

# PRE-QUALIFICATION INSTRUCTIONS

1. ICAP Global Health - South Sudan herein referred to as the organization, requests applicants/candidates who meet the criteria set out by the organization to apply for registration of pre-qualification.
2. The pre-qualification objective is to supply and deliver assorted items and also provide services under the relevant tenders/quotations to ICAP Global Health - South Sudan on and as when required during the stated period.
3. Duly registered suppliers of goods and services under the Laws of South Sudan are invited to submit their pre-qualification documents to ICAP Global Health - South Sudan so that they may be pre-qualified for submission of quotations. The prospective suppliers are required to supply mandatory information for pre-qualification.
4. Prospective suppliers and contractors must have carried out successful supply and delivery of similar items/services to NGOs/Corporations/Institutions/Government of similar size. Potential suppliers/contractors must demonstrate the willingness and commitment to meet the pre-qualification criteria.
5. This invitation of application for pre-qualification is open to potential applicants who are able to demonstrate proven technical, financial and managerial capacity to supply the listed goods and services.
6. This document includes questionnaire forms and documents required of prospective suppliers.
7. The successful applicants will be registered on ICAP Global Health - South Sudan suppliers list for the period **01/October/ 2021 – 30/Sep/2023** and the organization will only deal with the firms that are registered.
8. Applicants must submit a *duly* completed and signed Confidential Business Questionnaire provided herein as Appendix ‘A’.
9. ICAP Global Health - South Sudan reserves the right to request the submission of additional information from applicants or any other credible source, and to visit and inspect the business premises of the applicant to verify the information given.
10. The organization will ensure information that is received from companies is treated with the utmost confidentiality and shall be for the sole use of the organization.
11. The pre-qualified suppliers are required to immediately advise the organization of any significant change in its financial, technical capacity, ownership or holdings it may have.
12. Failure to submit any of the mandatory requirements will lead to automatic disqualification from the exercise.
13. Deadline to submit sealed application on or before **25th September 2021**, 5 PM Juba time. Please drop sealed applications to ICAP Global Health **South Sudan, Juba office next to Non-Violence Peace Office on American resident road.**

# ESSENTIAL CRITERIA FOR PRE-QUALIFICATION

**Experience**

1. Prospective Bidders shall have at least two (2) years’ experience in the supply of good and services.
2. Prospective suppliers require special experience and capability to organize supply and delivery of items or services at short notice.
3. ICAP- South Sudan reserves the right to request additional qualification information as the tender/quotation stage to suit particular procurement.
4. Share contracts of previous works done and/or recommendation letters.

**Financial Capability**

1. The supplier’s financial capability will be determined by the latest financial statement submitted with the pre-qualification document as well as letters of reference from their bankers regarding suppliers/contractors credit position.
2. Potential suppliers/contractors will be pre-qualified on the satisfactory information given.
3. Special consideration will be given to the financial capability to execute orders.

**Personnel**

1. The suppliers/contractors/consultants shall provide pertinent information to demonstrate that they have qualified staff to carry out the assignment.
2. Curriculum Vitae (CVs) of the key personnel for individuals or groups that will execute the contract must be indicated in Part I.

**Past Performance**

1. Past performance will be given due consideration for any pre-qualifying bidders.
2. Letters of reference/recommendation from past customers should be attached.

**Premise**

The Firm must have a **registered** and **fixed** business premise in South Sudan, with a Certificate of Registration, Incorporation/Memorandum and Articles of Association, copies of which must be attached.

**Statutory Obligations**

The firm must show proof that it has paid statutory obligations and has a valid Tax compliance certificate from the South Sudan authorities.

