**A blue and white sign

Description automatically generatedMicrosoft Word Non-Profit RFQ   
Template Example**

**HEALTH FOR ALL FOUNDATION**

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| --- | --- |
| COMPANY ADDRESS | 123 Main Street |
| COMPANY PHONE | 000-000-0000 |
| POINT OF CONTACT | Romy Bailey |

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| REQUEST FOR QUOTATION NUMBER | ABC-123 |
| FOR PROCUREMENT OF | Medical equipment and supplies |
| FUNDED BY | Health for All Foundation |
| ISSUE DATE | MM/DD/YY |
| CLOSING DATE | MM/DD/YY |

1. INTRODUCTION

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| This project aims to enhance the efficiency, performance, and reliability of our existing health programs, ensuring that our community health centers remain at the forefront of medical standards and continue to meet the increasing demands for high-quality healthcare services. |

(Company) is accepting quotations for the following:

|  |  |  |  |
| --- | --- | --- | --- |
| LINE | ITEM | PRODUCT SPECIFICATIONS | QUANTITY |
| 1 | Digital blood pressure monitors | Automated digital blood pressure monitors with cuff | 20 units |
| 2 | Portable ultrasound machines | Compact and portable ultrasound machines with high-resolution imaging capabilities | 5 units |
| 3 | ECG machines | Electrocardiogram (ECG) machines with multi-channel recording capability | 10 units |
| 4 | Infusion pumps | Automated infusion pumps for controlled delivery of fluids, medications, and nutrients | 15 units |
| 5 | Sterile gloves | Disposable, latex-free sterile gloves for use in medical procedures | 10,000 pairs |
| 6 | Surgical masks | High-quality surgical masks designed to provide effective protection against airborne particles and fluids | 50,000 units |

1. BUDGET

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| LINE | ITEM | UNIT COST (USD) | QUANTITY | TOTAL COST |
| 1 | Digital blood pressure monitors | $100 | 20 | $2,000 |
| 2 | Portable ultrasound machines | $10,000 | 5 | $50,000 |
| 3 | ECG machines | $1,500 | 10 | $15,000 |
| 4 | Infusion pumps | $2,000 | 15 | $30,000 |
| 5 | Sterile gloves | $0.10 | 10,000 | $1,000 |
| 6 | Surgical masks | $0.5 | 5,000 | $2,500 |
|  |  |  | **ADDITIONAL COSTS** |  |
|  |  |  | **SHIPPING AND HANDLING** | 5% of subtotal |
|  |  |  | **INSURANCE** | 2% of subtotal |
|  |  |  | **TOTAL BUDGET** | **$112,535** |

1. REQUIREMENTS AND CONDITIONS

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| A. **Incoterms 2026**: Delivered Duty Paid to the specified delivery location  B. **Mode of Transport**: Ground transportation  C. **Delivery Location:** Company’s address  D. **Latest Delivery Date:** December 15, 20XX  E. **Bid Validity:** 90 days from the date of submission  F. **Payment Terms:** Net 30 days from the date of delivery and receipt of invoice  G. **Language:** All communications and documentation must be in English  H. **Other:** n/a |

1. QUOTE SUBMISSION

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| Quotes are to be submitted by email to medicalcompany@email.com, no later than November 12, 20XX. Submissions must not exceed 10MB and should specify the RFQ number in the message subject line. |

1. EVALUATION

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| Received quotes will be evaluated using the following factors:   * Compliance with quality standards for our healthcare environment * Supply chain transparency, ability to meet delivery deadlines, and contingency plans for supply disruptions will be reviewed * Availability of the required medical supplies * Proper certifications (e.g., FDA approval, ISO standards) for suppliers’ medical supplies |

1. REJECTION OF AWARD

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| * [Company Name] may reject the quote if it does not meet the specified requirements or fails to address critical components outlined in the RFQ, such as pricing details, service scope, or compliance with regulatory standards. * [Company Name] may reject the quote if it exceeds the budgetary constraints outlined in the RFQ and does not justify the added value or significant cost savings in other areas. * [Company Name] may reject the quote if it lacks sufficient evidence of the vendor’s capacity to meet the healthcare facility’s ongoing demand for medical supplies. |

1. ELIGIBILITY AND DISCLAIMERS

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| 1. Must be a legally registered entity with the ability to enter into contracts. 2. Must comply with all relevant local, state, and federal laws and regulations. 3. Must demonstrate financial stability and the ability to fulfill the contract. 4. Must possess all necessary industry certifications relevant to medical supplies (e.g., ISO 13485 for medical devices, FDA approval for applicable products). 5. Must maintain adequate insurance coverage, including product liability, general liability, and workers’ compensation insurance. 6. Must comply with the bid submission guidelines, including format, deadlines, and required forms. 7. The nonprofit reserves the right to negotiate the terms and conditions of the contract with the selected bidder before finalizing the award. If negotiations fail, the nonprofit may choose to negotiate with another bidder. 8. All information provided by the nonprofit in this RFQ is confidential and proprietary. Bidders shall not disclose any information to third parties without prior written consent from the nonprofit. |

1. COST OF PROVIDING QUOTES

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| Bidders are responsible for all costs related to the preparation and submission of their quotes. [Company Name] assumes no responsibility or liability for these costs, regardless of the conduct or outcome of the solicitation. |

1. CLARIFICATION AND AMENDMENTS OF REQUEST FOR QUOTATION

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| To facilitate the examination, evaluation, and comparison of quotes, [Company Name] reserves the right to request clarification from the Supplier/Vendor. All requests for clarification and responses must be documented in writing. No changes to the price or substance of the quote will be requested, offered, or permitted. |

QUOTE SUBMISSION FORM

|  |  |
| --- | --- |
| RFQ NUMBER |  |
| ISSUE DATE |  |
| CLOSING DATE |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LINE | ITEM | UOM | UNIT COST (USD) | QUANTITY | TOTAL COST |
| 1 | Description | Description | $0.00 | 0 | $0.00 |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  | **QUOTE VALID FOR** | 0 Days |
|  |  |  |  | **TOTAL PRICE** | **$0.00** |

If applicable, indicate any deviations from the product, terms, conditions, etc., described in the RFQ.

|  |
| --- |
| Description |

|  |  |
| --- | --- |
| DATE |  |
| COMPANY |  |
| NAME AND TITLE |  |
| SIGNATURE |  |

ADDITIONAL REQUIRED CLAUSES

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| --- |
| Description |

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