**BID SUBMISSION FORM**

# Appendix 2:

# Technical Offer based on Technical Specifications

**LOT 1: Face Medical Mask**

|  |  |  |
| --- | --- | --- |
| **Product Characteristics** | **AHA Centre Requirements**  **(minimum)** | **Supplier’s Product Specifications** |
| **Face medical mask categorized as 3M KF94** | ***As detailed on Appendix 1***  **Description**:  - Medical face mask (adult size)  - The body of the mask is made of high quality non-woven active fabric and microfiltration membrane. It consists of 3 exclusive and authorized components: soft inner layer, electrostatic filter, outer layer. The mask is certificated to meet the KF94 standard by FDA  - Color: White is preferred  - Design: refer to illustrated pictures  - Function: PM2.5 filter, germ and virus prevention; filter 94% the micro particle from 0.1 – 0.5 micrometre.  - Can be used for at least 24 hours continuously.  - Products are manufactured in or qualified to exported to OECD markets  - Products meet the requirements by Vietnamese law and regulations.  1 small paper box consist of 30 pieces per small paper box (1 master cardboard box consist of 20 small paper boxes (600 pieces)  Both small paper box and master box have logos of VNDMA, AHA Centre and Direct Relief, significant technical indicators, and package information. |  |

***Please provide additional sheets as necessary to include photos and technical specifications for each item***

**LOT 2: Thermal Scanner**

|  |  |  |
| --- | --- | --- |
| **Product Characteristics** | **AHA Centre Requirements**  **(minimum)** | **Supplier’s Product Specifications** |
| **Thermal scanner and its accessories** | ***As detailed on Appendix 1***  **Preferred model for camera system:**   * Model: IRIS-XP for Quarantine * Manufacture: MEDICORE, Republic of Korea * Year of manufacture: From 2020   **Composition required**   * Infrared camera unit: 1 set * Computer system: 2 set * Tripod Stan unit: 1 set * Operation Program S/W * Main power, system power cable & Accessories * Operation manual   **Require Technical features for Temperature scan system:**   * Setup and Operator password levels for secure operation. * Visible and thermal images displayed in choice of Side-by-Side or Picture in Picture configuration. * Red hot color thermal isotherm tracking. * Warning and Critical Alarm levels with Visible and customizable Audible alerts. * Selectable (8) color thermal palette bar with alarm threshold and current maximum alarm level. * Operator defined monitoring region with exclusion areas to avoid fixed thermal artefacts (radiator/A/C vent/lighting). * Unique Blackbody reference active optimization for maximum accuracy. * Single or sequenced visible and thermal camera images saved on alarm. * Gallery and Print options for reference records with historical data. * Full radiometric temperature model including skin, blackbody emissivity and background temperatures. * Print alarm images. * Laptop with appropriate connection and installation.   **System Performance**   |  |  | | --- | --- | | Temperature Measurement Range | 32℃ to 40℃ or wider | | Operating Ambient Temperature Range | 15℃ to 35℃ or wider | | Power Supply | 110-240VAC | | Video Display | Colour Laptop LCD | | Video Output | HDMI | | Max. Distance Camera to Thermal Reference | At leat 5m |   **Thermal Reference**   |  |  | | --- | --- | | Accuracy | ±0.2℃ | | Temperature Range | 20℃ to 40℃ |   **Thermal Camera**   |  |  | | --- | --- | | Resolution | 110k pixels | | Horizontal FOV | 26˚ (±10%) | | Spectral Response | 7-14µm | | Frame Rate | <9Hz |   **Camera Dimensions**   |  |  | | --- | --- | | Weight | As light as possible and Less than 01kg | | Length (mm) | Depend on designation | | Width (mm) | Depend on designation | | Height (mm) | Depend on designation |   **Visible Camera**   |  |  | | --- | --- | | Resolution | At list 1.3M pixels and better resolution | | Horizontal FOV | As much as possible (>= 32 degree) | | Frame Rate | At least 25Hz |   **Other important requirements:**   * Laptop with appropriate feature to load continuous images from the camera (at least: i7 9850H or upper/ RAM 16GB or upper / SSD 512GB or upper / Quadro T1000 15.6 Full HD; Wi-Fi and Bluetooth) * Prefer online connection for assessing result of detection; * Connect data to a computer/laptop * Accompanies storage with at least 3 TB * Produce images continuously and data could be stored for at least a month. * **Provided package with guidelines, training to use for at least 12 staffs of VNDMA**. * **Guarantee valid for at least 24 months.**   **On the camera, the tripod and the laptop need to have 3 Logos: Direct Relief, VNDMA and AHA Centre** |  |

