

REQUEST FOR PROPOSAL (RFP) – SERVICE

إستمارة طلب عرض - خدمة

REFERENCE CODE:	IRAQ-TA-2025-010	رقم المناقصة :
ORIGINAL DATE ISSUED:	May 25, 2025	تاريخ الإصدار :
LAST DATE FOR CLARIFICATION:	June 10, 2025	آخر موعد للاستفسار والتوضيح:
CLOSING DATE:	June 12, 2025	تاريخ الغلق وتسليم المناقصة:

SUBJECT: Health Insurance Service

Our organization, a non-profit organization, provides humanitarian assistance to “people in need”, is seeking quotations from eligible contractors to **Health Insurance Service**. Our organization anticipates awarding Multiple or Single contract(s) as a result of this Solicitation. Our organization reserves the right to award more or none under this RFQ.

All bids shall be submitted **via e-mail to Syr-tendering@blumont.org as PDF format and clearly written the subject of the tender** This RFP is in no way obligates our organization Our organization to award a contract nor does it commit our organization to pay any cost incurred in the preparation and submission of a proposal.

Our organization bears no responsibility for data errors resulting from transmission or conversion processes.

Sincerely
Procurement Committee

الموضوع : خدمة التأمين الصحي

منظمتنا و هي منظمة غير ربحية تعمل لخدمة المنكوبين في العالم و تسعى للحصول على عروض أسعار من المقاولين المؤهلين لغرض الموضوع: **خدمة التأمين الصحي**. وتتوقع منظمتنا منح (عقود) متعددة أو مفردة نتيجة لهذا الطلب. وتحفظ منظمتنا بالحق في منح التعاقد بأكثر أو أقل من المتوقع للطلب أعلاه .

لهذا الطلب. وتحفظ منظمتنا بالحق في منح التعاقد بأكثر أو أقل من المتوقع للطلب أعلاه. يجب على جميع مقدمي العطاءات تقديم العروض **عبر الإيميل: Syr-tendering@blumont.org وبصيغة PDF** و تم التوضيح للموضوع المناقصة بان المنظمة لا تلتزم بأي حال من الأحوال بمنح العقد كما أن المنظمة لا تلتزم بدفع أي تكاليف متكبدة في إعداد وتقديم العرض.

كما ان منظمتنا لا تتحمل أية مسؤولية عن أي أخطاء في البيانات الناتجة عن عمليات النقل أو التحويل او المحادثة.

مع فائق الاحترام و التقدير
لجنة المشتريات

I) **PURPOSE: Health Insurance Service**

أ) **الغرض: خدمة التأمين الصحي**

II) **TYPE OF CONTRACT/PURCHASE ORDER TO BE AWARDED AS A RESULT OF THIS SOLICITATION**

[FIRM FIXED UNIT PRICE]

ب) **نوع العقد / أمر الشراء الذي سيتم منحه كنتيجة لهذا المناقصة**
سعر الوحدة الثابتة

III) **PERIOD OF PERFORMANCE AND DELIVERY DATES**

Period of Performance is **August 1, 2025, up to July 31, 2026**

The Contractor must furnish completed deliverables to Our Organization for review, inspection and acceptance within the timeframe specified above.

The Contractor must promptly notify Our Organization in writing within **One day** calendar days of any problems, delays, or adverse conditions which materially impair the Contractor's ability to meet the requirements of the contract. The Contractor must relieve its right in its entirety to additional time and/or compensation should it fail to provide written notification with the aforementioned timeframe.

ت) **أحكام العقد / أمر الشراء ومواعيد التسليم**

مدة العقد: 1 آب 2025 إلى 31 تموز 2026

يجب على المقاول تقديم التسليمات / العروض المكتملة إلى منظمنا للمراجعة والتفتيش والقبول خلال الإطار الزمني المحدد أعلاه. يجب على المقاول إخطار منظمنا على الفور كتابيًا في غضون اليوم واحد من أيام تقويمية من أي مشاكل أو حالات تأخير أو ظروف معاكسة تؤدي إلى إعاقة مادية عن قدرة المقاول على تلبية متطلبات العقد. يجب على المقاول أن يعفي حقه بالكامل في توفير وقت إضافي و / أو تعويض في حالة فشله في تقديم إشعار كتابي بالإطار الزمني المذكور أعلاه.

IV) TIMELINE

ث) الجدول الزمني

The Timeline for this Tender shown below:

الجدول الزمني لهذه المناقصة كما هو موضح ادناه:

ACTIVITY	Date التاريخ	النشاط
ORIGINAL DATE ISSUED TENDER	May 25, 2025	تاريخ الاصدار :
LAST DATE FOR CLARIFICATION VIA E-MAIL IRQ-Tendering@blumont.org	June 10, 2025	آخر موعد للأستفسار و التوضيح عن طريق البريد الإلكتروني: IRQ-Tendering@blumont.org
RETURN OF TENDER (CLOSING DATE)	June 12, 2025	تاريخ الغلق وتسليم العطاء
RETURN OF TENDER (CLOSING TIME) (IRAQI TIME)	5:00 PM	وقت الغلق وتسليم العطاء (بتوقيت العراق)

V) VALIDATION OF BIDS AND PRICES:

This offer is valid for **(90) Ninety** days from the date of offer submission.

