



Centre for Health Solutions - Kenya

**PREQUALIFICATION OF BIDDERS FOR SUPPLY/PROVISION OF  
GOODS AND SERVICES FOR THE FINANCIAL YEAR  
ENDING DECEMBER 31, 2015**

**CATEGORY CHS/ \_\_\_\_\_ 2015**

**DECEMBER 2014**

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## SECTION 1

### 1. PRE-QUALIFICATION INSTRUCTIONS

#### 1.1 INTRODUCTON

The **CHIEF EXECUTIVE OFFICER, CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS)** would like to invite interested candidates who must qualify by meeting the set criteria as provided by CHS to perform the contract of supply and delivery or provision of goods and services

#### 1.2 PRE-QUALIFICATION OBJECTIVE

The main objectives of this part is to qualify suppliers to supply and deliver assorted items and also provide services under relevant tenders/quotations as and when required during the period ending December 31, 2015

#### 1.3 INVITATION OF PRE-QUALIFICATION

Suppliers registered with registrar of companies under the laws of Kenya in respective goods or services are invited to submit their tender documents to the **CEO, CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS)** so they may be pre qualified for submission of tenders/quotations. Bids will be submitted in complete lots singly or in combination. CHS requires prospective suppliers to provide mandatory information for tender.

#### 1.4 EXPERIENCE

Prospective suppliers and contractors must have carried out successful supply and delivery of similar items/services to institutions of similar size and complexity. Potential suppliers /contractors must demonstrate the willingness and commitment to meet the tender criteria.

#### 1.5 PRE-QUALIFICATION DOCUMENT

This document includes questionnaire forms and documents required of prospective suppliers.

#### 1.6 TENDER PROSPECTIVE

In order to be considered for the tender, prospective suppliers must submit all the information herein as requested.

#### 1.7 DISTRIBUTION OF PRE-QUALIFICATION DOCUMENTS

**One copy** of the complete pre-qualification data and other requested information should be submitted to reach:

**THE CHIEF EXECUTIVE OFFICER,  
CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS),  
P.O. BOX 23248-00100,  
NAIROBI**

**Tel: +254 (0) 20 2710077/+254 (0) 724 71 0077**

**Not later than 10:00AM (local time) on January 13, 2015**

The category applied for should be clearly indicated on the envelope together with the vendor's company name.

**1.8 QUESTIONS ARISING FROM DOCUMENTS**

Questions that may arise from the tender documents should be directed to THE CHIEF EXECUTIVE OFFICER through the address given in 1.7 above or through email to [procurement@chskkenya.org](mailto:procurement@chskkenya.org)

**1.9 ADDITIONAL INFORMATION**

**CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS)** reserves the right to request submission of additional information from prospective bidders.

**1.10 INVITATION TO TENDER/QUOTATION**

Request for quotations shall send to those vendors whose qualifications are accepted by **CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS)** after scoring 70% and above, soon after the completion of the tender evaluation process.

## **SECTION 2**

### **2. BRIEF CONTRACT REGULATIONS/GUIDELINES**

#### **2.1 TAXES ON IMPORTED MATERIALS**

The supplier will have to pay all government taxes as applicable for all imported materials to be supplied unless the item(s) is/are donor funded.

#### **2.2 CUSTOM CLEARANCE**

The vendors shall be responsible for custom clearance of their imported goods and materials.

#### **2.3 PRICING**

The Local purchase order or contract shall be of unit price type or cumulative of computed unit price and quantities required. Quantities may increase or decrease as determined by demand and on the authority of CHS.

#### **2.4 PAYMENTS**

All local purchases shall be on credit for a minimum of thirty (30) days or as it may be stipulated in the contract agreement.

## SECTION 3

### 3. PRE-QUALIFICATION DATA FORM INSTRUCTION

#### 3.1 PRE-QUALIFICATION DATA FORM

The attached questionnaire forms PQ-1, PQ-2, PQ-3, PQ-4, PQ-5, PQ-6, PQ-7 and PQ-8 are to be completed by prospective suppliers/ contractors who wish to be pre-qualified for the specified tender category.

##### 3.1.1 INCOMPLETE APPLICATION

Application forms that are not filled and duly stamped and submitted in the prescribed manner will not be considered. All documents that form part of the proposal must be written in English and in legible ink.

### 3.2 QUALIFICATION

#### 3.2.1 THE TENDER DATA

It is understood and agreed that the tender data on the prospective bidders is to be used by **CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS)** in determining, according to its sole judgment and discretion the qualifications of prospective bidder to perform in respect to the tender lots as described by the client.