# PRE-QUALIFICATION EVALUATION CRITERIA

## MANDATORY REQUIREMENTS

|  |  |  |
| --- | --- | --- |
| **No.** | **Requirement** | **Score** |
| **1.** | Certified Copy of Certificate of Registration/Incorporation  | Mandatory |
| **2.** | Valid Tax Compliance Certificate  | Mandatory |
| **3.** | Air Travel Firms must be registered with International Air Travel Association (IATA) and any other relevant bodies. | Mandatory |
| **4.** | Transport Hire Firms, Taxis, etc…must attach evidence of having taken all the necessary insurance covers. | Mandatory |
| **5.** | Outside Catering services – Bidders to avail a certificate of health for handling from respective authorities  | Mandatory |
| **6.** | Evidence Of physical Registered office– Please attach utility bill e.g. Electricity/Water bill etc. or tenancy agreements with the name of the firm. | Mandatory |
| **7.** | Financial statement for the last three years in the name of the firm  | Mandatory |
| **8.** | A minimum of three reference letters from current clients may be obtained if necessary.  | Mandatory |

## TECHNICAL EVALUATION

|  |  |  |
| --- | --- | --- |
| **No.** | **Requirements (Submit evidence)** | **Score (%)** |
| **1.** | Registration documentation e.g. Certificate of Incorporation, Valid Tax Compliance Certificate and Pin/Value Added Tax (VAT) | 25 |
| **2.** | Evidence Of physical Registered office– Attach utility bill e.g. Electricity /Water bill etc. or tenancy agreements with the name of the firm. | 10 |
| **3.** | Other certification | 5 |
| **4.** | Man Power/Staffing | 20 |
| **6.** | Past Performance & Experience e.g. provide contracts/Local Purchase Orders (LPOs)/Recommendation letters  | 25 |
| **7.** | Financial capability | 10 |
| **8.** | Litigation history | 5 |
|  | **TOTAL** | **100** |
|  | **PASS MARK** | **75** |
|  |  |  |

# PART I. SUPPLIER REGISTRATION QUESTIONNAIRE

1. Business Name

……………………………………………………………………….

……………………………………………………………………….

Pin No. ……………………………… VAT Reg. No. ……………………

(Attach Copy Registration Certificate)

1. Category applied for (Maximum of 5 Categories based on your capacity & experience only, adequate supporting documents required for verification)

……………………………………………………

 ……………………………………………………....

 ……………………………………………………....

 ……………………………………………………....

 ……………………………………………………....

1. Experience:
2. State the number of years the company has been in similar business

………………………………………………………………………………

………………………………………………………………………………

State names of five major clients, references and contact persons

(**Attach list and evidence e.g. Purchase Orders, Contract Agreements Invoices, etc**.)

………………………………………………………………………………

………………………………………………………………………………

List ongoing contracts/projects (goods & services) and values of contract/orders……………………………………………………………….

………………………………………………………………………………

………………………………………………………………………………

**4.** Submit organizational structure and CV profiles of relevant management and technical staff

 ………………………………………………………………………………

 ………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

**5** a) Have you previously dealt with ICAP - South Sudan? If yes, state nature of business.

 ………………………………………………………………………………

 ………………………………………………………………………………

 ………………………………………………………………………………

1. State whether you have, at any one time, been blacklisted by ICAP - South Sudan. If yes, give reasons…………………………………………………

………………………………………………………………………………

………………………………………………………………………………

………………………………………………………………………………

6. Financial Strength

Provide copies of the company’s audited accounts for the last three (3) years.

**7. Delivery & Logistics**

1. State location of registered office, warehouse and space whether owned/rented indicating:
	1. Building…………………………………………………………

…………………………………………………………………

* 1. Street/Road…………………………………………………………………………………………………………………………
	2. City/Town…………………………………………………………………………………………………………………………
1. Submit a brief statement of supply and service delivery methods and procedures the firm proposes/plans to use to execute the contract.

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

……………………………………………………………………………

8. State whether your company is a:

1. Manufacturer…………………………………………………………………………………………………………………………………………………………………………………………………………………
2. Authorized agent (Attach principal/manufacturer’s authorization letter) ……………………………………………………………………

………………………………………………………………………….

