

**Haiti Resilience and Agriculture Sector Advancement Activity**

**(HRASA)**

Request For Quotation (RFQ)

**No. REQ-CHN-21-0005**.

Comprehensive Health Insurance

Issue Date: February 1st, 2022

**WARNING**: Prospective Offerors who have received this document from a source other than the DAI, should immediately contact hrasa\_procurement@dai.com and provide their name and mailing address in order that amendments to the RFQ or other communications can be sent directly to them. Any prospective Offeror who fails to register their interest assumes complete responsibility in the event that they do not receive communications prior to the closing date. Any amendments to this solicitation will be issued and posted via email.

DAI conducts business under the strictest ethical standards to assure fairness in competition, reasonable prices and successful performance or delivery of quality goods and equipment. DAI does not tolerate corruption, bribery, collusion or conflicts of interest. Any requests for payment or favors by DAI employees should be reported as soon as possible to [ethics@dai.com](mailto:ethics@dai.com) or by visiting [www.dai.ethicspoint.com](http://www.dai.ethicspoint.com). Further, any attempts by an offeror or subcontractor to offer inducements to a DAI employee to influence a decision will not be tolerated and will be grounds for disqualification, termination and possible debarment. See provision No. 17 for more details.

# Synopsis of the Request for Quotation

DAI, implementer of the USAID funded Haiti Resilience and Agriculture Sector Activity (HRASA), invites qualified vendors to submit quotations for health insurance benefits for project employees and their dependents.

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| 1. RFQ No. | REQ-CHN-21-0005 |
| 1. Issue Date | February 1st, 2022 |
| 1. Title | Comprehensive Health Insurance Coverage of DAI Project Employees &Dependents |
| 1. Issuing Office & Email/Physical Address for Submission of Quotes | USAID Haiti Feed the Future Haiti Resilience and Agriculture Sector Advancement (HRASA) Activity Address: 29 Rue Ste Catherine Carenage, 4, Cap-Haitien, Haiti (c/o DAI Water & Sanitation Project)  [hrasa\_procurement@dai.com](mailto:hrasa_procurement@dai.com) |
| 1. Deadline for Receipt of Quotes. | Proposals are due by COB on Tuesday, February 15th , 2022. |
| 1. Point of Contact | [hrasa\_procurement@dai.com](mailto:hrasa_procurement@dai.com) |
| 1. Anticipated Award Type | DAI anticipates issuing a Firm Fixed Price Purchase Order. Issuance of this RFQ in no way obligates DAI to award a subcontract or purchase order and Bidders will not be reimbursed for any costs associated with the preparation of their quote. |
| 1. Basis for Award | An award will be made to the responsible bidder whose bid is responsive to the terms of the RFQ and is most advantageous to DAI, considering price or/and other factors included in the RFQ. To be considered for award, bidders must meet the requirements identified in Section 12, “Determination of Responsibility”. No discussions or negotiations are permitted with bidders, and therefore bidders shall submit their best and final price. |

# Request for Quotation

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| 1. General Instructions to Bidders | * Bids must be submitted to and received by DAI by **COB on Tuesday, February 15th, 2022.** Late offers will be rejected except under extraordinary circumstances at DAI’s discretion. * Bidders shall submit quotes electronically via [hrasa\_procurement@dai.com](mailto:hrasa_procurement@dai.com) * Include a statement that the vendor fully understands that their quote must be valid for a period of **30** days. * Bidders shall complete, sign and date their quotation. * Bidders shall complete:   + Attachment A: Price Schedule template.   + Value Added Tax (VAT) shall be included on a separate line. * These services are eligible for VAT exemption under the DAI prime contract. |
| 1. Questions Regarding the RFQ | Each Bidder is responsible for reading very carefully and understanding fully the terms and conditions of this RFQ. All communications regarding this solicitation are to be made solely through the Issuing Office and must be submitted via email or in writing delivered to the Issuing Office no later than the date specified above. All questions received will be compiled and answered in writing and distributed to all interested Bidders. |
| 1. Technical Specifications and requirements for Technical Acceptability | 1. Please see complete details in **Attachment C- Detailed Technical Specifications.** 2. In addition to meeting the scope of work listed in **Attachment C**, vendors are required to meet or exceed the significant non-cost factors listed below:  * References from at least three (3) other clients receiving similar services currently or within the last year. Vendors should use the template provided in **Attachment D: Past Performance Template.**  1. Final delivery is required by February 15th, 2022. |
| 1. Prohibited Technology | Bidders MUST NOT provide any goods and/or services that utilize telecommunications and video surveillance products from the following companies: Huawei Technologies Company, ZTE Corporation, Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company, or any subsidiary or affiliate thereof, in compliance with FAR 52.204-25. |
| 1. Determination of Responsibility | DAI will not enter into any type of agreement with a vendor prior to ensuring the vendor’s responsibility. When assessing a vendor’s responsibility, the following factors are taken into consideration:   1. Provide copies of the required business licenses to operate in the host country. 2. Evidence of a DUNS number (explained below and instructions contained in the Annex). 3. The source, origin and nationality of the services are not from a Prohibited Country (explained below). 4. Ability to comply with required or proposed delivery or performance schedules. |
| 1. Geographic Code | * Under the authorized geographic code for its contract DAI may only procure goods and services from the following countries. * Geographic Code 937: Goods and services from the United States, the cooperating country, and "Developing Countries" other than "Advanced Developing Countries:, excluding prohibited countries. A list of the "Developing Countries" as well as "Advanced Developing Countries" can be found at: <http://www.usaid.gov/policy/ads/300/310maa.pdf> and <http://www.usaid.gov/policy/ads/300/310mab.pdf> respectively. * DAI must verify the source, nationality and origin, of goods and services and ensure (to the fullest extent possible) that DAI does not procure any services from prohibited countries listed by the Office of Foreign Assets Control (OFAC) as sanctioned countries. The current list of countries under comprehensive sanctions include: Cuba, Iran, North Korea, Sudan, and Syria. DAI is prohibited from facilitating any transaction by a third party if that transaction would be prohibited if performed by DAI. * By submitting a quote in response to this RFQ, Bidders confirm that they are not violating the Source and Nationality requirements and that the services comply with the Geographic Code and the exclusions for prohibited countries. |
| 1. Data Universal Numbering System (DUNS) | All U.S. and foreign organizations which receive first-tier subcontracts/ purchase orders with a value of $25,000 and above **are required** to obtain a DUNS number prior to signing of the agreement. Organizations are exempt from this requirement if the gross income received from all sources in the previous tax year was under $300,000. DAI requires that Bidders sign the self-certification statement if the Bidder claims exemption for this reason.  For those required to obtain a DUNS number, you may request **Attachment E**: Instructions for Obtaining a DUNS Number.  For those not required to obtain a DUNS number, you may request **Attachment F**: Self-Certification for Exemption from DUNS Requirement |
| 1. Compliance with Terms and Conditions | Bidder shall be aware of the general terms and conditions for an award resulting from this RFQ. The selected Bidder shall comply with all Representations and Certifications of Compliance listed in **Attachment B**. |
| 1. Anti-Corruption and Anti-Bribery Policy and Reporting Responsibilities | DAI conducts business under the strictest ethical standards to assure fairness in competition, reasonable prices and successful performance or delivery of quality goods and equipment. **DAI does not tolerate the following acts of corruption:**   * Any requests for a bribe, kickback, facilitation payment or gratuity in the form of payment, gift or special consideration by a DAI employee, Government official, or their representatives, to influence an award or approval decision. * Any offer of a bribe, kickback, facilitation payment or gratuity in the form of payment, gift or special consideration by an offeror or subcontractor to influence an award or approval decision. * Any fraud, such as mis-stating or withholding information to benefit the offeror or subcontractor. * Any collusion or conflicts of interest in which a DAI employee, consultant, or representative has a business or personal relationship with a principal or owner of the offeror or subcontractor that may appear to unfairly favor the offeror or subcontractor. Subcontractors must also avoid collusion or conflicts of interest in their procurements from vendors. Any such relationship must be disclosed immediately to DAI management for review and appropriate action, including possible exclusion from award.   These acts of corruption are not tolerated and may result in serious consequences, including termination of the award and possible suspension and debarment by the U.S. Government, excluding the offeror or subcontractor from participating in future U.S. Government business.  Any attempted or actual corruption should be reported immediately by either the offeror, subcontractor or DAI staff to:   * Toll-free Ethics and Compliance Anonymous Hotline at (U.S.) +1-503-597-4328 * Hotline website – www.DAI.ethicspoint.com, or * Email to [Ethics@DAI.com](mailto:Ethics@DAI.com) * USAID’s Office of the Inspector General Hotline at hotline@usaid.gov.   By signing this proposal, the offeror confirms adherence to this standard and ensures that no attempts shall be made to influence DAI or Government staff through bribes, gratuities, facilitation payments, kickbacks or fraud. The offeror also acknowledges that violation of this policy may result in termination, repayment of funds disallowed by the corrupt actions and possible suspension and debarment by the U.S. Government. |