#### 3.2.2 QUALIFICATION REQUIREMENTS

Prospective bidders will not be considered qualified unless in the judgment of **CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS)** they possess capability, experience, qualified personnel available, and net current assets or working capital sufficient to satisfactorily execute the contract for supply or provision of goods/services.

### 3.3 ESSENTIAL CRITERIA FOR PRE-QUALIFICATION

#### 3.3.1 EXPERIENCE

(a) The prospective bidder shall have experience in the supply of goods, services and allied items. Potential supplier/contractor should show competence, willingness and capacity to service the contract.

(b) Prospective suppliers require special experience and capability to organize supply and deliver items or services at short notice.

#### 3.3.2 CONTACT INFORMATION

The name, email and telephone contacts of the key personnel for an individual or group must be indicated in form PQ3.

### 3.3.3 FINANCIAL CONDITION

The suppliers financial condition will be determined by latest financial statement submitted with the tender documents as well as letters of reference from their bankers regarding supply credit position. Potential suppliers/contractors will be pre-qualified on the satisfactory information given.

### 3.3.4 PAST PERFORMANCE

Past performance will be given due consideration in qualifying bidders. Letters of reference from past customers should be included in form PQ5 where applicable.

### 3.4 STATEMENT

Each application must include a sworn Statement Form PQ-6 by the tender applicant ensuring the accuracy and credibility for the information given.

### 3.5 WITHDRAWAL OF PRE-QUALIFICATION

Should a condition arise between the time the firm has tendered the bid and the opening date which in the opinion of the Client/CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS) could substantially change the performance and qualification of the bidder or his ability to perform such as but not limited to bankruptcy, change in ownership or new commitment, CENTRE FOR HEALTH SOLUTIONS – KENYA (CHS) reserves the right not to prequalify such a firm. CHS reserves the right to reject a tender from a bidder if their ability to perform could be substantially affected by such conditions as but not limited to bankruptcy, change in ownership or new commitment even though the firm was initially prequalified.

### 3.6 OUTLINED SUPPLY AND DELIVERY PROCEDURES

The applicant should also submit a brief statement of supply and service delivery methods and procedures he plans to use in Form PQ-3

### 3.7 PRE-QUALIFICATION CRITERIA

<b>No.</b>	<b>Information Required</b>	<b>Form Type</b>	<b>Point Score</b>
1.	Registration Document	PQ-1	20
2.	Pre-qualification data	PQ-2	5
3.	Supervisory personnel	PQ-3	5
4.	Financial position and Bank Details	PQ-4	15
5.	Past experience	PQ-5	20
6.	Sworn statement	PQ-6	5
7.	Confidential questionnaire	PQ-7	20
8.	Litigation History	PQ-8	10

<b>TOTAL</b>	<b>100</b>
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### **3.8 QUALIFICATION MARK**

The qualification mark is 70% and above.

### **3.9 SUBMISSION OF PRE-QUALIFICATION DOCUMENT**

The prequalification document should be arranged and submitted in the order below:

1. Official CHS receipt
2. PQ1
3. PQ2
4. PQ3
5. PQ4
6. PQ5
7. PQ6
8. PQ7
9. PQ8

## **FORM PQ-1: PRE-QUALIFICATION DOCUMENTATION**

**All prospective candidates/ firms must provide:**

- (a) A copy of Certificate of Business Registration.
- (b) Copy of V.A.T Registration Certificate.
- (c) Tax compliance Certificate from Kenya Revenue Authority (Failure to produce this certificate to prove compliance will lead to automatic disqualification thus no further evaluation of your application).
- (d) Copies of PIN Certificates of firm/Company/Individual.
- (e) List of on-going Contracts/Projects (goods, services).
- (f) Bank references.
- (g) Bank details
- (h) Capacity Statement; CV, academic and professional certificate, Latest Dealership letters (technical/experience/Lab and Medical Equipment/Computers etc.)
- (i) Statement to indicate willingness to provide goods and services on credit
- (j) Applicants should only apply in their areas of expertise

## FORM PQ-2: PRE-QUALIFICATION DATA

### CONTACT INFORMATION

Legal Name of Firm: .....

Post Office Address: .....

Street and Address: .....

City: .....

Country: .....

Telephone Number: .....

Contact Person: .....

Title: .....

### ORGANIZATION AND BUSINESS INFORMATION

Management Personnel: .....

Managing Director or Designate: .....

