

REQUEST FOR QUOTATION
19H08020K0504
THE EMBASSY OF THE UNITED STATES
OF AMERICA REQUIRES A

Company: _____

To provide the following:

ITEM No.	DESCRIPTION	UNIT OF MEASURE	QTY	UNIT PRICE	TOTAL	DELIVERY ADDRESS
1	Hand sanitizer gel with active ingredients of: 70% ethyl alcohol and 5 -10% Isopropyl alcohol for the Forensic Medicine Directorate in Tegucigalpa. *A technical sheet is required.	EA - gallon	400	L -	L -	Delivery: Dirección General de Medicina Forense, Centro de Medicina Legal y Ciencias Forenses Col. Quezada, Tegucigalpa
2	Clear, anti-scratch, anti-fog, protective lens with ergonomic fit for the Forensic Medicine Directorate in Tegucigalpa. *A technical sheet is required. / Picture	EA – each	700	L -	L -	Delivery: Dirección General de Medicina Forense, Centro de Medicina Legal y Ciencias Forenses Col. Quezada, Tegucigalpa
3	Hand sanitizer gel with active ingredients of: 70% ethyl alcohol and 5 -10% Isopropyl alcohol for the DPI in Tegucigalpa. *A technical sheet is required.	EA - gallon	1,400	L -	L -	Delivery: Edificio Direccion Policial de Investigaciones (DPI) Entrada Principal, Colonia La Kennedy, Tegucigalpa
4	Clear, anti-scratch, anti-fog, protective lens with ergonomic fit for the DPI in Tegucigalpa. *A technical sheet is required. / Picture	EA - each	1,500	L -	L -	Delivery: Edificio Direccion Policial de Investigaciones (DPI) Entrada Principal, Colonia La Kennedy, Tegucigalpa
Payment Method - Purchase Card TOTAL					L -	

A. Supplies and Prices:

The Contractor shall provide to the U.S. Government the new products as described in the specifications for the stated firm fixed price. Further, the Contractor shall properly perform the deliver to the location set forth under Place of Delivery, of this document. The firm fixed price shall include the products pre-delivery inspection, certificates of origin, operator's manuals, warranty certificates and any other documentation mandated by the destination country.

B. Delivery Date:

Delivery Date will be seven (7) calendar days maximum after receipt of the award.

C. Place of Delivery:

The contractor is responsible for ensuring delivery of goods to the following address:

1. **Shipping Address: Consignee: US Embassy Honduras**
 19H08020K0504
 INL Section Tegucigalpa
 Dirección General de Medicina Forense, Centro de Medicina Legal y
 Ciencias Forenses Col. Quezada,
 Tegucigalpa, Honduras
2. **Shipping Address: Consignee: US Embassy Honduras**
 19H08020K504
 INL Section Tegucigalpa
 Edificio Dirección Policial de Investigaciones (DPI)
 Entrada Principal, Colonia La Kennedy, Tegucigalpa, Honduras

All boxes shall be marked with the contract award No. 19H08020K0504 with clear visibility as below:

US Embassy Honduras
 19H08020K0504
 ATTN. Paola Arevalo / Marvin Alvarado

D. Evaluation Factor:

- a. The U.S. Government intends to evaluate this requirement based on the lowest price technically acceptable (LPTA). *NOTE: Offerors shall include specific details and delivery dates in their responses to this RFQ. All pricing shall reflect L*
- b. **Company Documents:** Please include the following documents (all documents should be up to date):
 - Company License / SAM Number
 - Company RTN
 - Company address and telephone Number
 - Contact Name, telephone number and email address
- c. **Delivery Terms:** The vendor is responsible for the delivery of all items listed above under this Request of quotation (Brand name or Equal) in the stated shipping address.

d. **Offers/ Quotes:** Complete pricing section in Lempiras (L).

NOTE:

52.225-17 Evaluation of Foreign Currency Offers (FEB 2000)

If the Government receives offers in more than one currency, the Government will evaluate offers by converting the foreign currency to United States currency using the exchange rate used by the Embassy in effect as follows:

(a) *For acquisitions conducted using sealed bidding procedures / email offer, on the date of bid opening*

(b) *For acquisitions conducted using negotiation procedures—*

1. *On the date specified for receipt of offers, if award is based on initial offers; otherwise*

2. *On the date specified for receipt of proposal revisions.*

e. **Tax Exempted:** Offers should not include tax (process must be tax exempted)

f. **Payment:** Payment thru **Government Purchase Credit Card**. Payment will be processed once the requester has confirmed as complete the delivered items.

Your offer must be submitted no later than **Saturday, July 25, 2020 at 11:00 a.m. (Tegucigalpa, Honduras Time)** via e- mail to arevalopl@state.gov. After time offers, will not be taken in consideration.

If there are any questions regarding this Request for Quotation, please contact Paola Arevalo, Procurement Agent, email: arevalopl@state.gov

July 15nd, 2020

Contact information: _____

Signature: _____

Date signed: _____

PLEASE FILL PRICES, TOTAL, AND SIGN. THIS REQUEST OF QUOTATION SHOWS YOUR PROOF OF READING AND UNDERSTANDING OF THE BID.

YOU MAY ATTACH YOUR QUOTE AS WELL OR SPECIFICATIONS.