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| --- | --- | --- | --- | --- | --- | --- |
| **Item Number** | **Item Name** | **Specifications** | **Quantity** | **Price per Month** | **Number of months** | **Total Price** |
| 1 | *Health Insurance -Individual* | Health coverage for a period of 56 months | **5 employees** |  | **56 months** |  |
| 2 | *Health Insurance -Family* | Health coverage for a period of 56 months | **31 employees** |  | **56 months** |  |
| **GRAND TOTAL IN** **GOURDES** | | | | | | **HTG** |
| **GRAND TOTAL IN UNITED STATES DOLLARS** | | | | | | **$** |

## Attachment A: Price Schedule

|  |
| --- |
| **Delivery Date:** |

We, the undersigned, provide the attached quote in accordance RFQ # \_\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_Our attached quote is for the total price of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (figure and in words)

I certify a validity period of \_\_\_days for the prices provided in the attached Price Schedule/Bill of Quantities. Our quote shall be binding upon us subject to the modifications.

We understand that DAI is not bound to accept any quotes it receives.

Authorized Signature:

Name and Title of Signatory:

Name of Firm:

Address:

Telephone:

Email:

Company Seal/Stamp:

## Attachment B: Representations and Certifications of Compliance

1. Federal Excluded Parties List - The Bidder Select is not presently debarred, suspended, or determined ineligible for an award of a contract by any Federal agency.
2. Executive Compensation Certification- FAR 52.204-10 requires DAI, as prime contractor of U.S. federal government contracts, to report compensation levels of the five most highly compensated subcontractor executives to the Federal Funding Accountability and Transparency Act Sub-Award Report System (FSRS)
3. Executive Order on Terrorism Financing- The Contractor is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. It is the legal responsibility of the Contractor/Recipient to ensure compliance with these Executive Orders and laws. Recipients may not engage with, or provide resources or support to, individuals and organizations associated with terrorism. No support or resources may be provided to individuals or entities that appear on the Specially Designated Nationals and Blocked persons List maintained by the US Treasury (online at [www.SAM.gov](http://www.SAM.gov)) or the United Nations Security Designation List (online at: http://www.un.org/sc/committees/1267/aq\_sanctions\_list.shtml). This provision must be included in all subcontracts/sub awards issued under this Contract.
4. Trafficking of Persons – The Contractor may not traffic in persons (as defined in the Protocol to Prevent, Suppress, and Punish Trafficking of persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime), procure commercial sex, and use forced labor during the period of this award.
5. Certification and Disclosure Regarding Payment to Influence Certain Federal Transactions – The Bidder certifies that it currently is and will remain in compliance with FAR 52.203-11, Certification and Disclosure Regarding Payment to Influence Certain Federal Transactions.
6. Organizational Conflict of Interest – The Bidder certifies that will comply FAR Part 9.5, Organizational Conflict of Interest. The Bidder certifies that is not aware of any information bearing on the existence of any potential organizational conflict of interest. The Bidder further certifies that if the Bidder becomes aware of information bearing on whether a potential conflict may exist, that Bidder shall immediately provide DAII with a disclosure statement describing this information.
7. Prohibition of Segregated Facilities - The Bidder certifies that it is compliant with FAR 52.222-21, Prohibition of Segregated Facilities.
8. Equal Opportunity – The Bidder certifies that it does not discriminate against any employee or applicant for employment because of age, sex, religion, handicap, race, creed, color or national origin.
9. Labor Laws – The Bidder certifies that it is in compliance with all labor laws.
10. Federal Acquisition Regulation (FAR) – The Bidder certifies that it is familiar with the Federal Acquisition Regulation (FAR) and is in not in violation of any certifications required in the applicable clauses of the FAR, including but not limited to certifications regarding lobbying, kickbacks, equal employment opportunity, affirmation action, and payments to influence Federal transactions.
11. Employee Compliance – The Bidder warrants that it will require all employees, entities and individuals providing services in connection with the performance of an DAI Purchase Order to comply with the provisions of the resulting Purchase Order and with all Federal, State, and local laws and regulations in connection with the work associated therein.

By submitting a quote, bidders agree to fully comply with the terms and conditions above and all applicable U.S. federal government clauses included herein, and will be asked to sign these Representations and Certifications upon award.

