

**USAID INGOBYI ACTIVITY**

GOLDEN PLAZA, 3rd Floor
 KG 546 Street I
 P.O.Box 6639-Kigali
 Tel: + (250) 738795924
 Kacyiru, Kigali
 www.intrahealth.org

REQUEST FOR QUOTATION (RFQ)

Project:	Ingobyi Activity
RFQ Number:	287
For the Procurement Of:	Alarm system Equipment
Issuance Date:	20/10/2022
Due Date and Time for Receipt of Offers	27/10/2022

Dear Sir/Madam:

You are kindly requested to submit quotations for the services described below. Firms invited by IntraHealth to submit offers for the services described below are under no obligation to do so. Offers shall not be reimbursed for any costs incurred in connection with the preparation and submission of quotes.

THIS IS NOT AN ORDER

ITEM NO.	GENERIC DESCRIPTION (TECHNICAL SPECIFICATIONS, QUALITY AND SPECIAL FEATURES REQUIRED)	QUANTITY
	Supply and installation of alarm system equipment	
1	Caregiver Pager(Receiver)	14
2	Room Call Point(Activator)	34
3	Touch screen computer or Nexus control Box with screen and wireless Keyboard and Mouse pad (Central Control Device)	2
4	TV screen with the following specifications: 43"/FLAT/FHD/HDR/SMART/2HDMI/2USB/WIFI. Types to be supplied(Samsung, LG or Sony) with free Channels and with wall mount kit.	2
	TV Protector/Von voltage protector of 13AMPS	2
	Antenna(Yagi antenna+ coaxial cable of 12 meters)	2
	Power extension cable(Very good quality):2500W,13AM, 250V	2
	HDMI Cable(20m)	2


Note: **Full specifications of the equipment is attached to this RFQ(Attachment#1)**



CONDITIONS REQUIREMENTS	
DELIVERY OF QUOTATION	<p>By email through ingobyprocurement@intrahealth.org</p> <p><i>Quotation should be accompanied by the following:</i></p> <ol style="list-style-type: none"> 1. Vendor compliance form(attachment 2) 2. Company Registration Certificate 3. VAT registration Certificate 4. Valid Tax Clearance Certificate 5. Proof of using EBM invoice 6. Provide at least 2 references(certificates of good completion with contracts/LPO) for similar deliveries in the recent five years). <p>Any bidder missing any of the above documents will be automatically disqualified.</p> <p>Note: <u>While quoting please indicate the followings:</u></p> <ul style="list-style-type: none"> ▪ Colored catalogue of the equipment you are quoting with clear specifications. ▪ Indicate the source and manufacturer for each item quoted for.
Evaluation criteria	<ol style="list-style-type: none"> 1. Cost score:-Price quoted(80 Marks). The price quoted should be inclusive of taxes where applicable. 2. Delivery time(20Marks). <p>NB: Make sure your quotation is in Rwandan francs only accompanied with all necessary details (e.g bank details ,contact person, etc.)</p>
VALIDITY OF QUOTATION	90 DAYS
DELIVERY PLACE	Nyamata and Masaka Hospitals. The successful bidder will do the installation and training of the users.
GENERAL TERMS AND CONDITIONS	<p>Quotations should clearly state unit price, costs to ship/transport the items to the address provided above (DELIVERY PLACE), and total price. Quotations must be typewritten or in ink and submitted on company letterhead.</p> <p>Please include estimated shipping time(delivery period).</p>