ج) نفاذ الاسعار:

هذا العرض ساري المفعول لمدة (90) تسعون يوماً من تاريخ تسليم العرض.

VI) GENERAL REQUIREMENTS

Selected offeror must provide all requested information and fulfill all conditions requested.

Offers that do not fully meet any of the requirements listed below will be disqualified/rejected:

- business license, country registration, or any official documents.
 - The Offeror must complete Due Diligence Questionnaire if selected for award within 5 days (if applicable)
- It is preferred the offeror provide the below requirements:**
- Offerors' names to be match with the names that appear in SAM registration (if applicable)
 - The Offeror preferred to have a UEI (**Unique Entity ID**) number. SAM registration and UEI number can be obtained as below:

SAM website: <https://www.sam.gov/SAM/>. In some cases, SAM registration will also be required in order to receive federally funded award.

UEI Website: <https://sam.gov/content/entity-registration> (This is a must for USAID funded awards)

YouTube tutorial on Getting a UEI number: <https://www.youtube.com/watch?v=0uv1YNAsINk>

- Below is the link of Tutorial on Registering Your Business with Federal System for Award Management SAM:

<https://www.youtube.com/watch?v=4ucwm8sGycw>

(ح) متطلبات العامة

يجب على مقدم العرض المحدد تقديم جميع المعلومات المطلوبة والوفاء بجميع الشروط المطلوبة. سيتم استبعاد/رفض العروض التي لا تفي بالكامل بأي من المتطلبات المذكورة أدناه.

- رخصة تجارية، تسجيل في الدولة، أو أي وثائق رسمية
- يجب على الشركة إكمال استبيان العناية الواجبة في حالة اختياره للمنحة في غضون 5 أيام

يفضل أن يوفر العارض المتطلبات التالية:

- **أن تطابق أسماء مقدمي العروض مع الأسماء التي تظهر في تسجيل SAM (إذا توفر)**
- يفضل أن يكون لدى الشركة رقم UEI (هوية الكيان الفريدة). يمكن الحصول على رقم UEI على النحو التالي:

موقع SAM الإلكتروني: <https://www.sam.gov/SAM/> في بعض الحالات، سيكون تسجيل SAM مطلوبًا أيضًا لتلقي المنحة الممولة من الاتحاد الفيدرالي UEI: <https://sam.gov/content/entity-registration> هذا أمر ضروري للمنح الممولة من الوكالة الأمريكية للتنمية الدولية

موقع YouTube التعليمي حول الحصول على رقم UEI <https://www.youtube.com/watch?v=0uv1YNAsiNk>

- فيما يلي رابط البرنامج التعليمي حول تسجيل عملك مع النظام الفيدرالي SAM : <https://www.youtube.com/watch?v=4ucwm8sGycw>

VII) LOCATIONS OF IMPLEMENTATION

The Geographical coverage: [Network coverage in KRI, Iraq and within the Middle east.](#)

(خ) مواقع التنفيذ

التغطية الجغرافية: [تغطية الشبكة في إقليم كردستان والعراق وداخل الشرق الأوسط](#)

VIII) CONTRACT TERMS AND CONDITIONS

THIS CONTRACT/PURCHASE ORDER RESULTING FROM THIS SOLICITATION MUST BE SIGNED BY BOTH PARTIES TO BE CONSIDERED VALID AND IN FORCE. ALL COSTS ASSOCIATED WITH, BUT NOT LIMITED TO, PRODUCTION, PREPARATION AND/OR DELIVERY OF GOODS OR SERVICES, INCLUDING DELIVERIES, ACCEPTED BY OUR ORGANIZATION STAFF, WITHOUT A FULLY EXECUTED (SIGNED BY BOTH PARTIES) CONTRACT/PURCHASE ORDER, ARE AT THE VENDOR'S RISK ONLY. OUR ORGANIZATION SHALL NOT PAY FOR ANY COSTS, WITHOUT LIMITATION, ASSOCIATED WITH PRODUCTION, PREPARATION OR DELIVERY OF GOODS AND/OR SERVICES UNDER THIS OR ANY OTHER CONTRACT/PURCHASE ORDER, WHICH HAS NOT BEEN SIGNED BY BOTH PARTIES.

(د) شروط وأحكام العقد

يجب أن يتم توقيع هذا العقد / أمر الشراء الناتج عن هذه المناقصة من قبل الطرفين ليعتبر صالحًا ونافذًا جميع التكاليف المرتبطة، لكن لا تقتصر على، الإنتاج أو الإعداد و / أو تسليم السلع أو الخدمات، بما في ذلك عمليات التسليم ، التي تم قبولها من قبل موظفي المنظمة، دون التنفيذ الكامل (التوقيع من كلا الطرفين) فأن العقد / الأمر بالشراء، تكون على عاتق ومسؤولية البائع (المورد) فقط.