## Attachment C: Detailed Technical Specifications

|  |  |
| --- | --- |
| **Benefits** | **Health Benefits Inclusion Package for Members** |
| ***MANNER OF AVAILMENT*** | **OPTION 1: CLINIC BASED** |
| ***(with access to all clinics and hospitals)*** | **OPTION 2: HOSPITAL BASED** |
|  |  |
| ***PRE-EXISTING CONDITIONS COVERAGE*** |  |
|  |  |
| ***ROOM & BOARD, PER DAY*** |  |
| Principals |  |
| Dependents |  |
|  |  |
| ***ANNUAL CHECK UP BENEFIT*** |  |
| ***Kindly provide quote for Executive Check—Up (PLEASE COST OUT.)*** |  |
| Physical Examination |  |
| Stool examinations |  |
| Urinalysis |  |
| Chest X-ray |  |
| Complete Blood Count (CBC) |  |
| Pap Smear |  |
| ECG |  |
| Blood Chemistries (FBS, BUN,BUA, Triglyceride, Cholesterol, Creatinine) |  |

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| ***PREVENTITIVE CARE*** |  |
| Management of Health Problems |  |
| Routine Immunization (except cost of vaccines) |  |
| Counseling on health habits, diets and family planning |  |
| Record keeping of Medical History |  |
|  |  |
| **COVID-19** |  |
| Covid-19 Test |  |
| ***OUTPATIENT BENEFITS*** |  |
| Regular consultations and treatment except prescribed medicines) |  |
| Eye, Ear, Nose and Throat treatment |  |
| Treatment of minor injuries and surgery not requiring confinement |  |
| X-ray, Laboratory examinations |  |
| Physical and speech therapy |  |
| Eye laser therapy for retinal hole, retinal detachment and glaucoma |  |
| Cataract extraction excluding the cost of lens |  |
| Pre and Post-natal consultations |  |
| Passive and active vaccines for treatment of tetanus, animal bites and snake bites |  |
| Cauterization of Warts including facial warts |  |
| Tuberculin test |  |
| Sclerotherapy of varicose veins |  |
| Unprovoked and Provoked Murder and Assault |  |
| Allergy testing/allergy screening |  |
| ***Routine Procedures shall be covered at 100% of actual cost*** |  |
| Complete Blood Count |  |
| Blood Chemistries |  |
| Urinalysis |  |
| Diagnostic Radiographs |  |
| Lead Electrocardiogram |  |
| Treadmill Stress Test |  |
| Electroencephalogram & Nerve Conduction Studies |  |
| Pap Smear |  |
|  |  |
| ***IN PATIENT BENEFITS*** |  |
| Room and Board according to type of program |  |
| Use of operating and recovery room |  |
| Fresh whole blood transfusions and intravenous fluids |  |
| X-ray and Laboratory examinations |  |
| Administered Medicines |  |
| Professional fees |  |
| Dressings, plaster casts, sutures and other items directly related to the medical management of the patient |  |
| ICU confinements |  |
| Human Blood products (e.g. platelets, packed RBC) and its processing/screening except gamma globulin |  |
| Automatic Room Upgrading |  |
|  |  |
| ***SPECIAL PROCEDURES & MODALITIES*** |  |
| Percutaneous ultrasonic nephrolithotomy |  |
| Hysteroscopically-guided Dilation & Curettage |  |
| Cryosurgery |  |
| Endoscopic Procedures |  |
| Angiogram and/or Angioplasty/Coronary Artery Bypass Graft |  |
| CT Scan, MRI and ultrasound |  |
| Magnetic Resonance Angiography |  |
| Fluorescein Angiography |  |
| Impedance Plethysmography |  |
| Diagnostic Ultrasounds such as but not limited to 2D Echo, Doppler, Ultrasound of the Lungs, Digestive Urinary Systems, Abdomen, Deep Vein thrombosis ultrasonic scanning |  |
| Polysomnograms (sleep recording) |  |
| Chemotherapy, Radiotherapy and Dialysis |  |
| Stereotactic brain biopsy |  |
| Gamma Knife surgery |  |
| Slipped disc, scoliosis, spondylosis and spinal stenosis |  |
| AIDS secondary to accidental blood transfusion or needle injection |  |
| Hysteroscopic myoma resection |  |
| Trans-urethral Microwave Therapy (TMT) of prostate |  |
| Scalpel Hemorrhoidectomy |  |
| Conventional Hemorrhoidectomy |  |
| Congenital illnesses |  |
| Open Heart surgery(except cost of pacemaker) |  |
| Admission kit including wee bag |  |
| Angiography |  |
| Pulmonary perfusion scan |  |
| Electromyography, Nerve Conduction Velocity Studies |  |
| Treadmill Stress Test |  |
| Myelogram |  |
| Endoscopy including one video |  |
| Orthopedic Arthroscopy |  |
| Arthroscopic Procedures |  |
| Arterial Blood Gas |  |
| Plasma/Urinary Cortisol, Plasma Aldosterone, Etc. |  |
| Ambulatory Cardiac Monitoring |  |
| Lung Function Studies |  |
| Mammography(breast cancer) and Sonomammogram |  |
| Bone Mineral densitometry scan(Dexascan) |  |
| Anti-Nuclear Body |  |
| Genetic/Immunologic studies |  |
| Radioactive Iodine Therapy |  |
| Radioisotope Scans and Function Studies such as but not limited to: Thyroid scans, liver, renal, gastrointestinal, cardiac, parathyroid, bone, pulmonary, total body scans |  |
| Audiograms and Tympanograms |  |
| Radionuclide ventriculography |  |
| Nuclear Radioactive Isotope Scan |  |
| Neuroscan |  |
| Thallium Scintigraphy |  |
| Adrenocortical Function |  |
| Anti-nuclear antibody, C-Reactive Protein, Lupus Cell Exam |  |
| Microscopic Examinations |  |
| Work Related Conditions |  |
| Modern therapeutic modalities and interventional surgical procedures such as, but not limited to laparoscopic cholecystectomy/adrenalectomy and lithotripsy/ESWL |  |
| ***MATERNITY BENEFITS (all female Employees)*** |  |
| ***Kindly provide options for the following:***  ***1. LOA Facilitated meaning availment will be done in an accredited hospital and doctor;***  ***2. Financial Assistance meaning expenses incurred will be reimbursed to HMO company based on the limits as specified below;***  ***3. No maternity coverage*** |  |
| Normal |  |
| Caesarean |  |
| Miscarriage |  |
| Home |  |
|  |  |
| ***OUTPATIENT MEDICINES (Prescribed Medicines including Optical Services such as eyeglasses, contact lenses) – PLEASE COST OUT.*** |  |
| Principals |  |
| Dependents |  |
|  |  |
| ***EMERGENCY CARE*** |  |
| ***In Accredited Hospitals*** |  |
| Doctor's services |  |
| Medicines used for immediate relief and during treatment |  |
| Oxygen and intravenous fluid, whole blood & human blood products |  |
| Dressing, plaster casts and sutures |  |
| X-ray and laboratory and diagnostic examinations & other medical services related to the emergency treatment of the patient |  |
| Ambulance Service |  |
| Medical Evacuation |  |
| ***In Non-Accredited Hospitals including outside of Haiti*** |  |
|  |  |
| ***DENTAL SERVICES*** |  |
| Oral Prophylaxis |  |
| Consultations and oral examinations |  |
| Simple tooth extractions |  |
| Temporary filling |  |
| Gum Treatment and adjustment of dentures |  |
| Recementation of loss jackets, crowns, in-lays and co-lays |  |
| Treatment of mouth lesions, wounds and burns |  |
| Light cure filling |  |
| Surgery of impacted and/or ankylosed tooth |  |
| Permanent filling |  |
| Restorative and Prosthodontic treatment planning |  |
| Emergency Dental Treatment |  |
| Desensitization of hypersensitive teeth |  |
| Dental Nutrition and Dietary Counseling |  |
| Dental Health Education |  |
| Dental Checkup and oral examinations |  |
|  |  |
| ***MEMBERSHIP ELIGIBILITY*** |  |
| Married Employees |  |
| Single Employees |  |
| Provision to include overage enrollees: |  |

## Attachment D: Past Performance Form

Include references that best illustrate your work experience relevant to this RFQ, sorted by decreasing order of completion date.

Services should have been undertaken within the past three years. Services undertaken within the past six years may be taken into consideration at the discretion of the evaluation committee.

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| # | Project Title | Description of Activities | Location | Client  Name/Tel No.  Email  Address | Cost in US$ | Start and  End  Dates | Completed on schedule (Yes/No) | Completion  Letter  Received?  (Yes/No) | Type of  Agreement,  Subcontract,  Grant, PO  (fixed price, cost reimbursable) |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |