**Q N°** **LP-ADE-21-074**

**LP-ADE-21-074** **Health Facility Medical Waste Trainings**

Medair within its programs implemented in Yemen invites service providers to submit a quotation for **LP-ADE-21-074** to design, plan and implement a training course for Health Facility Waste Trainings in Al Dhale’e Governorate. **Details of what is requires of the trainer is provided in the associated ToR.**

Bidders shall send their quotation and additional documents not later than **28 July 2021** and to be send via email to

[**procurement-yemen@medair.org**](mailto:procurement-yemen@medair.org)

with the reference:

**“LP-ADE-21-074** **-** **Design, plan, implement a training courses for** Health Facility Waste Training **in Al Dhale’e Governorate”**

For any query send an email to [procurement-yemen@medair.org](mailto:procurement-yemen@medair.org) latest by the 25 July 2021.

## To be filled in by Bidder (COMPULSORY)

**Details of Bidding Company /**  تفاصيل الشركة المتقدمة

1. Company Name /اسم الشركة \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Company Authorized Representative Name / اسم الشخص المفوض \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Company Registration No / رقم السجل القانوني للشركة (No/Country/ Ministry)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Company Specialization / تخصص الشركة \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Business Address / عنوان البريد (Country/Governorate/City/St name/Shop-Office No)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Numbers / رقم الاتصال Land Line: \_\_\_\_\_\_\_ / Mobile No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. E-mail Address / البريد الالكتروني \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to provide Medair , non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

انا الموقع ادناه ---------------------------------------------- اوافق على تزويد ميدير المنظمة الغير حكومية والغير ربحية بهذه البنود لتلاقي المواصفات التالية وفقا للشروط العامة والمسؤوليات التي وافقت عليها بنفسي.

\*\*ملاحظة / أرسال العروض فقط عبر الايميل

**Please fill in the following information and tables below / يرجى تعبئة هذه المعلومات والجداول ادناه .**

**LP-ADE-21-074 – “Design, plan, implement a training courses for Health Facilities Medical Waste Trainings in Al Dhale’e Governorate”**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **N˚** | **Items / Description** | **Qty** | **Unit** | **price/unit** | **total cost** | **Delivery lead time** |
|  |
| 1 | Health Facility Waste Training | 1 | week |  |  |  |  |

**Documents to submit**

* Contents page of the training manual for participants shall be submitted with the quotition.
* Detailed training schedule/programme, including main training, and then practical training at a specified health facility
* Signed and stamped terms and condition
* CV of trainer, and any other staff
* Examples of previous trainings carried out by the Trainer
* Supplier Registration Form duly completed, signed and stamped (if applicable)
* Copy of Valid Business License for operation in Yemen (if applicable)
* Copy of VAT Certificate/ Tax card (if applicable)
* Personnel national ID document of the Trainer/company representative
* Status and registration of the Trainer
* If you are not able to submit a required document, please explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**المستندات المطلوب تقديمها**

يتم تسليم صفحة محتويات الدليل التدريبي للمشاركين مع عرض الأسعار

جدول / برنامج تدريب مفصل، بما في ذلك التدريب الرئيسي ، ثم التدريب العملي في كل نقطة مياه

المنهجية المستخدمة لإنشاء نظام دفع رسوم المياه في المجتمع

السيرة الذاتية للمدرب وأي طاقم آخر

أمثلة على التدريبات السابقة التي قام بها المدرب

الشروط والأحكام موقعة ومختومة

الشروط والأحكام موقعة ومختومة

استمارة تسجيل المورد معبأة وموقعة ومختومة حسب الأصول

صورة من رخصة تجارية سارية المفعول للعمليات في اليمن

نسخة من شهادة ضريبة القيمة المضافة / البطاقة الضريبية

وثيقة الهوية الوطنية للأفراد للمقاول / ممثل الشركة

حالة وتسجيل المورد

ملف الشركة

إذا لم تتمكن من تقديم المستند المطلوب ، فيرجى توضيح السبب

**Bidder’s Comments/Remarks / تعليقات وملاحظات المناقص**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Bidder’s Terms and Conditions / شروط مقدم العرض وشروطه**

1. Validity of the offer ` \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minimum 3 months / يجب ان لا يقل عن سته اشهر

صلاحية العرض

1. Terms of delivery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ طريقة التسليم شامل جميع التكاليف الزامي

شروط التوصيل

1. Starting date of work once contract signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

تاريخ بدء العمل بمجرد توقيع العقد

1. Terms of payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

شروط الدفع

|  |  |
| --- | --- |
| **Name of company**  **اسم الشركة** |  |
| **Name of contact person**  **اسم الشخص** |  |
| **Address**  **العنوان** |  |
| **Phone number**  **رقم التليفون** |  |
| **E-mail address**  **عنوان البريد الإلكتروني** |  |
| **Date**  **التاريخ** |  |
| **Signature and stamp**  **توقيع وختم** |  |