



U.S. Embassy Abidjan
Date: 10/28/2016

To: Prospective Quoters

Subject: Request for Quotations number **SIV10017R0001**

Enclosed is a Request for Quotations (RFQ) for **installation of a new generator at CDC RETRO-CI, CHU Treichville**. If you would like to submit a quotation, follow the instructions in Section 6 of the solicitation, complete the required portions of the attached document, and submit it to the address shown on the Standard Form 1449 that follows this letter.

The U.S. Government intends to award a contract/purchase order to the responsible company submitting an acceptable quotation at the lowest price. We intend to award a contract/purchase order based on initial quotations, without holding discussions, although we may hold discussions with companies in the competitive range if there is a need to do so.

Quotations are due by **11/23/2016 at 16:00 GMT**

A Pre-Bid Conference and site visit is scheduled for **11/09/2016 at 10:00 GMT at CDC RETRO-CI, CHU Treichville**

Sincerely,

A handwritten signature in blue ink is written over a circular official seal. The seal features the United States eagle and the text "EMBASSY OF THE UNITED STATES OF AMERICA" and "ABIDJAN". Below the seal, the text "Contracting Officer" is printed.

Milton, Jared

| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NUMBER P5835343 | | PAGE 1 OF 2 | | | | |
|--|---|--------------------------------------|--|--|--|--|------------|---|------|------|
| 2. CONTRACT NO. | | 3. AWARD/EFFECTIVE DATE (mm-dd-yyyy) | | 4. ORDER NUMBER | | 5. SOLICITATION NUMBER SIV10017R0001 | | 6. SOLICITATION ISSUE DATE (mm-dd-yyyy) 10-28-2016 | | |
| 7. FOR SOLICITATION INFORMATION CALL:  | | | a. NAME COULIBALY TENENA NOUHOUN | | | b. TELEPHONE NUMBER (No collect calls) 22494682 / 22494000 | | 8. OFFER DUE DATE/ LOCAL TIME 11-23-2016 16H00 | | |
| 9. ISSUED BY THE CONTRACTING OFFICER AMERICAN EMBASSY, ABIDJAN 01 BP 1712 ABIDJAN 01 TEL: +225 22 49 40 00 | | | CODE | | | 10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR | | <input type="checkbox"/> SET ASIDE: % FOR <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN- <input type="checkbox"/> 8(A) OWNED SMALL BUSINESS | | |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE | | 12. DISCOUNT TERMS | | <input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | 13b. RATING | | 14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input checked="" type="checkbox"/> RFP | | |
| 15. DELIVERY TO PROJET RETRO-CI, CHU TREICHVILLE | | | CODE | | | 16. ADMINISTERED BY US EMBASSY ABIDJAN | | CODE | | |
| 17a. CONTRACTOR/OFFEROR | | CODE | | FACILITY CODE | | 18a. PAYMENT WILL BE MADE BY BUDGET & FINANCE OFFICER AMERICAN EMBASSY, ABIDJAN 01 BP 1712 ABIDJAN 01 E-mail: AbidjanFMOinvoices@state.gov | | CODE | | |
| TELEPHONE NO. | | | <input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER | | | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM | | | | |
| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT | | | |
| | Installation of a new Generator at CDC RETRO-CI, CHU Treichville <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i> | | | 1 | All | | 0.00 | 0.00 | 0.00 | 0.00 |
| 25. ACCOUNTING AND APPROPRIATION DATA | | | | | | 26. TOTAL AWARD AMOUNT (For Govt. Use Only) 0.00 | | | | |
| <input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52 212-1, 52 212-4. FAR 52 212-3 AND 52 212-5 ARE ATTACHED. ADDENDA | | | | | | <input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | | |
| <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52 212-4. FAR 52 212-5 IS ATTACHED. ADDENDA | | | | | | <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED | | | | |
| <input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. | | | | | | <input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ (mm-dd-yyyy). YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, AS ACCEPTED AS TO ITEMS. | | | | |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR | | | | | | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) | | | | |
| 30b. NAME AND TITLE OF SIGNER (Type or print) | | | 30c. DATE SIGNED (mm-dd-yyyy) | | 31b. NAME OF CONTRACTING OFFICER (Type or Print) | | | 31c. DATE SIGNED (mm-dd-yyyy) | | |
| | | | | | Milton, Jared | | | 10-19-2016 | | |

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STANDARD FORM 1449 (REV. 3/2005)
Prescribed by GSA - FAR (48 CFR) 53.212

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | 24. AMOUNT |
|-----------------|--------------------------------------|-----------------|-------------|-------------------|---------------|
| | | | | | |

32a. QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED INSPECTED ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: _____

| | | |
|--|---------------------------|---|
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | 32c. DATE (mm-dd-yyyy) | 32d. PRINT NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
|--|---------------------------|---|

| | |
|--|---|
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
| | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE |

| | | | | |
|--|--------------------|---------------------------------|--|------------------|
| 33. SHIP NUMBER <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 37. CHECK NUMBER |
|--|--------------------|---------------------------------|--|------------------|

| | | |
|------------------------|------------------------|-------------|
| 38. S/R ACCOUNT NUMBER | 39. S/R VOUCHER NUMBER | 40. PAID BY |
|------------------------|------------------------|-------------|

| | | | |
|---|---------------------------|--------------------------------------|-----------------------|
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT | | 42a. RECEIVED BY (<i>Print</i>) | |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 41c. DATE (mm-dd-yyyy) | 42b. RECEIVED AT (<i>Location</i>) | |
| | | 42c. DATE REC'D (mm-dd-yyyy) | 42d. TOTAL CONTAINERS |