

Hai Cinema, 2<sup>nd</sup> Class, Plot No 52, Block B - XV, Juba ,South Sudan

# Pre-Qualification Questionnaire Core Questions

| PLEASE INDICATE THE  |
|--|
| CATERGORY & THE LOT #  |
| slamic Relief South Sudan office has been in operation since 2004 with interventions in WASH, Food<br>Security and Livelihoods (FSL), Emergency Relief Supplies in Non-Food Items (NFIs), Health and unique<br>seasonal programmes in Ramadan and Qurbani. |
| nterested eligible suppliers are invited to apply for pre-qualification, indicating the category of goods works or services they wish to supply.   |

## **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.

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

IRW South Sudan 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.) Islamic Relief South Sudan may seek verification or ask to see these documents at a later stage mostly during site visit hence 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 *IRW South Sudan* on the intention to sub contract.

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## A: Organisation and Contact Details

<sup>&</sup>quot;Authority" means the purchasing organisation.



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| Full name of o               | rganisation      |                                 |  |
|------------------------------|------------------|---------------------------------|--|
| Date of Registr              |                  |                                 |  |
| Registration Ce              | ertificate Numbe | er                              |  |
| Street                       |                  | Road                            |  |
| Address                      |                  | Building                        |  |
| Town                         |                  | Website                         |  |
| Email                        |                  | Talambana Ma                    |  |
| Email                        |                  | Telephone No.                   |  |
| 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 f          | Contact details for enquiries about this PQQ/Business Issues |  |  |  |  |
| Name of Staff              |  |  |  |  |  |
| Address                    |  |  |  |  |  |
| Position in Organisation   |  |  |  |  |  |
| Town                       |  |  |  |  |  |
| Phone                      |  |  |  |  |  |
| Mobile                     |  |  |  |  |  |
| Email                      |  |  |  |  |  |



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# **B – Mandatory Documents**

The following valid documents are mandatory for business to be considered,

| No.   | No. Requirement   |           |
|---|---|-----------|
| 1   | Certified Copy of Certificate of Registration/Incorporation   | Mandatory |
| 2   | Valid Tax Compliance Certificate & Import License   |           |
| 3   | Air Travel Firms must be registered with International Air Travel Association (IATA) and any other relevant bodies.                                 | Mandatory |
| 4   | Pharmaceutical companies must<br>obtain license from National<br>Drug Authority   | Mandatory |
| 5   | Transport Hire Firms, Taxis, etc. must attach evidence of having taken all the necessary insurance covers.  | Mandatory |
| 6   | 6 Valid Operation License   |           |
| 7 IRSS Suppliers declaration form   |   | Mandatory |
| 8   | Evidence Of physical Registered office— Please attach utility bill e.g. Electricity/Water bill etc. or tenancy agreements with the name of the firm |           |
| 9   | agreements with the name of the firm.   |           |
| A minimum of three reference letters from current clients. le. For the period 2022-2023 |   | Mandatory |
| 11  | Bankl statement for the last six months in the name of the firm i.e. (Feb-August 2023)  | Mandatory |
| TECHNICAL EVALUATION ALL THE  |   |           |



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| LISTED BELOW MUST BE TAGGED AND ARRANGED |            |     |
|--|------------|-----|
| CHRONOLOGICALLY Requirements (Submit     |            |     |
| evidence)                                | Score      | No. |
| ,  | (%)        |     |
| Registration                             |            |     |
| documentation e.g.                       |            |     |
| Certificate of                           |            |     |
| Incorporation, Valid Tax                 | 25         |     |
| Compliance Certificate,                  |            |     |
| Import license and                       |            |     |
| operations license                       |            |     |
| Evidence Of physical                     |            |     |
| Registered office-                       |            |     |
| Attach utility bill e.g.                 |            |     |
| Electricity /Water bill                  | 5          |     |
| etc. or tenancy                          |            |     |
| agreements with the                      |            |     |
| name of the firm                         |            |     |
| Other certification                      | 10         |     |
| Man Power/Staffing                       | 20         |     |
| Past Performance &                       |            |     |
| Experience e.g. provide                  |            |     |
| contracts/Local                          | 25         |     |
| Purchase Orders                          |            |     |
| (LPOs)/Recommendation                    |            |     |
| letters                                  |            |     |
| Financial capability                     | 10         |     |
| International affiliation                | 5          |     |
| TOTAL                                    | 100        |     |
| PASS MARK                                | <b>7</b> 5 |     |

#### **FOR THE CASE HUMAN AND VETERINARY MEDICINES**

## 1. License, a Business Permit and or Insurance

A vendor must have a valid license with South Sudan Food and Drugs Authority (FDA) and must also have a business permit from the City Council. Nonetheless, the vendor should have insurance from a refutable insurance company to guard against any impending losses or damages.



**Since 2004** 

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#### 2. Storage condition and space:

The vendor should have a good storage condition with good ventilation and should have enough storage capacity. Once selected, it should be able to source its supplies from its stores. This will strictly be verified by the IRW Health Officer before a contract is issued.

#### 3. Transportation Mechanism

The vendor should have a clear transportation mechanism (air, road or water) from where it orders or sources its medical supplies to their main store and possibly to IRW offices where the supplies would need to be delivered.

#### 4. Source of Manufacturing:

Manufacturing companies of drugs is a very crucial selection criterion for the vendors. For instance, Paracetamol manufactured by company A may be more potent and efficacious than that manufactured from company B. Vendors that transport their medical supplies from refutable manufacturing companies and from specific countries will have advantage.

#### 5. Expiry Date Duration:

Vendors with drugs whose expiry date is 18 months or more shall be prioritized.

#### 6. Experience

Vendors who have been in the business for 3 years or more supplying drugs to Health Pooled Fund Implementing agencies or other INGO and WHO will be of advantage.

## **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? |                              |  |
|--|------------------------------|--|
| (a)  | A crime                      |  |
| (b)  | Corruption                   |  |
| (c)  | The offence of bribery;      |  |
| (d)  | Fraud within the meaning of: |  |
| (e)  | Money laundering             |  |
| (f)  | Any other offence            |  |



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## **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 (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

| 1   | FINANCIAL INFORMATION  |
|-----|--|
| 1.1 | Please indicate by ticking the item you intend to provide details on-        |
|     | Please indicate which two of the following you would be willing to provide:- |
|     | (Indicate by ticking the relevant box)                                       |



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| A copy of audited accounts for the most recent two years  |       |
|---|-------|
| A statement of your turnover, profit & loss account and cash flo<br>the most recent year of trading | w for |
| A bank statement for the last three months  |       |
| Attach copies of POs/Contracts for the last two years   |       |

| 2   | BANK INFORMATION        |  |
|-----|-------------------------|--|
| 3.1 | Bank                    |  |
|     | Branch                  |  |
|     | Account Name            |  |
|     | Account Number          |  |
|     | Swift Code              |  |
|     | Attach Letter From Bank |  |

# **E - References**

| 3   | REFERENCES – (EXPERIENCE & CONTRACT EXAMPLES)   |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|
|     | Please provide details of up to three contracts (that where your organization served), that are relevant to Islamic Relief'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  |  |  |  |  |  |  |
| 3.1 | Organisation Name   |  |  |  |  |  |  |
|     | Contact Person  |  |  |  |  |  |  |
|     | Phone Number  |  |  |  |  |  |  |
|     | Email   |  |  |  |  |  |  |



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| 4.2 | Contract Details:-                              |  |      |
|-----|---|--|------|
|     | Start date                                      |  |      |
|     | Completion date                                 |  |      |
|     | Contract Value                                  |  |      |
| 3.2 | Brief description of contract<br>(max 150 words |  |      |
|     | cannot provide at least one ex                  |  | nax) |

## F - Declaration

| 5.  | understand t<br>suitability to<br>of my organia<br>a failure to a | 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 uitability to be invited to tender for Islamic Relief'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 igning the PQQ I certify that all of the above statements are accurate and factual. |  |  |  |
|-----|---|--|--|--|--|
|     | FORM COM  |  |  |  |  |
| 5.1 | Name:   |  |  |  |  |
| 5.2 | Position:   |  |  |  |  |
| 5.3 | Signature:  |  |  |  |  |
| 5.4 | Date:   |  |  |  |  |
| 5.5 | Stamp:  |  |  |  |  |
|     |   |  |  |  |  |



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#### IRW-SS reserves the right to accept any bid and reject any or all bids

IRSS 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 prequalification is 31st August 2023 4:00pm. Bids to be sent to IRSS office in a hard copy marked

Chairman Tender Committee Juba

Procurement & Logistics Coordinator Islamic Relief South Sudan-Juba