منظمتنا غير مكلفة بدفع أية تكاليف ودون الحصر للأمور المرتبطة بإنتاج أو إعداد أو تسليم السلع و / أو الخدمات بموجب هذا أو أي عقد / أمر بالشراء لم يتم توقيعه من قبل الطرفين.

IX) EVALUATION AND AWARD PROCESS

The award decision under this RFP will be made based on Best Value selection, both technical factors and cost factors will be considered.

- Our organization will compare the prices of offerors that submitted proposals meeting or exceeding the acceptability standards for technical factors (non-cost) and select for award the Offeror that submitted the best value when technical and cost factors are considered.
- Our organization reserves the right to award under this solicitation without further negotiations. Offerors are encouraged to offer their best terms and prices with the original submission.
- Our organization expects offeror prices to cover all costs and expenses that will be incurred towards full delivery of services.
- The minimum passing score for each individual criterion is (60%).

ذ) التقييم وقرار منح العقد

قرار منح هذا العقد يكون بناءً على اختيار أفضل قيمة فنية، سيتم اخذ الاعتبار للعوامل الفنية و المالية.

- ستقوم منظمنا بمقارنة أسعار مقدمي العروض الذين قدموا عروض تفي أو تتجاوز معايير القبول للعوامل الفنية (غير المالية) واختيار مقدم العرض الذي يقدم القيمة الأفضل مع مراعاة العوامل الفنية والمالية (الكلفة).
- تحتفظ منظمنا بالحق في منح العطاء بموجب هذا العرض دون إجراء المزيد من المفاوضات . نوصي مقدمي العروض بتقديم أفضل الشروط والأسعار مع التقديم الأصلي.
- تتوقع منظمنا أن تغطي الأسعار المعروضة جميع التكاليف والمصاريف التي سيتم تكبدها من أجل تقديم الخدمات بالكامل.
- الحد الأدنى للنجاح لكل معيار (بشكل فردي) هو (60%)

X) ELIGIBILITY REQUIREMENTS:

FAILURE TO COMPLY WITH EACH BELOW LISTED ELIGIBILITY REQUIREMENTS WILL BE RESULT TO IMMEDIATE CONSIDERATION TO BE OUT THE BIDDING:

1. The vendor must present their profile (CV) or copies of (signed & stamped) previous experience.
2. Copy of valid registration with local government stamp.
3. Copy of Valid Tax Clearance Documents.
4. Copy of insurance license.
5. Sign and stamp (USAID Vetting Consent Form).
6. Filled signed and stamped supplier registration form (Optional: Provide word version).

ز) المعايير الأساسية:

عند الفشل في الالتزام بتقديم كل من متطلبات الأهلية المدرجة أدناه، فإنه وبشكل مباشر يعتبر العطاء المقدم خارج المناقصة:

1. يجب على الشركة تقديم السيرة الذاتية أو كافة العقود (الموقعة والمختومة) للأعمال السابقة.
2. نسخة من شهادة التسجيل سارية المفعول مع الحكومة المحلية.
3. نسخة من وثيقة التخليص الضريبي سارية المفعول.
4. نسخة من رخصة التأمين.
5. توقيع وختم (نموذج الموافقة على الفحص التابع للوكالة الأمريكية للتنمية الدولية).
6. تعبئة نموذج تسجيل الموردين موقع ومختوم (اختياري: تقديم نسخة Word)

XI) PAYMENT METHOD AND TERMS:

1. **Payment for supplies quantities:** Payment will be made after receiving invoices of services rendered.
2. **Payment method:** payments will be made as bank transfer and all banking fees will be paid by our organization.
3. **Payments duration:** Payment will be made within (30) days after receives/ delivery of service and the original invoice(s) from the vendor.

ز) شروط طريقة الدفع

1. دفع قيمة المواد المجهزة: سيتم الدفع بعد استلام فواتير الخدمات المقدمة.
2. طريقة دفع المستحقات: سوف يكون الدفع عن طريق حساب مصرفي باسم الشركة يتم تحويل المستحقات الى الحساب و تكون العمولة على منظمتنا.
3. مدة الدفع: سيتم الدفع خلال (30) يومًا بعد استلام الفاتورة الأصلية من المجهز بعد تسليم الخدمة.

