The Alaska Health Project South Sudan (AHPSS) is grassroots, Alaska-based organization that provides vital humanitarian aid to a remote, isolated region in South Sudan. With the mission of “Saving Lives through Health, Water and Agriculture”, AHPSS addresses urgent basic health needs in South Sudan—one of the most impoverished regions of the world.

The deadline for submitting qualification application is October 1stth 2024. Bids to be sent to AHPSS office in a hard copy marked or emailed to [emmanuelecodu@gmail.com](mailto:emmanuelecodu@gmail.com) and [dpisegna@gmail.com](mailto:dpisegna@gmail.com)

Interested eligible suppliers are invited to apply for pre-qualification, indicating the category of goods, works or services they wish to supply.

|  |  |
| --- | --- |
| **Pre-Qualification of Supplier Categories for FY 2024-2025** | |
| AHPSS-1 | Agriculture supplies and equipment (Seeds and tools) |
| AHPSS-2 | Equipment (pumps, drilling equipment, water quality testing, generators, welding equipment, ect.) |
| AHPSS-3 | Borehole and water yard supply (hand pump, GI pipes, casing, metal water tanks, plastic water tanks, bentonite, tap stands, float switch, ect.) |
| AHPSS-4 | Construction material for water yard towers, borehole flood platforms and latrines (angle iron, reinforcement bar, structural steel, fencing, welding supplies, hollow section, steel plate, ect.) |
| AHPSS-5 | Other Construction materials (cement, aggregate, sand, paint, lumber, plywood, ect) |
| AHPSS-6 | Plumbing materials for water yard (HDPE, uPVC pipe, pipe connections, gate valves, thunder arrestor, ect.) |
| AHPSS-7 | Electrical materials for water yard (GRUNDFOS Solar Pump, GRUNDFOS Control Unit, Submersible Cable, Solar Pump, Float Switch, Submersible pump, Solar Panels, ect.) |
| AHPSS-8 | Office equipment: (office furniture, computers, printers) |
| AHPSS-9 | Motor vehicles (boats, boat spare parts, boating supplies, boat motors, cars, trucks, ect.) |
| AHPSS-10 | Transportation Services (vehicle hire and charter for boats, planes, and trucks) |

|  |  |
| --- | --- |
| **Please Indicate which Categories**  **you are applying for** |  |

**Notes for completion:**

Please answer all questions asked in the questionnaire as failure to do so may result in disqualification. Write **N/A** if the question does not apply to you and write N/K if you don’t know the answer.

**“Authority”** means the purchasing organisation.

**“You”/ “Your”** or **“Potential Provider”** means the business or company which is completing this PQQ.

***AHPSS*** will contact you to let you know whether you have been successful.

**Verification of Information Provided:**

Not all questions require supporting documents up front at this stage (for example certificates, statements with this questionnaire.) Alaska Health Project South Sudan may seek verification or ask to see these documents at a later stage mostly due diligence visit hence it is advisable that you ensure they can be made available upon request.

**Sub-Contracting Arrangements**

Sub – contracting is not permitted unless there is prior communication with ***AHPSS*** on the intention to sub-contract. Failure to disclose a sub-contract on an agreement made with AHPSS may result in disqualification of the vendor for future agreements and contracts.

## A: Organisation and Contact Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name of organisation** | |  | | |
| **Date of Registration** | |  | | |
| **Registration Certificate Number** | |  | | |
| **Registering Authority** | |  | | |
| **Street/ Road** |  | | | |
| **Address** |  | | | |
| **HQ location** |  | | | |
| **Town** |  | | | |
| **Email** |  | | | |
| **Telephone #** |  | | | |
| **Website** |  | | | |
| **VAT/PIN/TIN Registration No**. | | |  | |
| **Name of Parent Company** | | |  | |
| **Type of Organisation** | | | A Public Limited Company |  |
| A Limited Company |  |
| A Limited Liability Partnership |  |
| Other Partnership |  |
| Sole Trader |  |
| Other (Please Specify) |  |

|  |  |
| --- | --- |
| **DETAILS FOR Contact PERSON** | |
| Contact details for enquiries about this PQQ/Business Issues | |
| **Name of Staff** |  |
| **Position in Organisation** |  |
| **Address** |  |
| **Town** |  |
| **Phone** |  |
| **Mobile** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
| **QUESTIONS 1.1 and 1.2 FOR COMPLETION** | | |
|  | Is your business registered with the South Sudan Chamber of Commerce? |  |
|  |  |  |
|  | Is your organization in possession of Certificate of Incorporation? |  |
|  | Do you have all relevant licenses from the Government of South Sudan? |  |
|  | Do you have all relevant licenses from the local authority/government |  |

## B – Mandatory Documents

The following documents are mandatory for business to be considered

1. Certificate of Incorporation
2. TIN certificate
3. Licenses
4. South Sudan Chamber of Commerce Certificate
5. Other Relevant Registration Documents with Local Authority
6. Reference letters
7. Bank statement

## C - Grounds for Mandatory Rejection

**Important Notice:**

**In some circumstances the Authority is required by law to exclude you from participating further in a procurement. If you cannot answer ‘no’ to every question in this section it is very unlikely that your application will be accepted, and you should contact us for advice before completing this form.**

Please state ‘Yes’ or ‘No’ to each question.

|  |  |
| --- | --- |
| **Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?** | **Answer** |
| 1. A crime |  |
| 1. Corruption: |  |
| 1. The offence of bribery: |  |
| 1. Fraud: |  |
| 1. Money laundering: |  |
| 1. Exploitation: |  |
| 1. Corrosive businesses practices: |  |
| 1. Other offences: |  |

## D - Grounds for Discretionary Rejection

**Important Notice:**

**The Authority is entitled to exclude you from consideration if any of the following apply but may decide to allow you to proceed further. If you cannot answer ‘no’ to every question it is possible that your application might not be accepted. In the event that any of the following do apply, please set out (in a separate Annex) full details of the relevant incident and any remedial action taken subsequently. The information provided will be taken into account by the Authority in considering whether or not you will be able to proceed any further in respect of this procurement exercise.**

Please state ‘Yes’ or ‘No’ to each question.

|  |  |
| --- | --- |
| **Is any of the following true of your organisation?** |  |
| (a) Is bankrupt or under receivership or bankruptcy restrictions order made against the organization |  |
| (b) Is insolvent, |  |
| (c) Is the subject of an order by the court winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company’s business or any part thereof or is the subject of similar procedures under the law of any other state? |  |
| **Has your organisation** |  |
| (a) been convicted of a criminal offence relating to the conduct of your business or profession; |  |
| (b) committed an act of grave misconduct in the course of your business or profession; |  |
| (c) failed to fulfil obligations relating to the payment of social security contributions |  |
| (d) failed to fulfil obligations relating to the payment of taxes |  |
| e) been guilty of serious misrepresentation in providing any information required |  |

|  |  |
| --- | --- |
| *[Note to Authority: Please insert any specific criminal offences or misconduct which may be appropriate to draw Potential Providers attention to having regard to the specific sector or circumstances of this procurement. (i.e. any offences or misconduct particularly relevant to or prevalent in the sector)]* |  |

## D - Financial

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **FINANCIAL INFORMATION** | | | | |
|  | ***Please indicate by ticking the item you intend to provide details on-***  ***OR***  ***Please indicate which two of the following you would be willing to provide:-***  ***(Indicate by ticking the relevant box)*** | | | | |
| *A copy of audited accounts for the most recent two years* | |  | | |
| *A statement of your turnover, profit & loss account and cash flow for the most recent year of trading* | |  | | |
| *A bank statement for the last three months* | |  | | |
| *Attach copies of POs/Contracts for the last two years* | |  | | |
|  |  |  | |  |  |

|  |  |  |
| --- | --- | --- |
|  | **BANK INFORMATION** | |
| 3.1 | *Bank* |  |
| *Branch* |  |
| *Account Name* |  |
| *Account Number* |  |
| *Swift Code* |  |
| *Attach Letter From Bank* |  |

## E - References

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **REFERENCES – (EXPERIENCE & CONTRACT EXAMPLES)** | | | |
| Please provide details of up to three contracts (that where your organization served), that are relevant to AHPSS’s requirement. Contracts for the supply of goods or services should have been performed during the past two years. Works contracts may be from the past three years. (The customer contact should be prepared to speak to the purchasing organisation to confirm the accuracy of the information provided below if we wish to contact them). | | | |
|  | **Description** | **Contract 1** | **Contract 2** | **Contract 3** |
|  | Organisation Name |  |  |  |
| Contact Person |  |  |  |
| Phone Number |  |  |  |
| Email |  |  |  |
| 4.2 | **Contract Details:-** |  |  |  |
| Start date |  |  |  |
| Completion date |  |  |  |
| Contract Value |  |  |  |
|  | Brief description of contract (max 150 words |  |  |  |
| If you cannot provide at least one example, please briefly explain why (100 words max)  ***NB: Attach recommendation letters or purchase orders from them*** | | | | |

## F - Declaration

|  |  |  |
| --- | --- | --- |
| **5.** | I declare that to the best of my knowledge the answers submitted in this PQQ are correct. I understand that the information will be used in the process to assess my organisation’s suitability to be invited to tender for AHPSS’s requirement and I am signing on behalf of my organisation. I understand that the Contracting Authority may reject this PQQ if there is a failure to answer all relevant questions fully or if I provide false/misleading information. By signing the PQQ I certify that all of the above statements are accurate and factual. | |
| **FORM COMPLETED BY** | |
| 5.1 | Name: |  |
| 5.2 | Position: |  |
| 5.3 | Signature: |  |
| 5.4 | Date: |  |
| 5.5 | Stamp: |  |
|  |  |  |

**AHPSS reserves the right to accept any bid and reject any or all bids**

AHPSS reserves the right to accept any bid and to annul the bidding processes and reject all bids at any time prior to award of contract, without, thereby incurring any liability to the affected bidder or bidders or any obligation to inform the affected bidder or bidders on the grounds of its action.

**Tender Schedule**

The deadline for submitting qualification application is October 1th 2024. Bids to be sent to AHPSS office in a hard copy marked or emailed to [emmanuelecodu@gmail.com](mailto:emmanuelecodu@gmail.com) and [dpisegna@gmail.com](mailto:dpisegna@gmail.com)

***AHPSS /Supplier pre-qualification/#***

***Chairman***

***Tender Committee***

***Juba***

**Procurement & Supply Chain**

**Alaska Health Project South Sudan- Juba**