

## IsraAID South Sudan

### PRE-QUALIFICATION FOR SUPPLIERS AND SERVICE PROVIDERS

#### Introduction

IsraAID is a non-profit Organization, Register in South Sudan (*NGO Reg.No.35 Relief and Rehabilitation Commission*) non-governmental working in 19 countries worldwide to provide assistance to populations affected by the conflicts, natural disasters, massive displacements and acute poverty.

IsraAID South Sudan is calling for applications for pre-qualification from competent and qualified suppliers and service providers for the provision of various categories of goods and services for the year 2022-2023. The pre-qualification will be followed by a Request for Quotations (RFQ), Invitation to Bid (ITB) and/or Request for Proposal (RFP) which may result in Long Term Agreements with the successful bidders.

Companies that wish to participate in the process are required to complete the application forms indicating the categories for which the applications are being submit. In addition to requirements in the pre-qualification application form, the interested applicants must provide the following documents/information:

#### 1) Mandatory document to required:

1. Certificate of registration of business ( Within the Country of Operations)
2. Revenue Authority Tax Registration Certificate (Indicating TIN)
3. Tax Clearance Certificate (Must be Valid for the period ending 30<sup>th</sup> October 2021 or later).
4. Certificate of registration with South Sudanese Chamber of Commerce (for South Sudan registered companies)
5. Valid Operation and/or Trading License (whichever is applicable)
6. Articles and Memorandum of Association (***it is mandatory that you submit the entire document***)
7. Audited Accounts for at least the last three years indicating the annual turnover (in case of a Joint Venture or Partnership, Audited Accounts of one of two principle partners will suffice)
8. Official Business physical, postal, telephone and email addresses
9. Twelve Months **Certified Bank Statement** for the period ended 31<sup>st</sup> December, 2021.
10. Reference and recommendations from at least 3 present and 3 past clients with whom your firm has done business for the category being bided for.

Tel: (+972) 54 6785033 Fax: (+972) 9 862 0042 Email: [info@israaid.org](mailto:info@israaid.org) Web: [www.israaid.org.il](http://www.israaid.org.il)

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11. Proof of substantial contracts/orders completed in the last **12 months** for the specific category you are bidding for.
12. Fully and satisfactorily completed Prequalification Form specifying the category your firm is bidding for.

**Note:** Any submission made through any other address or means respectively, shall not be honored and IsraAID South Sudan shall not accept any responsibility whatsoever.

### 2) Labeling and marking of submissions:

Submissions **MUST** be contained in a Single large Envelope clearly labeled "Application for pre-qualification as a Supplier/Service provider (whichever is applicable)" and **MUST indicate the category for which you are applying, you are legible to apply for only two with proper labeling code on the envelop.**

- I. FOOD ITEMS/ BEVERAGES Labeling code- **Isra/SSD/FDI/2022/PQ1**
- II. NON-FOOD Labeling code- **Isra/SSD/NFI/2022/PQ2**
- III. PRINTING SERVICE Labeling code-**Isra/SSD/PS/2022/PQ3**
- IV. CONSTRUCTION SERVICE Labeling code- **Isra/SSD/CS/2022/PQ4**
- V. TRANSPORTATION SERVICE Labeling code- **Isra/SSD/TS/2022/PQ5**
- VI. INTERNET SERVICE Labeling code- **Isra/SSD/IS/2022/PQ6**
- VII. STATIONERY SUPPLIERS Labeling code- **Isra/SSD/SS/2022/PQ7**
- VIII. ELECTRONICS/EQUIPMENTS Labeling code- **Isra/SSD/EE/2022/PQ8**
- IX. FURNITURE SUPPLIERS Labeling code- **Isra/SSD/FS/2022/PQ9**
- X. TENTS PROVIDER Labeling code- **Isra/SSD/TP/2022/PQ10**
- XI. VEHICLE DEALERS COMPANIES Labeling code- **Isra/SSD/VCD/2022/PQ11**
- XII. LEGAL SERVICE PROVIDER Labeling code- **Isra/SSD/LS/2022/PQ12**
- XIII. TRAINING SERVICE PROVIDER Labeling code - **Isra/SSD/TS/2022/PQ13**
- XIV. IT PROFESSIONAL SERVICE Labeling code- **Isra/SSD/IT/2022/PQ14**
- XV. HOSPITALITY ACCOMODATION AND CATERING SERVICE Labeling code- **Isra/SSD/HOC/2022/PQ15**
- XVI. FUEL SUPPLY SERVICE Labeling code- **Isra/SSD/FS/2022/PQ16**
- XVII. LOCAL FLIGHT SERVICE WITHIN SOUTH SUDAN Labeling code - **Isra/SSD/LF/2022/PQ17**

### 3) Deadline for request for clarification and submission of documentation:

Any requests for clarifications should be made in writing only and addressed to the Procurement Committee at the following address:

[southsudanprocurement@issraaid.org](mailto:southsudanprocurement@issraaid.org) or you can reach us here in; Hai Thong

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Piny, Lukas Building Ground Floor Along Airport Road and You can start submitting not later than **Wednesday 02<sup>nd</sup> February 2022, 8:30Am on opening date.**

The closing date for submitting a complete pre-qualification application is **Tuesday 22<sup>nd</sup> February 2022 4:00pm, South Sudan Time.**

#### 4) Selection criteria:

The companies that fully and satisfactorily meet the requirements listed in section above with the (*Mandatory information and documentation*), the Vendor Prequalification Form and any other criteria which the Procurement Review Committee shall deem necessary for this purpose, shall be pre-qualified and shall be invited to participate in the subsequent bidding process.

Specifically, bidder submissions will be evaluated and scored on the following criteria (to be determined from requirements listed in Section 2 above):

i-	Satisfactory proof of legality of company existence marks	25
ii-	Satisfactory proof of tax compliance marks	25
iii-	Satisfactory proof of adequate financial capacity	40 marks
iv-	Satisfactory proof of bidder's business worthiness marks	10

**NB:** Only bidders whose submissions score a minimum of 80 marks from the evaluation will be pre-qualified.

#### 5) Feedback to successful/unsuccessful applicants:

The list of successful suppliers applicants will be informed by Procurement committee via email by focal point of IsraAID South Sudan within (2) weeks from date of closure of receipt of applications. In case you submit an application form for pre-qualification but don't hear from us 3 weeks after the closing date, please consider your application unsuccessful



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**Disclaimer:**

- (a) This is only an invitation for prequalification and IsraAID South Sudan may cancel the process at any time without notice. Submission of application does not result in any contractual relationship between the bidder and IsraAID South Sudan.
- (b) IsraAID South Sudan is under no obligation whatsoever to prequalify any bidder but the decision of the evaluation committee guided by the advised criteria shall be final.

### PRE-QUALIFICATION FORM

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Registration No# \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of work qualified to perform: (Supplier, Service Provider, Construction, etc.) \_\_\_\_\_

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Specific Geographical Area You Work In: (Example: CES-Juba SSD)

\_\_\_\_\_

Year Business Started: \_\_\_\_\_ Number of Employees:

\_\_\_\_\_

Has Company or any of its Owners Declared Bankruptcy in last 2 years? [  ] Yes [  ] No

Is Company Bondable? [  ] YES [  ] NO – Single Project Limit  
\$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Have you ever failed to complete a project: [  ] YES (explain details below) [  ] NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed to complete a project on time? [  ] YES (explain detail below) [  ] NO

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a contract terminated due to performance? [  ] YES (explain detail below) [  ] NO

Details: \_\_\_\_\_  
\_\_\_\_\_

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What is your current Worker's Compensation Experience Modification Rating (EMR) \_\_\_\_\_

# Jobs Run @ Time: \_\_\_\_\_ Annual Volume \$ \_\_\_\_\_

Largest Job \$ \_\_\_\_\_ Average Job \$ \_\_\_\_\_  
Smallest Job \$ \_\_\_\_\_

Current Contract Backlog:

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Do you have a Service supplier/construction etc Department? [ ] YES [ ] NO

Do you have full time coverage? [ ] YES [ ] NO

### SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET

Contractor's License (s) States and Numbers

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

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Union / Signatory: Yes  No  Subcontractor:  Vendor/Supplier:

Business Type:  Corporation  Partnership  Limited Liability Company   
 Sole Proprietor  Other (specify)

Name & Title	Years with Company

Is your company owned or controlled by a parent or any other organization?  YES  NO *If yes, please describe on a separate sheet.*

Is your company a certified: [Local] [National] [Regional] [International] [Native South Sudanese] N/A

Office Personnel  Field Supervisors  Avg. Field Labor  Avg. Shop Labor

### I. Legal Information

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officer or principals?  YES  NO  
*If yes, please provide a complete explanation on a separate sheet.*



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Has your company filed any lawsuits or requested arbitration or mediation with regard to supplier service, delivery and construction? Contracts within the last two (2) years? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

### II. References

Banking (If more please feel free to add)

Name & Branch \_\_\_\_\_

Since? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

Name & Branch \_\_\_\_\_

Bonding

Bonding Company \_\_\_\_\_ Since? \_\_\_\_\_

Surety Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Bonding Capacity – Per Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Last Bond Issued – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Rate % \_\_\_\_\_

*Please attach a formal letter from your bonding company.*

Insurance

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General Liability Carrier \_\_\_\_\_ Since? \_\_\_\_\_

Insurance Broker/Age \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What is your limit to Liability insurance? \_\_\_\_\_  
Supplier

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

### 5 References (NGO's, Suppliers/Services, and at least 2 General Contracts for Services work within the last 2 years):

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

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Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

### III. Financial Information

#### Financial Reference:

Please attach a copy of the following: Financial statement may be requested at IsraAID requests.

Has your company or any other organization with which your officers were involved during the past two (2) years, ever been in bankruptcy or a voluntary reorganization? [ ] YES [ ] NO *If yes, please provide a complete explanation on a separate sheet.*

### IV. Revenue

Annual Volume: What was the annual volume of work completed in the last two years as well as next year's forecast (Forecast Volume?)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Forecast Volume)

### V. Experience

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Has your company had experience with supplier/service for projects [ ] YES [ ] NO

### VI. Safety

Does your firm have a written safety plan? [ ] YES [ ] NO  
Has your firm had any Occupational Safety & Health Administration (OSHA) citations, fines, or jobsite fatalities within the most recent two (2) years? [ ] YES [ ] NO

**If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent from happening in the future.**

OSHA Incident Rate: Please list your firms OSHA incident rate for the most recent three (2) years  
YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_

### VII. Additional Information

Please list any additional information you feel will help us determine your company's qualifications and expertise \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is accurate, correct and true.

Completed By: \_\_\_\_\_  
(Name)



## IsraAID South Sudan

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(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