***Please provide additional sheets as necessary to include photos and technical specifications for each item***

# Appendix 3:

# Supplier Questionnaire

**Publication reference:** AHA-T/2021/May/T-004

|  |  |
| --- | --- |
| Company Name: |  |
| Company Address: |  |
| Contact Name: |  |
| Contact Position / title: |  |
| Contact Details (Phone / Email): |  |

|  |  |  |
| --- | --- | --- |
| **Company Information:** | | |
| **1** | Is your company registered in Vietnam?  **Please provide a copy of Registration.** |  |
| **1a** | **If not**, where is your company registered? |  |
| **2** | When was it registered? |  |
| **3** | Is your company part of an international company? |  |
| **4** | Do you have other offices / plants in the country? Where? |  |
| **5** | How many employees work for your company in-country? |  |
| **Financial Information:** | | |
| **6** | What is your yearly income in USD over the last 2 years? |  |
| **6a** | Last Year (2020): |  |
| **6b** | Previous Year (2019): |  |
| **7** | Can you provide audited Financial accounts upon request? |  |
| **Customer References:** | | |
| **8** | Have you worked in the past with the AHA Centre (detail year and activity)? *If yes, please provide details below* |  |
| **8a** | |  |  |  | | --- | --- | --- | | Title of Contract | Year | Amount (USD) | |  |  |  | |  |  |  | | |
| **9** | Please provide names and contacts of 3 customers to whom you have recently provided the same kind of products / services with similar value of contract | **1.**  **2.**  **3.** |
| **9a** | |  |  |  |  | | --- | --- | --- | --- | | Customer (company) Name | Contact Name | Address | Contact No & Email | |  |  |  |  | |  |  |  |  | |  |  |  |  | | |
| **Technical Capacity:** | | |
| **10** | What is your core activity? |  |
| **11** | What other products / services do you offer? |  |
| **12** | Are you the manufacturer of the products presented in the offer? |  |
| **12a** | If yes: where is the manufacturing site located? |  |
| **12b** | If no, are you an official reseller for these products?  Please provide a copy of Dealer Registration. |  |
| **13** | Do you currently have stocks? |  |
| **13a** | If yes, where are they located |  |
| **Delivery Capacity:** | | |
| **14** | Can you hold dedicated stocks for your customers? |  |
| **15** | Can you manage delivery to the specified delivery places as stated on this tender document? |  |
| **16** | What is your average lead time for delivery to the designated location after receipt of the AHA Centre Purchase Order/Contract? |  |
| **17** | Do you have your own trucks / drivers for delivery? |  |
| **17a** | If not, how will you deliver the items to the designated  delivery location? |  |
| **17b** | If you have a designated transport company, please provide the name and address and contact number |  |
| **Financial Conditions:** | | |
| **18** | What is the validity of your offer? (minimum 60 days) |  |
| **19** | If you get awarded the Contract, will you offer fixed prices for 4 months? |  |
| **20** | Do you have an official receipt or invoice? |  |

# Appendix 4:

# Detailed Pricing Matrix

|  |  |
| --- | --- |
| Supplier Name: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Website: |  |
| Contact Person: |  |
| Telephone/Mobil Phone: |  |
| Email: |  |

**LOT 1: Face Medical Mask**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **ITEM**  **(Specification as detailed on Appendix 1 & 2)** | **Qty** | **UoM** | **UNIT PRICE (USD)** | **TOTAL PRICE (USD)** |
| **1** | **Face medical mask categorized as KF94** (for Northern region)  *20 master cardboard boxes* | 12,000 | piece |  |  |
| **2** | **Face medical mask categorized as KF94** (for Central region)  *10 master cardboard boxes* | 6,000 | piece |  |  |
| **3** | **Face medical mask categorized as KF94** (for Southern region)  *10 master cardboard boxes* | 6,000 | Piece |  |  |
| **GRAND TOTAL (USD)** | | | | |  |

**LOT 2: Thermal Scanner**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NO** | **ITEM**  **(Specification as detailed on Appendix 1 & 2)** | **Qty** | **UoM** | **UNIT PRICE (USD)** | **TOTAL PRICE (USD)** |
| **1** | **Thermal Scanner & its accessories**  - Provided package with guidelines, training to use for at least 12 staffs.  - Guarantee valid for at least 24 months | 1 | pax |  |  |
| **GRAND TOTAL (USD)** | | | | |  |

All other information that we have not provided automatically implies our full compliance with the requirements, terms and conditions of this Tender.

*[Name and Signature of the Supplier’s Authorized Person]*

*[Designation]*

*[Date]*

***Declaration of compliance & commitment to respect the AHA Centre Good Business Regulations***

**TO BE FILLED OUT BY THE BIDDER**

I, undersigned …………*representative name……….* representative of …*company name*……… certified that I have read and understood these regulations.

On behalf of the company I act for, I accept the terms of the AHA Centre Good Business Regulations and I commit to achieve the best performances in the event ………….*company name*………… is awarded a market.

By signing, I certify that ………….*company name*………… has not provided, and will take all reasonable steps to ensure that it does not and will not knowingly provide material support or resources to any individual or entity that commits, attempts to commit, advocates, facilitates, or participates in fraud, active corruption, collusion, coercive practice, bribery, involvement in a criminal organization or illegal activity, or immoral Human Resources practices, such as the use of Child labour or overriding basic social rights and work conditions or the standards defined by the International Labour Organisation (ILO), particularly in terms of non-discrimination, freedom of association, payment of the legal national minimum wage, no forced labour, and the respect of working and hygiene conditions .

Last, I hereby certify that ………….. *company name* …..……. is not involved in any pending lawsuit, claim or action in the Company’s name, or on behalf of any other person or entity, against the Company, regarding fraud, corruption, bribery or any illegal activity, and has not been convicted guilty of such practices at any time.

All the Supplier’s responsibilities mentions in this document extend to any Supplier affiliates and subsidiaries.

Name: Date:

Position: Stamp:

Signature: