 Medicair South Sudan

 P.O. Box 374, Hai Milikia

 Central Equatorial, Juba, South Sudan

 11th May 2021

 **INVITATION TO TENDER –TRUCK HIRED SERVICES FROM BOR TO NYIROL [ADVERTISMENT]**

Medicair is launching” Tender” sealed bids” and invites potential registered trucks vehicle hire service companies to provide bids document for vehicle hire service for transportation of Medicair **agricultural fishing tools and seed from Bor to Nyirol**. The preferred location/ destinations per the table below.

|  |  |
| --- | --- |
| S/N | Locations / Destination (From-To) |
| 01 | Bor –Nyambor  |
| 02 | Bor-Pading |
| 03 | Bor-Chuil (the items this location will be drops in Lankien) |

**Tender submission and closing date**

* Tender must be hand delivered at the reception office of the address below on or before 30th May 2021 at 4:30pm, Bids documents sent by the email will not be considered.
* Tender must be submitted in a plain sealed envelope clearly marked “Invitation to Tender “– Medicair/SST001/2021”

**Procurement Committee**

* No other marking than stated above should be on the seal envelope. Failure to adhere to this practice will result in rejection of the bids.
* The tenderer shall register and sign for the submission of the Tender.
* Any envelopes submitted unseal or not marked as required will be rejected/disqualified during opening session by the procurement committee.

**Biding will be conducted through an open tender procedure**

* The tender is for Medicair field office in Lankien Nyirol County
* All the cost and damages that happen to the vehicle during the movement must remain in the responsibility of the successful bidder including the salary of the driver.

**Minimum Requirement**

Submission of the tender should include valid company registration and operation document below:

* Certificate of incorporation from the ministry of Justice including the renewal stamp at the back of certificate.
* Membership certificate from the ministry of chamber
* Tax identification certificates
* Tax clearance certificates
* Operation licenses from the state ministry of finance &economics development or registration document from the relevant state government.
* Membership certificate from the general chamber of Transport Union of South Sudan
* Copies of valid vehicle logbooks, please do not attach an original vehicle logbook
* The service provider must have a valid registration and permanent office in Juba South Sudan.
* Registration Certificate of importers and exporters from the ministry of trade, Industry and Eastern community Affairs.
* Must be dully registered with sufficient fleets able to respond to Medicair vehicle needs as and when needs call upon.
* Bidders must enclose copies of their previous contract for Truck vehicle rentals services with reputable Ngos with in the last 12 Months.

**Procurement committee shall undertake selection process base on the following.**

|  |  |
| --- | --- |
| **Criteria** | **Max Score** |
| * Price based on current context Tenderer that offers best value for money.
* Capacity to do the job without requesting Medicair with some money to support their operation
 | 75 point |
| * Demonstrated experience enclosing of the three previous contracts will be awarded 20-point, two contracts will be awarded 10 point and one contract will be awarded with 5mark.
 | 35 point  |

**Risk**

* Any incident that might happen on the road that result to loss of the organization property remains under responsibility of the contracted company

**Legal compliance**: Any company that will enclose expired registration certificate will be disqualified from the further evaluation.

**Disclaimer: Medicair** South Sudan reserve the right to accept or reject any bid, amend or annul bidding process at any time prior to contract award without hereby incurring any liability to the bidders. The decision of the Medicair South Sudan procurement committee shall be the final.

Tender closing date is not later than 30th May 2021 at 4:30pm

Signature & Stamp

Signed by the Tenderer:………………………………………

Name of the company: ……………………………….........

Address:…………………………………………………………..

Telephone No:……………………………………………………

Email: ………………………………………………………………..

Name of the contact Person………………………………

Date: ……………………………………………………………….