Director or Designate: .....

General Manager or Designate: .....

Finance manager or Designate: .....

Other: .....

Partnership (if applicable): .....

Name of Partners: .....

1 Business founded or incorporated: .....

2 Under present management since:.....

3 Net worth equivalent Kshs: .....

4 Bank reference and address: .....

5 Bonding company reference and address:.....

6 Enclose copy of the organization chart of the firm indicating the main fields of activities

**FORM PQ-3: SUPERVISORY PERSONNEL**

Name: .....

Age: .....

Academic Qualification: .....

Professional Qualification: .....

Length of service with contractor or supplier position held: .....

**SUPPLY OR SERVICE EXPERIENCE**

- a) Name of client/customer: .....
- b) Character and nature of contract: .....
- c) Contract value: .....
- d) Location of contract: .....
- e) Title and responsibility in contract:.....
- f) Other: .....

**PROPOSED TECHNICAL PERSONNEL**

- a) .....
- b) .....
- c) .....
- d) .....
- e) .....
- f) .....
- g) .....

Proposed position in this project if pre-qualification is awarded: .....

Brief statement of supply and service delivery method the supplier plans to use to execute the contract

## **FORM PQ-4: FINANCIAL POSITION AND BANK DETAILS**

**4.1** Attach a copy of the firm's two recent audited and certified financial statements giving summary of asset and current liabilities/or any other financial support.

**4.2** Provide the firm's bank details.

# FORM PQ-5: PAST EXPERIENCE

## NAMES OF APPLICANT'S OTHER CLIENTS AND VALUE OF CONTRACTS/ORDERS IN THE LAST TWO YEARS

1.

Name of 1<sup>st</sup> Client (Organisation): .....  
Address of Client (Organisation): .....  
Name of contact person at the client (Organisation): .....  
Client's Telephone Number:.....  
Value of Contract.....  
Duration of Contract: .....

2.

Name of 2<sup>nd</sup> Client (Organisation): .....  
Address of Client (Organisation): .....  
Name of contact person at the client (Organisation): .....  
Client's Telephone Number:.....  
Value of Contract.....  
Duration of Contract: .....

3.

Name of 3<sup>rd</sup> Client (Organisation): .....  
Address of Client (Organisation): .....  
Name of contact person at the client (Organisation): .....  
Client's Telephone Number:.....  
Value of Contract.....  
Duration of Contract: .....

4. Others.....

## FORM PQ-6: SWORN STATEMENT

Having studied the tender information for the above project we/I hereby state:

- a) The information furnished in our application is accurate and credible to the best of my/our knowledge.
- b) That in case of being qualified we acknowledge that this grants me/us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.
- c) When the call for Tenders/Quotations is issued and the legal, technical or financial conditions or the contractual capacity of the firm changes, we shall inform you and acknowledge your right to review the tender made.
- d) We enclose all the required documents and information required for the pre-qualification evaluation.

Date: .....

Applicant's Name: .....

Represented by: .....

Signature: .....

Designation: .....

(Full name and designation of the person signing and stamp or seal.)

## FORM PQ-7: CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part 1 and either Part 2(a), 2(b) or 2(c) whichever applies in your type of business.

You are advised that it is a serious offence to give false information on this form.

### PART 1: GENERAL

Business Name: .....

Location of Business Premises: .....

Plot No.: .....Street/Road: .....

Postal Address: .....Tel:.....

Nature of Business: .....

Current Trade License Number: .....Expiry Date: .....

Maximum value of business that you can handle at any one time Kshs: .....

Name of your bankers: ..... Branch:.....

### PART 2(A) –SOLE PROPRIETOR

Your name in full: .....Age: .....

Nationality:.....Country of Origin: .....

Citizenship details: .....

### PART 2 (B) –Partnership

No	Name	Nationality	Citizenship Details	Shares
1.				
2.				
3.				
4.				
5.				

**PART 2(C)-Registered Companies**

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Private or Public:

State the nominal and issue capital of the company

Nominal Kshs: .....

Issue Kshs: .....

Give details of all directors as follows:

No	Name	Nationality	Citizenship Details	Shares
1.				
2.				
3.				
4.				
5.				

*If a Kenyan Citizen, indicate under Citizenship Details whether by Birth, Naturalisation or Registration.*

Date:.....

Signature and Stamp of Tender:.....

## **FORM PQ-8: LITIGATION HISTORY**

Provide any litigation or arbitration history resulting from any contractual obligation. If none, state so.