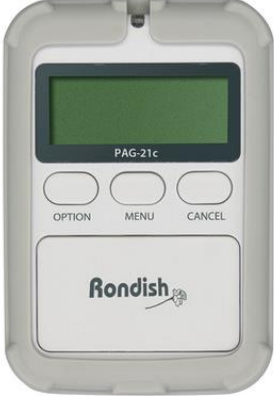

	<p>If item quantity is not currently in stock, include expected dates when item quantity will be in stock.</p> <p>IntraHealth reserves the right to a) reject any and all offers, in whole or in part, for any reason whatsoever, b) waive immaterial requirements, and c) pursue purchasing in a manner that is in the best interest of IntraHealth.</p> <p>United States law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. The supplier must ensure compliance with these laws in any resultant contract from this RFQ.</p>
<p>SECTION 889 COMPLIANCE REQUIREMENTS</p>	<p>A vendor's ability to comply with Section 889(b) of the John S. McCain National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Pub. L. 115-232), as implemented through 2 CFR 200.216 for U.S. organizations and the standard provision "Prohibition on Certain Telecommunication and Video Surveillance Services or Equipment (August 2020)" for non-U.S. organizations, will be factored into the evaluation criteria. Section 889 prohibits use of/contracting with entities that use the prohibited technologies outlined in the rule. In the event compliant services are not available in a given location, IntraHealth is eligible for a waiver from USAID/ PEPFAR (CDC). All vendors funded by USAID projects must be in compliance with this rule by October 1, 2028. All vendors funded by CDC PEPFAR projects must be in compliance with this rule by no later than September 30, 2022.</p> <p>What is prohibited?</p> <ul style="list-style-type: none"> • Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities). • Video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities), used for the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes. • Telecommunications or video surveillance services provided by such entities or using such equipment.


	<ul style="list-style-type: none">• Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country. [i.e. TBD] <p>What companies are prohibited?</p> <p>The following companies, including their affiliates and subsidiaries, are prohibited:</p> <ul style="list-style-type: none">• Huawei Technologies Company• ZTE Corporation• Hytera Communications Corporation• Hangzhou Hikvision Digital Technology Company• Dahua Technology Company <p>Bidders for the provision of telecommunications or video surveillance equipment and/or services must complete and submit the questionnaire in Attachment 1 by the submission deadline.</p>
<p>PAYMENT TERMS: within 30 days after delivery and submission of invoice with complete documents</p>	

<p>NAME, FUNCTIONAL Title : Dr. Samson Radeny, COP</p> <p>SIGNATURE AND DATE:  10/20/2022 <small>1458E1C9A89449D...</small></p>
<p>CONTACT ADDRESS TO SUBMIT QUOTATION:</p> <p>EMAIL: ingobyprocurement@intrahealth.org</p> <p>SUBMISSION DEADLINE AND TIME: Thursday October 27,2022 before 5:00PM.</p>

IntraHealth will respond to any question received by email by the deadline noted above, and may, at its sole discretion, respond to requests received later than the due date. The question(s) and response(s) will be sent to all vendors who have requested the RFQ documents. IntraHealth may extend the closing date to ensure offerors have adequate time to consider answers and reply accordingly. Late quotes **will not** be accepted or considered.

Attachement # 1: Specifications for Alarm System

#	Equipment	Number	Description/specifications	Sample photo
1	Caregiver Pager (Receiver)	14	<ul style="list-style-type: none"> • 7 Digit numeric display • Call type and device ID will be shown on display • Vibration and tone options • Can work directly with wire less monitors, pads and call buttons with memory up to 9 devices • Couple use with central monitor display(CMD-11) can monitor up to 60 wireless devices. • 5 previous alarm histories for review <p>Transmits reset signal to Rondish alarm systems</p>	 <p>A handheld white device with a green LCD screen at the top. Below the screen are three buttons labeled 'OPTION', 'MENU', and 'CANCEL'. The 'Rondish' logo is printed at the bottom of the device.</p>
2	Room Call Point (Activator)	34	<ul style="list-style-type: none"> • Call (red button) • Reset (green button) • Optional response team handset (as shown) • Programmable to display variety of locations • Low battery and automatic fault detection • Battery life assumes 1 call/day <p>Changeable batteries</p>	 <p>A wall-mounted white call point with a red 'CALL' button and a green 'RESET' button. A handset is connected to the device via a cable. The 'Rondish' logo and 'WCP-21' are visible on the device.</p>

#	Equipment	Number	Description/specifications	Sample photo
3	TOUCH SCREEN COMPUTER or Nexus control Box with screen and wireless Keyboard and Mouse pad (Central Control Device)	2	<ul style="list-style-type: none"> • 21inch- Windows computer for convenient placement on nurse desk • Receiving options for smaller, medium, and large wireless systems • Signaling options for remote displays or pagers • HDMI output allows to operate on wide range of display monitors • Configure as main system controller or display • USB ports for receiver • Ethernet port for connecting to LAN • 3.5mm audio output for speaker • WiFi and Bluetooth compatible 	 <p>The sample photos for item 3 show a desktop computer setup. At the top is a monitor displaying a medical interface with various data points and a 'Fluid Diet' warning. Below the monitor is a keyboard and a mouse. In the middle is a small black Nexus control box. Below that is a plus sign, followed by a keyboard with a touchpad. At the bottom is another monitor displaying a blue-tinted interface.</p>
4	TV SCEEN	2	<p>TV screen with: 43"/FLAT/FHD/HDR/SMART/2HDMI/2USB/WIFI. Types to be supplied (Samsung, LG or Sony) with free Channels with wall mount kit.</p> <ul style="list-style-type: none"> • <u>Accessories:</u> <ul style="list-style-type: none"> ✓ TV Protector/Von voltage protector of 13AMPS; ✓ Antenna (Yagi antenna+ coaxial cable of 12 meters) ✓ Power extension cable(Very good quality):2500W,13AM, 250V ✓ HDMI cable(20m) 	

ATTACHMENT # 2: VENDOR COMPLIANCE FORM

Telecommunication and Video Surveillance Equipment and Service Questionnaire

Name of Company:

Physical Address:

RFQ #: 286: **Procurement of alarm system equipment**

Part I. Types of telecommunication and video surveillance equipment and services covered by this bid (check all that apply)

<input type="checkbox"/> Cellular phones	<input type="checkbox"/> Cellular hot spots
<input type="checkbox"/> DSL equipment	<input type="checkbox"/> Fax equipment
<input type="checkbox"/> Internet routers	<input type="checkbox"/> Media transcoders (fiber to ethernet or over the air radio to Ethernet)
<input type="checkbox"/> Modem equipment	<input type="checkbox"/> Network cards
<input type="checkbox"/> Network firewalls	<input type="checkbox"/> Network hubs
<input type="checkbox"/> Network switches	<input type="checkbox"/> PBX equipment (telephone network server/and switches)
<input type="checkbox"/> Satellite equipment (phones and satellite dish equipment)	<input type="checkbox"/> Security equipment (cameras, access control systems, alarm equipment)
<input type="checkbox"/> Servers that dial phones (Mhero/Rapid Pro or similar equipment)	<input type="checkbox"/> Tablets
<input checked="" type="checkbox"/> Television equipment (DSTV boxes or similar) - TV Screen	<input type="checkbox"/> Video conference equipment
<input type="checkbox"/> Wi-Fi access points	<input type="checkbox"/> Wi-Fi hot spots
<input type="checkbox"/> Mobile/Cell phone plans	<input type="checkbox"/> Internet service plans
<input type="checkbox"/> Mobile/Cell phone minutes	<input type="checkbox"/> Internet service minutes
<input type="checkbox"/> Landline phone service	<input type="checkbox"/> Cloud hosting service
<input type="checkbox"/> Other (describe): Computer	

Part II. Telecommunication/video surveillance services (such as internet, cell/mobile phone, cloud hosting, etc.)

A. In providing the telecommunications or video surveillance services indicated in Part I, does your company utilize technology from any of the following companies or their subsidiaries or affiliates? Yes No

1. Huawei Technologies Company
2. ZTE Corporation
3. Hytera Communications Corporation
4. Hangzhou Hikvision Digital Technology Company
5. Dahua Technology Company

B. **If you answered yes to A above**, is it possible to replace such equipment with equipment from other manufacturers, with no impact on the level of performance of current equipment or services (i.e. – equivalent to or better than current performance)? Yes No

1. If yes, please provide further information regarding:
 - a. The make/model, part number, and detailed specifications of the equivalent item(s) for replacement equipment.
 - b. Information on the equivalent service that would not rely on equipment manufactured by the companies in A above.
 - c. How long would it take to deliver and install replacement equipment or services.
2. Do you intend to replace the above-referenced equipment?
 - a. Yes No If yes, by what date? _____

C. **If you have an existing service contract with IntraHealth and answered “yes” to A above**, we need more information for reporting under our contract with the funder:

1. Existing IntraHealth contract #:
2. In providing the telecommunications or video surveillance services under the subject contract, does your company utilize technology from any of the companies described in A. above, or their subsidiaries and affiliates? Yes No
2. If yes, please list the prohibited equipment used in the table below or as an attachment.

A.					B.		
Entity name (that produced the covered equipment)	DUNS#	CAGE code	Original equipment manufacturer	Distributor	Brand	Model #	Item Description

Signature: _____ Date: _____

Name: _____

Title: _____