1. Stockist…………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Other (Please specify) ……………………………………………………

…………………………………………………………………………

…………………………………………………………………………

…………………………………………………………………………

**11.** Specify the amount of business you can handle at any one time

………………………………………………………………………………………

………………………………………………………………………………………

**12.** Give any other information that you feel is relevant for purpose of

 Pre-qualification as a supplier………………………………………………

……………………………………………………………………………………….

………………………………………………………………………………………

………………………………………………………………………………………

ADDITIONAL INFORMATION

1. **Bank details:**

|  |  |  |
| --- | --- | --- |
| **Bank Name** | **Account Number**  | **Bank Address** |
|  |  |  |

# PAST EXPERIENCE/REFERENCE CLIENT DETAILS

Please provide at least three major supplies/projects/assignments you have undertaken relevant to the good/services you are bidding for, performed over the last three years. The referees can both sign and stamp below.

1. Client name (Organization) ---------------------------------------------------------

Address------------------------------------------------------------------------------------

Tel No--------------------------------------------------------------------------------------

Contact person--------------------------------------------------------------------------

Position in the organization---------------------------------------------------------

Value of Contract …………………………………………………………..

Duration of Contract (date)………………………………………………….

Signature and stamp of client -----------------------------------------------------

 (Attach Documentary Evidence of Existence of Contract)

1. Client name (Organization) ---------------------------------------------------------

Address ------------------------------------------------------------------------------------

Tel. No --------------------------------------------------------------------------------------

Contact person--------------------------------------------------------------------------

Position in the organization---------------------------------------------------------

Value of Contract …………………………………………………………..

Duration of Contract (date)………………………………………………….

Signature and stamp of client -----------------------------------------------------

 (Attach Documentary Evidence of Existence of Contract)

1. Client name (Organization) ---------------------------------------------------------

Address------------------------------------------------------------------------------------

Tel No--------------------------------------------------------------------------------------

Contact person--------------------------------------------------------------------------

Position in the organization---------------------------------------------------------

Value of Contract …………………………………………………………..

Duration of Contract (date)………………………………………………….

Signature and stamp of client -----------------------------------------------------

(Attach Documentary Evidence of Existence of Contract

1. Client name (Organization) ---------------------------------------------------------

Address------------------------------------------------------------------------------------

Tel No--------------------------------------------------------------------------------------

Contact person--------------------------------------------------------------------------

Position in the organization---------------------------------------------------------

Value of Contract …………………………………………………………..

Duration of Contract (date)………………………………………………….

Signature and stamp of client -----------------------------------------------------

(Attach Documentary Evidence of Existence of Contract

1. Client name(Organization) ----------------------------------------------------------

Address------------------------------------------------------------------------------------

Tel No--------------------------------------------------------------------------------------

Contact person--------------------------------------------------------------------------

Position in the organization---------------------------------------------------------

Value of Contract …………………………………………………………..

Duration of Contract (date)………………………………………………….

Signature and stamp of client -----------------------------------------------------

 (Attach Documentary Evidence of Existence of Contract

# PART II. CONFIDENTIAL BUSINESS QUESTIONAIRE

**NB:**

Appendix “A”, Declaration Form Appendix “B” and Conflict of Interest Form Appendix “C”

## APPENDIX “A” CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give particulars indicated in part 1 and part 2(a), 2(b) or 2(c) whichever applies to 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; Country/Town……………………………

………………………………………………………………………………

Plot No……………………. Street/Road…………………………………………

Postal Address………………………...Tel

No……………………………………………………………………………

Fax No……………………………………………………………………….

E-mail………………………………………………………….……………

Nature of Business……………………………………………………..........

Current Trade License No…………………. Expiring date…………………

Name of your bankers………………………………………………………..

Branch………………………………………………………………………..

Part 2 (a) – Sole Proprietor

Your name in full…………………………………………………Age……………………

Nationality……………………………………Country of Origin………

\*Citizenship details………………………………………………………

***Part 2(c) - Registered Company***

Private or Public……………………………………………………………

State the nominal and issued capital of the company –

Nominal SSP …………………………………………………………...

Issued USD ………………………………………………………………

Give details of all directors as follows:

Name in full, Nationality, Citizenship Details and Shares

1. ……………………………………………………………………………
2. ……………………………………………………………………………
3. ……………………………………………………………………………
4. ……………………………………………………………………………
5. ……………………………………………………………………………

Date…………………………Signature of Applicant………………………

\*If South Sudan Citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration.

### LITIGATION HISTORY

Name of contractor/supplier Contractors/Suppliers should provide information on any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Year** | **Award for or against** | **Name of client cause of litigation and matter in dispute** | **Disputed Amount (Current Value, Equivalent)** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

## APPENDIX “B” DECLARATION FORM

I/We………………………………………………………………..hereby declare:

* That the information given above is true and further state that I/We also understand this form does not guarantee registration.
* That I/We are not insolvent/in receivership, bankrupt or being wound up, business activities not suspended/not subject to legal proceedings.
* That I/We have legal capacity to enter into contract.
* That I/We have fulfilled obligations to pay taxes/social security contributions.
* That if the legal, technical, financial position, or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your sole right to review the pre-qualification made.
* That I/We understand that I/We shall be disqualified should the information submitted here for purpose of seeking qualification be materially inaccurate or materially incomplete.
* That I/We give ICAP - South Sudan, authority to seek any other references concerning my/Our Company from whatever sources deemed relevant.
* That if pre-qualified, I/we undertake to participate in submission of a tender or quotation when called upon to do so.

Name…………………………………………………………………………

Designation……………………………………………………………………

Signature………………………………………………………………………

Official rubber stamp...………………………………………………………..

Date……………………………………………………………………………

**CATEGORIES FOR SUPPLY OF GOODS AND SERVICES**

|  |  |  |
| --- | --- | --- |
| S/No. | categories | Details |
|  | HOTEL SERVICES | * Accommodation
* Venue Hire
* Catering services (buffet and tea breaks with snacks and refreshments)
 |
|  | OUTSIDE CATERING SERVICES | * Buffet
* Tea breaks with snacks
* Refreshments (soda and water)
 |
|  | INSURANCE SERVICES | * Medical
* Group Life
* Group Personal accidents
* Office contents
* Motor vehicle
* Motorcycles
 |
|  | FUEL | * Diesel
* Petrol
 |
|  | OFFICE CONSUMABLES | * Brooms (floor & compound)
* Mops
* Buckets
* Heavy duty gloves
* Tissues (facial and toilet)
* Jik
* Hand washing liquid soap
* Doom
* Air fresheners
* Glass cleaner
* Sugar 50Kgs
* Tea leaves (Lipton, hibiscus and green tea)
* Coffee (Nescafe)
* Milk
* Washing liquid soap 5liters
* Harpic
* Water dispenser
 |
|  | OFFICE STATIONERIES | * **General Stationery:**
* Cartridge size 283A, 278A,205A & 30A 232A,17A 287A
* Note Book size A5 & A6
* Pen Bic Blue-black & Red)
* Marker Pen
* Box file Big size
* Box file medium
* Flip chart
* Name tag
* Stapler Kangaroo
* Stapler Pin Kangaroo
* Printing Paper A4
* Suspension file
* Spring file
* Envelop A3, A4, A5 & A6
* Highlighter
* Paper Punch
* Note book hard cover
* File divider (January – December)
* Binding paper A4
* Manila paper A4
* Scissor (Small, Medium & Big)
* Pin remover
* White board 90/120, 90/60 & 120/240
* White board makers
* Calculator casio Citizen size12&14 digits
* Scientific calculator
* Stick note 3X3, 3X5 & 7.5 X 7.5
* Office glue 15 gm 35gm
* Stamp Ink
* Signature stickers
* Desk Organizer
* Signing Book
 |
|  | OFFICE SUPPLIES/ELECTRONICS | * Mobile phones
* Laptops (Dell, Lenovo and Hp)
* Desktop computers
* Wireless Mouse
* Tonner to be specified by the IT officer
* Printers
* UPS
* Hard disks
* Flash disks
* Extension cables
* Monitors
* Tablets
* Modems
* Switches
* Router
* Network Cables CAT6
 |
|  | PRINTING SERVICES | * Printing of IDs
* Banners
* Business cards
* Flyiers
* T-shirts/caps
* Brochures
* Receipt
* Booklets
* Certificates
* Sign post
* Billboard
 |
|  | IT SERVICING AND REPAIR | * Laptops
* Desktops
* Printers
* Photocopiers
* Projectors
 |
|  | FLIGHT AND AIRTICKETING | International flight* Domestic flights (Yambio, Yei, Juba, Yirol, Kapoeta, Torit, Wau, Mundri, Nimule, Maridi, Tambura, Rumbek, Kajokeji,
 |
|  | TRANSPORT SERVICES | **Central Regions:*** Juba teaching hospital, Al sabah Hospital, Nasitu, Buluk Hospital, Don Bosco Hospital, Central Prison Hospital, Abara PHCC, Obbo, Pajok Labone, Magwi PHCC, Narus , Nimule , Kajokeji .

