office.

We, the undersigned, offer to deliver goods and supporting services in conformity With the said Invitation to Bid for the total amount of (Please insert the total amount ofServices in AFN**)** as may be ascertained in accordance with the Price Schedule attached Herewith and made part of this Bid.

We understand that OHW is not bound to accept any quotes it receives.

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

Telephone:

Email: