



Nigerian Red Cross Society, NHQ Abuja

Request for Quotation (RFQ)
RFQ Number: RFQ-NRCS-DM-24-024
For the Supply of WASH Items

ANNEX 4(B): LOT B - PRICING FORM

NRCS, Imo State Branch. No. 2 Sam Mbakwe Road, Opp. Deeper Life Church, After Emmanuel College/ Wetheral/Aba Road, Roundabout Owerri, Imo State

| S.NO | ITEM SPECIFICATION | UoM | QTY | UNIT PRICE (NGN) | TOTAL COST (NGN) |
|--------------------|--|-----------------|------|------------------|------------------|
| 1 | JERRYCAN, rigid, 20L, food grade plastic, screw cap 50mm with 20mm threaded tap heat sunk into base (Yellow colour) | piece | 1000 | | - |
| 2 | JERRYCAN, rigid, 20L, food grade plastic, screw cap 50mm without tap | piece | 500 | | - |
| 3 | Rectangular handwashing PVC basin (10L capacity) | piece | 500 | | - |
| 4 | Drainage pipe with fitting | piece | 500 | | - |
| 5 | Paper clips (Big sized) 100 pieces per pack | pack | 20 | | - |
| 6 | Cordless Drill with bits (14V) | kit | 2 | | - |
| 7 | Soldering Iron with cable | piece | 3 | | - |
| 8 | Roll of 3mm diameter Multi-Purpose Polypropylene Rope | roll (92 yards) | 14 | | - |
| 9 | Activated carbon filter masks. | piece | 3 | | - |
| 10 | GLASSES, clear rigid plastic, eyes front + sides protection | piece | 7 | | - |
| GRAND TOTAL | | | | | |
| In words: | | | | | |

Note:

- The costs should not include VAT
- Withholding tax will be deducted on ALL transactions
- Delivery terms : DAP Incoterms 2020
- All costs must include Packing, handling, transportation, branding (if requested), loading / offloading and any other costs associated to the supply of these items to the final destination. NRCS will not be liable to pay any other costs.
- The quantities to be purchased will depend on the actual needs, requirements and funding availability. Please note that quantities may fluctuate and will vary more or less than the indicated quantity projection.

| OTHER INFORMATION | |
|--|--|
| Validity of Offer (in days) | |
| Delivery timeline (In Days after award of PO / Contract) | |
| Agrees with NRCS Payment terms: Yes / NO | |

| | |
|--------------------------|--|
| Name of Supplier: | |
| Name of Contact Person: | |
| Job title: | |
| Contact Number: | |
| Email: | |
| Signature, Date & Stamp: | |