**Western Equatoria Region**:* Bangau,Basukangbi,Bazungua,Gangura, Li-Rangu, Lui Hopsital,Madoro, Masia, Maridi,Mundri, Mvolo ,Naandi,Namaiku Nzara Hospital,Nzara Phcc, Ringasi,Sakure, Sangua, Ezo, Andari,Yangiri,Yeria and Yambio Hospital.

**Lakes State Regions*** Abang, Aluak Luak,Anoul, Dioceses Rumbek,Kiir Mayard Dit, Kuel kuech, Malou, Malual Bab, Mary Immaculate, Nyang, Pacong, Rumbek State Hospital, St. Joseph,Yirol and Wau.
 |
|  | MEDICAL SUPPLIES | * Nitrile Gloves
* powder of all sizes.Lab paper towel roll,
* Absorbent,
* Autoclavable
* Bioharzard bags,
* Guaze roll,
* Hand washing liquid soap,
* Distilled water,
* Face mask,
* Sanitizer,
* Methylated spirit,
* Cotton wool,
* clinical thermometer,
* Otoscope,
* paediatric Muac Tape for children and adult,
* Timer,
* Pulse oximeter,
* Stadiometer,
* examination couch.
* Room thermometer,
* blood pressure machine,
* clinic coats,
* Length measuring tape,
* weighing scale infant hanging,
* Weighing scale adult,
* Stethoscope.
 |
|  | OFFICE INTERNET SERVICES |  |
|  | OFFICE FURNITURE | * Desks
* Chairs
* File cabinet
* Work stations
* Conference tables(set)
* Office Table
 |
|  | CASH DROPS WITHIN SOUTH SUDAN | * Abara, Hamia, Hiyala, Kajokeji, Kapoeta, Kaya, Lainya, Lobone, Lui, Magwi, Morobo, Mundri, Torit, Yambio, Rumbek, Nimule, Mvolo, Naknak, Narus, Nyong, Obbo, Owinykibul, Pageri, Pajok, Riwoto, Yeri and Wau
 |
|  | AIRTIME AND INTERNET BUNDLES | * MTN
* ZAIN
 |
|  | VEHICLE AND MOTORCYCLE SERVICES | * Minor services (changing engine oil, brake pads, air filters, AC refiling, tyre repairs)

Major services (as needed) |
|  | GENERATOR SERVICES | * Minor and major services
 |