XII) EVALUATION CRITERIA

س) معايير التقييم

المعايير CRITERIA		SCORING النقاط
(1) SIMILAR WORKING EXPERIENCE ألامال المماثلة		20%
WORKING EXPERIENCE FIELD HEALTH INSURANCE	Supported Documents & Contracts with clients such as INGO, UN Agencies, Government & Others. Must be in (Health insurance service) Preferably (3) Three Similar Contracts.	
مجال العمل المطلوب التأمين الصحي	المستندات والعقود المدعومة مع العملاء (المنظمات الدولية / وكالات الأمم المتحدة والحكومة و أي جهات أخرى). يجب أن تكون ل (خدمة التأمين الصحي) يفضل تقديم (3) ثلاثة عقود مماثلة	
(2) OFFEROR PAST PERFORMANCE الأداء السابق للشركة		20%
Past working experience with Clients (INGO/UN Agencies...etc)-Offeror provides satisfactory client references proving experience in implementation (Preferable for similar related filed work mentioned above).		
خبرة ألامال السابقة مع العملاء (INGO / وكالات الأمم المتحدة ... إلخ) - على مقدم العرض تقديم المراجع المرضية للعملاء تثبت الخبرة في التنفيذ و (يفضل التقديم يكون ضمن المجال المذكور أعلاه).		
3- Technical Approach التحليل التقني / ألفني		60%
A. Coverage of benefits (I.e the range or options of health plans that are available) تغطية الفوائد (أي نطاق أو خيارات الخطط الصحية المتوفرة)	20%	
B. Premium amounts (including for the limits for the various benefits). To be provided and detailed by a table. مبالغ أقساط (بما في ذلك حدود المزايا المختلفة). يتم توفيرها وتفصيلها بواسطة جدول	10%	
C. Claims settlement: How many days are required for settlement of out of pocket claims incurred? تسوية المطالبات: كم عدد الأيام اللازمة لتسوية المطالبات المتكبدة خارج الشبكة ؟ Days يوم	5%	
D. Waiting periods: How long will it take for the Health insurance to be accessible (from the date of signing the contract) to: i) Staff and their dependents ii) Individuals with chronic illness To be provided through a table. فترات الانتظار: كم من الوقت سيستغرق الوصول إلى التأمين الصحي (من تاريخ توقيع العقد) حتى: - الموظفون وعائلاتهم. - الأفراد المصابون بأمراض مزمنة.	5%	
E. List of network of hospitals in KRI, Iraq قائمة شبكة المستشفيات في كردستان و العراق.	10%	

F. What is the estimated average time required to obtain medical approval for covered services when visiting an in-network provider, after a request is submitted by the healthcare facility? ما هو الوقت المقدّر للحصول على الموافقة الطبية للخدمات المغطاة عند زيارة مقدم الخدمة داخل الشبكة، بعد تقديم الطلب من قبل موظف الشركة ؟	10%	
Total المجموع		100%

Our organization reserves the right to award under this solicitation without further negotiations. The offerors are encouraged to offer their best terms and prices with the original submission.

It is our organizations Policy that no gifts of any kind and of any value be exchanged between vendors and our organizations personnel. Discovery of the same will be grounds for disqualification of the vendor from participation in any of our organizations procurements and may result in disciplinary actions against our organizations personnel involved in such discovered transactions.

Selected vendor will be subject to vetting.

تحتفظ المنظمة بالحق في منح العطاء بموجب هذه المناقصة دون الرجوع الى التفاوض . نشجع مقدمي العروض على تقديم أفضل الشروط والأسعار مع تقديم العرض الأصلي.

من سياسات منظمنا أنه لا يتم تبادل أي هدايا من أي نوع وأي قيمة بين البائعين وموظفي المنظمة. و اكتشافها سيكون سبباً لاستبعاد البائع من المشاركة في أي من مشتريات منظمنا وقد يؤدي إلى اتخاذ إجراءات تأديبية ضد موظفي المنظمة المشاركين في هذه الصفقات المكتشفة.

المنظمة سيقوم بالتحقيق عن الشركة المختارة من عدة جهات.

INSTRUCTIONS TO THE OFFERORS

- Each company can submit multiple proposals, with each proposal offering a different coverage percentage and benefit option. These proposals must be clearly separated, and each should specify the corresponding financial ceiling. Additionally, proposals must clearly indicate age groups covered, and a detailed breakdown of insurance costs per age group.
- Selection will be made based on evaluated superior technical proposal and reasonableness of cost.
- Payments will be made as bank transfer, banking fees will be paid by Our organization.
- Our organization is not responsible for fluctuations in the prices of any items in the local and international markets during the contract period and the Offeror is obliged to the proposed price according to the contract and until the end of the contract period between the parties.
- All pages with data to be filled of the bids must be signed and stamped.
- This tender is not a commitment for purchasing.
- Our organization is not bound to contract with one Offeror and can split the award between one or more companies.
- A certificate of registration and CV should be sent or all contracts for similar and previous business.
- The Supplier / contractor must inform the organization and take **PRIOR APPROVAL** if any of the required materials and services will be provided by a subcontractor. Otherwise, under the terms and conditions of the contract between the parties, the contract will be terminated.

10. Our organization will terminate the contract in the event of negligence and delays of service.
11. **In case of vendor or offeror submitted the proposal and the company selecting for any commodity or Services in solicitation and the turn down to sign the contract, the company will suspend at least 90 days and the if happened for the second time the company will not consider for any future solicitations.**

ش) تعليمات للعارضين

1. يحق لكل شركة تقديم عروض تأمين متعددة، بحيث يقدم كل عرض نسبة تغطية وخيارات ومزايا مختلفة. يجب فصل هذه العروض بوضوح، ويجب أن يحدد كل عرض سقفًا ماليًا. بالإضافة إلى ذلك، يجب أن توضح العروض الفئات العمرية المشمولة بالتغطية، مع تفصيل دقيق لتكاليف التأمين لكل فئة عمرية.
2. سيتم الاختيار على أساس تقييم العرض الفني المتفوق مع معقولية التكلفة.
3. طريقة دفع المستحقات: سوف يكون الدفع عن طريق الحوالة البنكية و"العمولة" تكون على حساب المنظمة.
4. المنظمة غير معنية بتذبذب أسعار المواد في الأسواق المحلية والعالمية خلال فترة العقد و الشركة المجهزة ملزمة بالسعر المتفق عليه حسب العقد حتى انتهاء فترة التعاقد بين الطرفين.
5. جميع صفحات العطاء يجب ان تكون موقعة ومختومة التي تحتوي على البيانات المطلوب ملؤها من قبل الشركة.
6. لايعتبر هذه المناقصة التزامًا من المنظمة بالشراء.
7. المنظمة ليست ملزمة بان تتعاقد مع شركة واحدة، و يمكن تجزئة العطاء بين أكثر من شركة .
8. يجب ارسال شهادة التسجيل و السيرة الذاتية أو كافة العقود للاعمال المماثلة والسابقة للشركة.
9. يجب على المجهز / الشركة المتعاقد معها إبلاغ المنظمة وأخذ **موافقة مسبقة** إذا كان أي من المواد والخدمات المطلوبة سيتم توفيرها من قبل مقاول ثانوي. وبخلافه و بموجب لوائح وقوانين العقد المبرم بين الطرفين ، سيتم إنهاء العقد.
10. المنظمة لها الحق بالغاء العقد في حالة أهمال أو التأخير بالتجهيز من قبل الشركة.
11. **في حالة قيام البائع أو العارض بتقديم العرض واختيار الشركة لأي سلعة أو خدمة ثم قدم التماس ورفض توقيع العقد ، ستقوم المنظمة بتعليق الشركة لما لا يقل عن (90) تسعون يومًا ، وإذا حدث ذلك/ تكرر للمرة الثانية ، فان سيتم تعليق الشركة ولن تقبل أي من عروضها في الطلبات المستقبلية.**

The Offeror shall be excluded from opening the tender in the following cases:

1. If the submitted offer is not with our organization documents (RFP), your offer will be excluded.
2. If two or more bids are submitted for one tender.
3. If it is proved that the authorized director has two registered companies in his name, both of whom participated in the same tender.
4. If only a lump sum has been provided and all prices of the Financial Offer/BOQ have not been filled.
5. If the bid is submitted in the absence of the required currency in the tender.
6. If bids are submitted after the deadline for closing the tender.
7. If the bill of quantities/ financial offer and all RFQ pages are not stamped.

يتم استبعاد الشركة عند فتح المناقصة في الحالات التالية:

1. إذا تم تقديم العرض باوراق غير (RFP) المنظمة و سيتم استبعاد العرض المقدم.
2. إذا قدمت عطاءين أو أكثر لمناقصة واحدة.
3. إذا ثبت ان المدير المخول لديه شركتان مسجلتان باسمه و شارك كلاهما في المناقصة نفسها.

4. إذا قدم مبلغا مقطوعا فقط ولم يتم تعبئة جميع أسعار حسب العرض المالي/جدول الكميات.
5. إذا قدم العرض بغير العملة المطلوبة في المناقصة.
6. إذا قدم العطاءات بعد الموعد المحدد لغلق المناقصة.
7. إذا لم يتم ختم جدول الكميات و كامل صفحات طلب العرض.

XIII) OFFEROR DETAILS

(ص) معلومات الشركة

Wire Transfer Payment Mode طريقة الدفع المصرفي للتحويل	Yes نعم <input type="checkbox"/> No كلا <input type="checkbox"/>
Name of Offeror : اسم الشركة	
Name of the Owner and Partner اسم مالك الشركة و شركائه	Owner المالك: Partner الشريك: Partner الشريك:
Registered Office address: العنوان المسجل للشركة	
UEI number (if applicable) : رقم UEI (إذا توفر)	
Telephone Number: رقم التلفون	
Email البريد الالكتروني	
Please list any Disputes your Offeror has been involved in with NGOs/UN Our organizations over the last 3 Years: يرجى ذكر أية نزاعات قد شاركت شركتكم في المنظمات الغير حكومية / الأمم المتحدة على مدى السنوات ال(3) الماضية	
Banking information: المعلومات المصرفية	
Bank Name: اسم البنك:	
Bank Address: عنوان البنك:	
Bank Branch: فرع بنك:	
Account Name: أسم الحساب:	
Account Number: رقم حساب:	
Swift Code:	
IBAN: رقم الحساب المصرفي الدولي	
Signature التوقيع:	
Offeror Stamp ختم الشركة :	

XIV) APPENDICES

1. Scope of Work
2. APPENDIX – X
3. APPENDIX Y
4. USAID Vetting Consent Form
5. Vendor Key Individuals Form - Owner and Partners

أ) الملحقات

1. نطاق العمل
2. الملحق X
3. الملحق Y
4. نموذج موافقة الوكالة الأمريكية للتنمية الدولية على التدقيق
5. نموذج الأفراد الرئيسيين للشركة - المالك والشركاء

XV) LIST OF SIMILAR WORK

ض) قائمة الأعمال المماثلة

#	Project Name	Year	Amount	Contracted with	Reference (name, Position, Phone # & E-mail address)	Copy attached
1						YES <input type="checkbox"/>
2						YES <input type="checkbox"/>
3						YES <input type="checkbox"/>
4						YES <input type="checkbox"/>
5						YES <input type="checkbox"/>

* If the vendor did not provide the evidence for similar experience and past performance our organization cannot consider it.

*إذا لم يقدم البائع الدليل على أعمال مماثلة والأداء السابق ، فلا يمكن لمنظمتنا النظر فيه.

APPENDIX - X
RFP/RFQ COVER LETTER

COUNTRY:

DATE:

To:

Project Title: []

Dear Sir/Madam,

We, the undersigned, offer to undertake [] Services in accordance with your Request for Proposal dated [] and our Proposal (Technical and Financial). Our attached Proposal is for the sum of [].

Our proposal is valid for 90 days and shall be binding if awarded the contract.

We understand you are not bound to accept any Proposal you receive.

Sincerely yours,

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

APPENDIX - X

SUMMARY OF RELEVANT CAPABILITY AND EXPERIENCE

Include projects that best illustrate your experience relevant to this RFP, sorted by decreasing order of completion date.

Projects should have been undertaken in the past three years.

The **largest** (at least 3) projects undertaken should be described in greater detail in Appendix -X.

No	Project Title	Description of Activities	Location Province/District	Client Name/Tel No	Cost in USD	Start-End Dates	Completed on schedule (Yes/No)	Subcontractor or Prime Contractor?	Contact info of Client
1									
2									
3									
4									
5									

APPENDIX - X

STAFFING PLAN

POSITION	NAME	TITLE AND TASK OF TEAM MEMBER
Overall Management Position (e.g., Project Manager)		
Top/Key Technical Position		
Other Positions		

Attach a CV for each individual.

APPENDIX X

LOWER TIER SUBCONTRACTING PLAN

List below the lower tier subcontractors, if any, you plan to use on the subcontract. Offerors are reminded that they cannot assign the work to lower tier subcontractors without Our Organization approval.

Name of the Lower Tier Subcontractor(S)	Where is the Lower Tier Subcontractor's Headquarters?	% Of Proposed Subcontract Cost That Will Go to the Lower Tier Subcontractor	What Aspects of the Work Will the Lower Tier Subcontractor Be Responsible For?

Note: Our Organization reserves the right to disapprove the use of lower-tier subcontractors

APPENDIX - X

OFFEROR DETAILS & FINANCIAL CAPACITY

Chart #1

Name of Offeror	
Legal Operation License Number	
License Expiry Date	
Authorized Dealer name	
National ID or Passport Number	
Contact Number	
Email Address	
Mailing Address	

Indicate whether organization is: [Please check appropriate box]			
Sole Trader	<input type="checkbox"/>	Not for profit	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Other	<input type="checkbox"/>
Limited Liability Offeror	<input type="checkbox"/>		

If a Partnership, list details of all current partners	
Full Name	Address

How many years have your organization been in business under:

(a) Its present name? _____

(b) A former name? _____

In what other types of business are you financially engaged?
1.
2.
3.

APPENDIX - X

Our Organization PROPOSAL (RFP/RFQ) CHECKLIST

(Please check all that apply and include this page in the sealed envelope with the proposal)

RFP: [_____]

Offerors: _____

Have you?

- ☐ Submitted your technical and financial proposal to Our Organization either a soft copy as electronic copy by e-mail by the required deadline?

Does your proposal include the following?

- ☐ Cover Letter *(use template in Appendix X)*
- ☐ Summary of Relevant Experience *(use form in Appendix X)*
- ☐ Certificates of Final Completion for at least 3 projects in Appendix X *{no template provided}*
- ☐ Other Past Performance References *(include letters from clients verifying the quality of the work)*
- ☐ Priced Unit Rates
- ☐ Staffing Plan *(use template in Appendix X)*
- ☐ CVs for Overall Manager, top Technical Position, and top On-Site Position *(no template provided)*
- ☐ Lower Tier Subcontracting Plan *(use template in Appendix X)*
- ☐ Offeror Details and Financial Capacity *(use template in Appendix X) and on additional sheets as required*
- ☐ Others as required by the RFP/RFQ (Section – X)

ATTACHMENT X

REPRESENTATIONS AND CERTIFICATIONS

Certification Regarding Debarment and Suspension

(In accordance with 22 CFR 226 Appendix A)

(1) Recipient certifies to the best of its knowledge and belief that it and its principals:

- a. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- b. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1) b. of this certification; and
- d. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

Business Name:

Authorized Representative Name (print)

Authorized Representative Title (print)

Authorized Representative Signature

Date

Certification Regarding Lobbying

(In accordance with 22CFR 226 Appendix A)

Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)

By signing this subcontract, the subcontractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any US agency, Our Organization, a member of US Congress, officer or employee of US Congress, or an employee of a member of US Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352.

As the authorized certifying official, I hereby certify that the above specified certifications are true.

Business Name:

Authorized Representative Name (print)

Authorized Representative Title (print)

Authorized Representative Signature

Date

Certification Regarding Terrorist Financing

By signing and submitting this application, the Recipient provides and is bound by the certification set out below:

1. Recipient, to the best of its current knowledge, did not provide, within the previous ten years, and will take all reasonable steps to ensure that it does not and will not knowingly provide, material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated, or participated in terrorist acts, as that term is defined in paragraph 3.

2. The following steps may enable Recipient to comply with its obligations under paragraph 1:

a. Before providing any material support or resources to an individual or entity, Recipient will verify that the individual or entity does not (i) appear on the master list of Specially Designated Nationals and Blocked Persons, which list is maintained by the U.S. Treasury's Office of Foreign Assets Control (OFAC) and is available online at www.epls.gov or (ii) is not included in any supplementary information concerning prohibited individuals or entities that may be provided by Our Organization to Recipient.

b. Before providing any material support or resources to an individual or entity, Recipient also will verify that the individual or entity has not been designated by the United Nations Security (UNSC) sanctions committee established under UNSC Resolution 1267 (1999) (the "1267 Committee") [individuals and entities linked to the Taliban, Usama bin Laden, or the Al Qaida Organization]. To determine whether there has been a published designation of an individual or entity by the 1267 Committee, Recipient should refer to the consolidated list available online at the Committee's website: <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>.

c. Before providing any material support or resources to an individual or entity Recipient will consider all information about that individual or entity of which it is aware and all public information that is reasonably available to it or of which it should be aware.

d. Recipient also will implement reasonable monitoring and oversight procedures to safeguard against assistance being diverted to support terrorist activity.

3. For purposes of this Certification:

- a. "Material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

- b. "Terrorist act" means-
- i. an act prohibited pursuant to one of the 12 United Nations Conventions and Protocols related to terrorism (see UN terrorism conventions Internet site: <http://untreaty.un.org/English/Terrorism.asp>); or
 - ii. an act of premeditated, politically motivated violence perpetrated against noncombatant targets by sub-national groups or clandestine agents; or
 - iii. any other act intended to cause death or serious bodily injury to a civilian, or to any other person not taking an active part in hostilities in a situation of armed conflict, when the purpose of such act, by its nature or context, is to intimidate a population, or to compel a government or an international organization to do or to abstain from doing any act.
- c. "Entity" means a partnership, association, corporation, or other organization, group or subgroup.
- d. References in this Certification to the provision of material support and resources shall not be deemed to include the furnishing of USAID funds or USAID-financed commodities to the ultimate beneficiaries of USAID assistance, such as recipients of food, medical care, micro-enterprise loans, shelter, etc., unless Recipient has reason to believe that one or more of these beneficiaries commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.
- e. Recipient's obligations under paragraph 1 are not applicable to the procurement of goods and/or services by Recipient that are acquired in the ordinary course of business through contract or purchase, e.g., utilities, rents, office supplies, gasoline, etc., unless Recipient has reason to believe that a Vendor or supplier of such goods and services commits, attempts to commit, advocates, facilitates, or participates in terrorist acts, or has committed, attempted to commit, facilitated or participated in terrorist acts.

Any violation notified or discovered, of this Certification prior to completion of the Grant Work shall be grounds for voidance of the Grant in its entirety by Our Organization and no costs shall be recoverable by the Recipient. Any violation of this Certification notified or discovered after any of the Work has been performed under this Grant shall result in immediate termination of this Grant by Our Organization and no payments for any Work performed or goods delivered prior to such termination shall be made without express written approval of USAID.

Business Name:

Authorized Representative Name (print)

Authorized Representative Title (print)

Authorized Representative Signature

Date

Certification Narcotics Offenses and Drug Trafficking

Recipient hereby certifies that within the last ten years:

- 1. Recipient’s principles or key personnel have not been convicted of a violation of, or a conspiracy to violate, any law or regulation of the United States or any other country concerning narcotic or psychotropic drugs or other controlled substances.
- 2. Recipient’s principles or key personnel are not and have not been an illicit trafficker in any such drug or controlled substance.
- 3. Recipient’s principles or key personnel are not and have not been a knowing assistor, abettor, conspirator, or colluder with others in the illicit trafficking in any such drug or substance.

Business Name:

Authorized Representative Name (print)

Authorized Representative Title (print)

Authorized Representative Signature

Date

Assurance of Compliance with Laws and Regulations Governing Non-Discrimination in U.S. Federally Assisted Programs

Note: This certification applies to Non-U.S. organizations if any part of the program will be undertaken in the United States.

- (a) The Recipient hereby assures that no person in the United States shall, on the bases set forth below, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under, any program or activity receiving financial assistance from USAID, and that with respect to the Cooperative Agreement for which application is being made, it will comply with the requirements of: (1) Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352, 42 U.S.C. 2000-d), which prohibits discrimination on the basis of race, color or national origin, in programs and activities receiving U.S. Federal financial assistance; (2) Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving U.S. Federal financial assistance; (3) The Age Discrimination Act of 1975, as amended (Pub. L. 95-478), which prohibits discrimination based on age in the delivery of services and benefits supported with U.S. Federal funds; (4) Title IX of the Education Amendments of 1972 (20 U.S.C. 1681, et seq.), which prohibits discrimination on the basis of sex in education programs and activities receiving U.S. Federal financial assistance (whether or not the programs or activities are offered or sponsored by an educational institution); and (5) USAID regulations implementing the above nondiscrimination laws, set forth in Chapter II of Title 22 of the Code of U.S. Federal Regulations.
- (b) If the Recipient is an institution of higher education, the Assurances given herein extend to admission practices and to all other practices relating to the treatment of students or clients of the institution, or relating to the opportunity to participate in the provision of services or other benefits to such individuals, and shall be applicable to the entire institution unless the Recipient establishes to the satisfaction of the USAID Administrator that the institution's practices in designated parts or programs of the institution will in no way affect its practices in the program of the institution for which financial assistance is sought, or the beneficiaries of, or participants in, such programs.
- (c) This assurance is given in consideration of and for the purpose of obtaining any and all U.S. Federal grants, loans, contracts, property, discounts, or other U.S. Federal financial assistance extended after the date hereof to the Recipient by the Agency, including installment payments after such date on account of applications for U.S. Federal financial assistance which was approved before such date. The Recipient recognizes and agrees that such U.S. Federal financial assistance will be extended in reliance on the representations and Agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Recipient.

Business Name:

Authorized Representative Name (print)

Authorized Representative Title (print)

Authorized Representative Signature

Date

Certification of Compliance With Laws and The U.S. Foreign Corrupt Practices Act

Recipient shall comply with all laws and regulations in the jurisdictions where it is performing under this Agreement. Recipient is familiar with applicable anti-corruption, anti-bribery, anti-kickback, laws and regulations and will not undertake any actions that may violate these laws and regulations. Recipient is familiar with the U.S. Foreign Corrupt Practices Act (the "FCPA"), its prohibitions and purposes, and will not undertake any actions that may violate the FCPA.

Accordingly, Recipient hereby agrees that:

1. Recipient will not employ a person who is a governmental official or employee, including employees of government owned or government-controlled corporations, agencies or bodies.
2. Recipient will not, directly or indirectly, make any payment, offer or promise to make any payment or transfer of anything of value to a governmental official or employee, or to any political party or any candidate for political office, with the purpose of influencing decisions favorable to the Recipient and its business in contravention of the FCPA or other applicable laws.
3. Recipient will immediately advise Our Organization in writing in the event that any person employed by or associated with Recipient becomes such government official, political party official or candidate.
4. Recipient shall maintain true and accurate records necessary to demonstrate compliance with the Agreement (including the requirements of this Certification), and shall provide to Our Organization evidence of such compliance upon simple request.
5. Recipient shall provide Our Organization or its representatives, with access to financial records and supporting documentation to demonstrate the existence of normal and anticipated payment patterns and financial arrangements as well as transparency in expenses and accounting records related to transactions arising out of this Application.
6. Recipient understands that if it fails to comply with any of the provisions of this Certification (irrespective of the size, nature or materiality of such violation), such failure shall be deemed to be a material breach of any resulting Agreement and, upon any such failure, Our Organization shall have the right to terminate any Agreement with immediate effect upon written notice to Recipient, without penalty or liability of any nature whatsoever.

Business Name:

Authorized Representative Name (print)

Authorized Representative Title (print)

Authorized Representative Signature

Date

Appendix-Y

Conflict of Interest Certification.

The offeror, [], hereby certifies that, to the best of its knowledge and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract or task order resulting from Request for Proposal No. [IRAQ-TA-2025-010 that would create any actual or potential conflict of interest (or apparent conflicts of interest) (including conflicts of interest for immediate family members: spouses, parents, children and second relatives) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest. The offeror further certifies that it has and will continue to exercise due diligence in identifying and removing or mitigating, disclose to Blumont, such conflict of interest (or apparent conflict of interest).

Offeror's Name: _____

RFP/Contract No. : _____

Signature: _____

Title: _____

Date