



# REQUEST FOR PROPOSAL

## PROVISION OF PRINTING SERVICES FOR CARE RWANDA

**RFP DOCUMENT # 8/2024**

**RFP ISSUE DATE: [JULY 5, 2024]**

**PROPOSAL SUBMISSION DEADLINE: [JULY 29, 2024]**

**CARE USA  
151 ELLIS STREET NE  
ATLANTA, GA 30303-2440**

**CONFIDENTIAL DOCUMENT**

*PREPARED BY  
CARE®*



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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, visit: <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 proposal 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 RFP
- To contact any bidder after proposal submittal for clarification of any information provided.
- To waive any or all formalities of bidding
- To accept or reject a proposal 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 proposal
- 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 RFP
- To request, at its sole discretion, selected Vendors to provide a more detailed presentation of the proposal
- 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 RFP 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 proposal. 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 RFP 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 RFP 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 proposal and corresponding final SOW. No additional compensation will be available to the vendor for any error or omission from the proposal 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 RFP.



### 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 proposal. 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 <b>"Yes"</b> , please provide the year of the latest transaction with CARE and the requirement that was delivered. <i>(This is to inform everyone that this information is for system checking only. This will not be part of any evaluation process.)</i> |                          |                          |
|                                                                                                                                                                                                                                                                      |                          |                          |
| If you marked, <b>"No"</b> on the table above, please answer the Table 4.1.A. 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                                    |           |
| <b>Bank Information</b> <i>(Please answer below)</i> |           |
| Bank Name:                                           |           |
| Bank Address:                                        |           |
| IBAN:                                                |           |
| SWIFT/BIC:                                           |           |
| Account Currency:                                    |           |
| Bank Account Number:                                 |           |

| <b>Previous relevant experience: 3 contracts</b> |                                    |                |                    |                                |
|--------------------------------------------------|------------------------------------|----------------|--------------------|--------------------------------|
| 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"/> | <b>Ethics:</b> By submitting this Proposal/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 RFP; 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 RFP 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"/> | <b>Conflict of interest:</b> I/We warrant that the bidder has no actual, potential or perceived Conflict of Interest in submitting this Proposal/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 RFP process.                                                                                                                |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Bankruptcy:</b> 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"/> | <b>Offer Validity Period:</b> I/We confirm that this Proposal/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 proposal 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                                                                                                                                                                                                                                                                                    |

|                    |  |
|--------------------|--|
| Supplier Name:     |  |
| Title/Designation: |  |
| Company Name:      |  |
| Date:              |  |
| Signature          |  |



## 4. CONDITIONS AND GUIDELINES FOR SUBMISSION OF PROPOSAL

### 4.1. PROPOSOSAL GUIDELINES

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

All vendors must provide written notification via email to **[RWA.Procurement@care.org](mailto:RWA.Procurement@care.org)** of their intent to participate, or not to participate in the bidding process by **July 29, 2024**.

Proposals will be accepted until **5:30 PM local time [ July 29, 2024]**, delivered via email solely to (**[RWA.Procurement@care.org](mailto:RWA.Procurement@care.org)**), no later than the above specified date.

Any proposals received after this date and time will not be accepted. All proposals must be signed by an official agent or representative of the company submitting the proposal.

If the organization submitting a proposal must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposal. Additionally, all costs included in proposals must be all-inclusive to include any outsourced or contracted work. Any proposals 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 RFP. 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 RFP. Only such corrections or addenda as are issued in writing by CARE to all RFP participants shall be official. CARE will not be responsible for verbal instructions.

### 4.2. PROJECT PURPOSE AND DESCRIPTION

CARE is issuing this RFP (Request for Proposal) soliciting qualified bidders to submit proposals intended for the **provision of printing services for CARE Rwanda**.

This RFP is an invitation to bid, not an offer of contract. Bidders must submit a response that complies with the minimum requirements contained herein.

#### 4.3. PROJECT OVERVIEW

CARE is seeking a provider to submit proposals intended for the **provision of printing services for CARE Rwanda.**

| Requirement & Specs                            | Qty. | Unit of Measurement | Required Delivery Lead Time      | Delivery Address                                                       | Contract Period |
|------------------------------------------------|------|---------------------|----------------------------------|------------------------------------------------------------------------|-----------------|
| Provision of printing services for CARE Rwanda | 1    | Each                | 2 weeks after contract signature | <a href="mailto:RWA.Procurement@care.org">RWA.Procurement@care.org</a> | 2 years         |

[Provide additional requirements]

| Item # | Description                                                              | Specification                                                                                                                                     |
|--------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.     | T-shirts (round neck, Lacoste Embroidery, Lacoste with logo plasticized) | T-Shirts with CARE Logo and Partners Logo, In front of the T-shirt and a message at the back.<br>SIZE: Small, Medium, Large, XL, XXL, XXXL, XXXXL |
| 2.     | Flyers                                                                   | A4 or A3 glossy or matte papers                                                                                                                   |
| 3.     | Leaflets                                                                 | A5 or A4 glossy or matte papers                                                                                                                   |
| 4.     | Pull-up banner                                                           | 80mm X 200mm standard fabric                                                                                                                      |
| 5.     | Horizontal banner                                                        | PVC banners (quote per meter square)                                                                                                              |
| 6.     | Certificates                                                             | A4 certificate papers                                                                                                                             |
| 7.     | Agenda                                                                   | A4 glossy or matte papers                                                                                                                         |
| 8.     | Posters                                                                  | A5, A4, A3, A2, A1 poster matt papers                                                                                                             |
| 9.     | Training manuals                                                         | A4 booklets/ flipcharts                                                                                                                           |
| 10.    | Folders                                                                  | Branded A4 folders                                                                                                                                |

**N.B: Quantities will be determined based on specific needs.**



| Item # | Other Requirements                     |                                                                                                                                                                                                                                  |
|--------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Delivery Date & Time                   | Bidder shall deliver the goods at least 2 weeks after Contract signature.                                                                                                                                                        |
| 2      | Exact Address(es) of Delivery Location | CARE Rwanda,<br>KG 541ST, P.O. Box 550 Kigali,<br>Career Center Building, 8th floor<br>Tel: 0788306241/0788304454<br>Email: <a href="mailto:care.rw@care.org">care.rw@care.org</a>                                               |
| 3      | Warranty Period                        | Standard Manufacturer's Warranty (if applicable)                                                                                                                                                                                 |
| 4      | Payment Terms                          | 30 Days upon Receipt of items                                                                                                                                                                                                    |
| 5      | Quotation Validity                     | The quote needs to be valid for 90 days to cover all the days from bidding up to the award process. However, once the contract has been released, it shall be valid for the same coverage as reflected in the requirement above. |

[Provide additional requirements]

#### 4.4. PROJECT TIMELINE

All bidders are advised to strictly follow the below timeline as noted.

Any technical questions arising during the preparation of your response to this RFP should be submitted in writing via email to [RWA.Procurement@care.org](mailto:RWA.Procurement@care.org) no later than **[July 29, 2024]**.

| Schedule of Activities/<br>To-do                               | Date of the Activity/<br>Deadline of Submission    | Responsible | Remarks                                                                                     |
|----------------------------------------------------------------|----------------------------------------------------|-------------|---------------------------------------------------------------------------------------------|
| <b>RFP Issued</b>                                              | <b>[July 5, 2024]</b>                              | CARE        |                                                                                             |
| Supplier to notify CARE of intention to participate in bidding | <b>[July 9, 2024]</b>                              | Supplier    | Deadlines must be strictly observed.                                                        |
| Deadline for submission of clarification questions to CARE     | <b>[July 12, 2024]</b>                             | Supplier    | Deadlines must be strictly observed.                                                        |
| CARE to answer all clarifications                              | <b>[July 24, 2024]</b>                             | CARE        |                                                                                             |
| <b>Supplier's Deadline of Submission of Proposal</b>           | <b>[July 29, 2024]</b>                             | Supplier    | Deadlines must be strictly observed.                                                        |
| Evaluation of Proposal                                         | <b>From [August 1, 2024] to [August 8, 2024]</b>   | CARE        |                                                                                             |
| Vendor presentation (if required)                              | <b>From [August 12, 2024] to [August 14, 2024]</b> | Supplier    |                                                                                             |
| Finalists selected                                             | <b>[August 19, 2024]</b>                           | CARE        | Upon notification, the contract negotiation with the winning bidder will begin immediately. |

**4.5. PROJECT REQUIREMENTS****a. Technical Requirements****a.1 Technical Proposal of the Product**

| REQUIREMENTS                           |                                                                                              | Provide the necessary details. Attach document or provide separate sheet if needed. |
|----------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>A. Overall Proposal Suitability</b> |                                                                                              |                                                                                     |
| 1                                      | Please see the Scope of Work and any other required specifications for this project.         |                                                                                     |
| 2                                      | Provide Delivery Lead Time                                                                   |                                                                                     |
| 3                                      | Provide after-sales service (if applicable)                                                  |                                                                                     |
| 4                                      | Ability to provide sample (if applicable)                                                    |                                                                                     |
| 5                                      | Provide Warranty Period                                                                      |                                                                                     |
|                                        | (Any additional requirement that is deemed necessary for "Previous Works & Awards" Category) |                                                                                     |

| REQUIREMENTS                        |                                                                                                                                                                                                                                                                       | Provide the necessary details. Attach document or provide separate sheet if needed. |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>B. Previous Works and Awards</b> |                                                                                                                                                                                                                                                                       |                                                                                     |
| 1                                   | Provide 3 or more client experiences or testimonials (References whose environment, size, and scope are most similar to CARE. Include a summary of the work completed for each account. Include reference contact names, with telephone numbers and email addresses.) |                                                                                     |
| 2                                   | Provide previous records of performance and service.                                                                                                                                                                                                                  |                                                                                     |
| 3                                   | Provide citations and awards. This encompasses reviewing the citations and awards a vendor has received from other customers and award-giving bodies.                                                                                                                 |                                                                                     |
| 4                                   | Provide any testimonials, survey response/s from previous buyers and/or partners.                                                                                                                                                                                     |                                                                                     |
| 5                                   | (Any additional requirement that is deemed necessary for "Previous Works & Awards" Category.)                                                                                                                                                                         |                                                                                     |



| REQUIREMENTS                                                |                                                                                                              | Provide the necessary details. Attach document or provide separate sheet if needed. |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>C. Technical Expertise and Organizational Experience</b> |                                                                                                              |                                                                                     |
| 1                                                           | Provide 5 Availability of vendor's representatives to call upon and consult with.                            |                                                                                     |
| 2                                                           | Any proof that the vendor has the Ability to render satisfactory service in this instance.                   |                                                                                     |
| 3                                                           | Provide Years of experience in providing the same requirement to other companies.                            |                                                                                     |
| 4                                                           | Provide the latest audited Financial Statement.                                                              |                                                                                     |
| 5                                                           | (Any additional requirement that is deemed necessary for "Technical Expertise and Organizational Experience. |                                                                                     |

| REQUIREMENTS     |                                                                                      | Provide the necessary details. Attach document or provide separate sheet if needed. |
|------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>D. Others</b> |                                                                                      |                                                                                     |
| 1                | Tax clearance certificate from RRA and contribution Clearance certificate from RSSB. |                                                                                     |

**b. VALUE & COST (Financial Requirements)**

(Provide below requirements, payment terms, etc., if there's any)  
See attached template (in Excel File) to be used for your financial bid.

| Item # | Description | Qty | Unit of Measurement | Unit Price (in RWF) | Total Price (in RWF) |
|--------|-------------|-----|---------------------|---------------------|----------------------|
|        |             |     |                     |                     |                      |
|        |             |     |                     |                     |                      |

**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"/> |                                                    |
| Payment Terms (30 Days)             | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| Other Requirements (Please specify) | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |

#### 4.6. EVALUATION CRITERIA

CARE will evaluate all proposals based on the following criteria. To ensure consideration for this Request for Proposal, your proposal should be complete and include all of the following criteria:

- **Overall Proposal Suitability:** proposed solution(s) must meet the scope and needs included herein and be presented in a clear and organized manner
- **Previous Work and Awards:** Bidders will be evaluated on examples of their work pertaining to the requirement as well as client testimonials and references
- **Technical Expertise and Organizational Experience:** Bidders must provide descriptions and documentation of staff technical expertise and experience. Bidders also need to provide their experiences as an organization which include but not limited to years of experiences, financial stability, expertise, and edge to other competitors.
- **Value and Cost:** Bidders will be evaluated on the cost of their solution(s) based on the work to be performed in accordance with the scope of this project.

*Note for Country Offices (CO): The specific criteria must closely represent the objective and scope given the nature of the procurement required. Evaluation criteria reflected above can be added and or adjusted depending on the requirement and the type of purchase. The final evaluation criteria must be reflected above prior to releasing of this RFP.*

CARE will review proposed budgets and pricing after the initial review of the criteria above.\*

Done at Kigali on July 5<sup>th</sup>, 2024.

Procurement unit