PREQUALIFICATION DOCUMENT

PREQUALIFICATION NO. BCA/P/018/2019/2020

<table>
<thead>
<tr>
<th>Prequalification No</th>
<th>Description</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCA/P/018/2019/2020</td>
<td>Supply and Delivery of Foodstuffs like cereals, milk, meat, groceries, fruits etc</td>
<td>Special groups</td>
</tr>
</tbody>
</table>

CPA RICHARD KOECH
CLERK TO COUNTY ASSEMBLY.
SECTION I – INVITATION FOR PREQUALIFICATION

BCA/P/018/2019/2020- Supply and Delivery of foodstuff like cereals, milk, meat, groceries, fruits etc

The Baringo County Assembly hereinafter referred to as “Procuring Entity” intends to prequalify candidates for the following;

Prequalification for Supply and Delivery of foodstuff like cereals, milk, meat, groceries, fruits etc

SECTION II– PRE–QUALIFICATION INSTRUCTIONS

1.0 Introduction
The Baringo County Assembly invites eligible interested candidates who must meet the set criteria as provided by the procuring entity to perform the contracts for supply and delivery/provision of Goods, Works and Services.

1.1 Pre-qualification Objective
The main objective is to prequalify for supply and delivery of assorted items and also provide services under relevant tenders/quotations to Baringo County Assembly As and When Required during the period FY2019/2020.

1.2 Invitation of Pre-qualification
Suppliers registered with the Attorney General’s Chamber (Registrar of Companies) of the Republic of Kenya under the Laws of Kenya irrespective merchandise or services are invited to submit their Pre-Qualification Documents to the Office of the Clerk, Baringo County Assembly, so as to be pre-qualified/registered for submission offenders/quotations for supply and delivery/provision of goods/services.
Applications will be submitted in complete lots singly or in combination. The prospective Suppliers are required to supply mandatory information for pre-qualification/registration.

1.3 Experience
Prospective suppliers and contractors must have carried out successful supply and delivery/provision of similar items/services to Government institutions of similar magnitude and complexity. Potential suppliers/contractors must demonstrate the willingness and commitment to meet the pre-qualification criteria.

1.4 Pre-qualification Document
This document includes questionnaire forms and documents which are to be duly filled, stamped/embossed and signed by the candidates or their authorized representative (approve of the power of attorney must be provided) of the prospective suppliers.

1.5 In order to be considered for pre-qualification/registration, prospective suppliers must submit all the information herein requested.

1.6 Distribution of Pre-qualification Documents
Copies of the completed pre-qualification/registration data and other requested information shall be submitted to reach: -

The Clerk,
Baringo County Assembly,
P.O. Box 159 - 30400
KABARNET.

Not later than Thursday 2nd April, 2020 12.00 noon
1.7 Questions Arising from Documents
Questions that may arise from the pre-qualification documents should be directed to the Clerk, Baringo County Assembly whose address is given in par 1.6

1.8 Additional Information
The Clerk, Baringo County Assembly reserves the right to request submission of additional information from prospective bidders.

1.9 BRIEF CONTRACT REGULATIONS/GUIDELINES

2.0 Taxes on Imported Materials
The Supplier will have to pay all taxes payable as applicable for all materials to be supplied unless the item(s) is/are donor funded.

2.1 Customs Clearance
The contractors shall be responsible for custom clearance of their imported goods and materials.

2.2 Contract Price
The contract shall be of unit type or cumulative of computed unit price and quantities required. Quantities may increase or decrease as determined by demand on the authority of the client’s Accounting Officer or Tender Committee. Prices quoted should be inclusive of all delivery charges.

2.3 Payments
All local purchase/Service orders shall be on credit of a minimum of thirty (30) days or as may be stipulated in the Contract Agreement.

3.0 PRE-QUALIFICATION/REGISTERED DATA INSTRUCTIONS

3.1 Pre-qualification data forms
The attached questionnaire forms PQ-1, PQ-2, PQ-3, PQ-4, PQ-5, PQ-6, PQ-7 and PQ-8 are to be completed by prospective suppliers/contractors who wish to be pre-qualified for submission of tender for the specific tender.

3.1.1 The pre-qualified/registered applications forms which are not filled out completely and submitted in the prescribed manner will not be considered. All the documents that form part of the proposal must be written in English and in ink.

3.2 Qualification
3.2.1 It is understood and agreed that the pre-qualification/registration data on prospective bidders is to be used by Baringo County Assembly in determining, according to its sole judgment and discretion, the qualifications of prospective bidders to perform in respect to the Tender as described by the client.

3.2.2 Prospective bidders will not be considered qualified unless in the judgment of Baringo County Assembly they posses capability, experience, qualified personnel available and suitability of
equipment and net current assets or working capital sufficient to satisfactorily execute the contract for goods/services.

### 3.3 Essential Criteria for Pre-Qualification/Registration

#### 3.3.1 Experience:
Prospective bidders shall have experience in the supply of goods, services and allied items. The potential supplier/contractor should show competence, willingness and capacity to service the contract at short notice.

#### 3.3.2 Personnel
The names and pertinent information and CV of the key personnel for individual or group to execute the contract must be indicated in form **PQ-3**.

#### 3.3.3 Financial Condition
The Supplier’s financial condition will be determined by latest financial statement submitted with the pre-qualification documents as well as letters of reference from their bankers regarding suppliers/contractors credit position. Potential suppliers/contractors will be pre-qualified on the satisfactory information given.

#### 3.3.4 Special Consideration
will be given to the financial resources available as working capital, taking into account the amount of uncompleted orders on contract and now in progress data on Form PQ-4. However, potential bidders should provide evidence of capability to execute the contract.

#### 3.3.5 Past Performance
Past performance will be given due consideration in pre-qualifying bidders. Letter of reference and or copies of order/contracts from past customers should be included in Form PQ-6

#### 3.4 Statement
Application must include a sworn statement Form **PQ-8** by the tenderer ensuring the accuracy of the information given.

#### 3.5 Withdrawal of Prequalification
Should a condition arise between the time the firm is pre-qualified to bid and the bid opening date which in the opinion of the client client/County Assembly that could substantially change the performance and qualification of the bidder or his ability to perform such as but not limited to bankruptcy, change in ownership or new commitments, the Baringo County Assembly reserves the right to reject the tender from such a bidder even though he/she was initially pre-qualified.

#### 3.6 The firm must have a fixed Business Premise and must be registered in Kenya, with Certificate of Registration, Incorporation/memorandum and Article of Association, copies of which must be attached.

#### 3.6.1 The firm must show proof that it has paid all its statutory obligations and have current Tax Compliance Certificate which is mandatory.
3.7 Prequalification Criteria

**Required Information Form Type Points Score**

1. Registration Documentation PQ-1 – 30 Points
2. Pre-qualification Data PQ-2 - 10Points
3. Supervisory Personnel PQ-3- 10Points
4. Financial Position PQ-4 - 20Points
5. Confidential Report PQ-5- 10Points
6. Past Experience PQ-6 - 10Points
7. Referees PQ-7 - 10Points

**TOTAL 100**

3.8 The Qualification is 70 points and over

**FORM PQ-1 STATUS OF COMPLIANCE WITH STATUTORY REQUIREMENTS**

All firms submitting their applications for Pre-Qualification/Registration for supply and delivery/provision of goods/works and services **MUST** furnish the Procuring Entity with the copies of the following documents: -

1. Registration Certificate of Business with the Attorney General’s Chamber of the Republic of Kenya;
2. Certificate of incorporation for companies;
3. PIN Registration Certificate of the Firm/Company/Individual;
4. VAT Registration Certificate.
5. Certificate of registration with NCA in the relevant Tender where applicable.
6. Valid Tax Compliance Certificate from the Kenya Revenue Authority (failure to produce this certificate to prove compliance, will lead to automatic disqualification thus no further evaluation of the application);
7. Current Valid Trade License;
8. Certificate of any other government levies status (if any).

Other details as follows: -

9. State any technological innovations or specific attributes which distinguishes you with your competitors

................................................................................................................................................

State any quality Assurance Certification e.g. ISO 9000 held by the Company

................................................................................................................................................

10. State if the company is a subject of bankruptcy proceedings, in receivership, Administrative receivership or any other form of liquidation as defined by the applicable law

................................................................................................................................................

11. State whether you have any litigation against the government or any History of litigation or arbitration resulting from contracts executed in the last five years

................................................................................................................................................

12. Other important certificates e.g KEBS, Registration with Ministry of
Transport and Infrastructure, Professional bodies certifications (IATA a must for Air Travel Agent) (30 POINTS)

FORM PQ-2 PRE – QUALIFICATION DATA
REGISTRATION OF SUPPLIERS APPLICATION FORM
Official Receipt No…………………………………………………………………
Date…………………………………………………………………………………

REGISTRATION OF SUPPLIERS APPLICATION FORM

1. Particulars of the Applicant: -
I/We ............................................................... Hereby apply
(Name of the Company/Firm) for registration as supplier(s) of ........................................

Postal Address ......................................Fax No. .................
Tel. ..................................Email Address ..................
Town .........................Street ..............Name of Building
..................................Room/Office No……..Floor No……..
Full Name of Applicant...........................................................
Other Branches location................................................................

2. Organization & Business Information
Management Personnel.................................................................
President (chief executive)...........................................................
Secretary..................................................................................
General Manager...........................................................................
Any other....................................................................................
Partnership (if Applicable)
Name of Partners

3. Business founded or incorporation........................................................

4. Under present management since......................................................

5. Net worth equivalent Ksh.................................................................

6. Bank reference and address..............................................................

7. Bonding company reference and address............................................

8. Enclose copy of organizational chart of the firm indicating the main fields of
activities ........................................

9. State any technological innovations or specific attributes which distinguish you from your
competitors
..........................................................................................................................
..................................................................

10. Indicate terms of trade/sale..............................................................
(10 points)
FORM PQ-3 SUPERVISORY PERSONNEL.
Name ..........................................................................................................................
Age .............................................................................................................................
Academic Qualification..............................................................................................
....................................................................................................................................
....................................................................................................................................
Professional Qualification...........................................................................................
....................................................................................................................................
....................................................................................................................................
Length of Service with Contractor or Supplier position held............................................................
....................................................................................................................................
....................................................................................................................................
(Attach copies of certificates of key personnel in the organization)
(10 points)

FORM PQ-4 FINANCIAL POSITION AND TERMS OF TRADE
Assets and liabilities:-
1. Total Assets in Ksh. ..............................................................
2. Current Assets in Ksh. ...........................................................
3. Total Liabilities in Ksh. .........................................................
4. Net worth (Total assets - Total Liabilities) ..........................
5. Working capital Ksh. ..............................................................
(Total assets - Net worth)
2. Attach a copy of firms two certified financial statements giving summary of assets and current liabilities/ or any other financial support.
3. Attach letters of reference from the bankers regarding suppliers’ credit position.
4. Indicate terms of sale/trade: -
   (i) Cash on delivery
   (ii) Credit period Yes/No. (delete as appropriate, if yes) Indicate Number of days ...................................................
   (iii) Upfront payment/Down payment Yes/No (delete as appropriate), if yes state percentage ...........................................
(20 POINTS)
You are requested to give the particular indicated in Part I and either Part 2(a), 2(b) or 2c) Whichever applies to your type of business?
You are advised that it is a serious offence to give false information on this Form.

Part One General: -

Business Name.................................................................................................................................

Location of business premises...................................................................................................................

Plot No...............................................................................................................................................................

Postal Address...........................................................................................................................................

Nature of business ........................................................................................................................................

Current Trade License No............................................................................................................................

Maximum value of business which you can handle at any one time: Ksh..............................................

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

Is your agent of Kenya national Trading Corporation? YES/NO....

Part 2(a) __Sole proprietor:

Your name in full.................................................................................................................................

Age..........................................................................................................................................................

Nationality................................................................................................................................................

Country of origin......................................................................................................................................

Give details of partners as follows: -

Name Nationality Citizenship Details Shares

1. ............................................................................................................................................................

2. ............................................................................................................................................................

3. ............................................................................................................................................................

4. ............................................................................................................................................................

Part 2(c) Registered Company:

Private or public...........................................................................................................................................

State the nominal and issued capital of the company

Nominal Ksh...........................................................................................................................................

Issued Ksh................................................................................................................................................

Give details of all directors as follows:

1. ............................................................................................................................................................

2. ............................................................................................................................................................

3. ............................................................................................................................................................

4. ............................................................................................................................................................

Date..........................................................................................................................................................

Signature of Tendered.................................................................................................................................

If the citizen, indicate under” Citizenship Details” whether by Birth, Naturalization or Registration (10 POINTS)
FORM PQ -6 PAST EXPERIENCES
NAME OF THE APPLICANT’S CLIENTS IN THE LAST TWO YEARS
NAMES OF OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS

1. 1st Client (organization)
   i) Name of Client (Organization)..............................................................................................
   ii) Address of Client (organization)..........................................................................................
   iii) Name of Contact Person at the client (organization)..........................................................
   iv) Telephone No. of Client........................................................................................................
   v) Value of Contract...................................................................................................................
   vi) Duration of Contract (dates)..................................................................................................
   (Attach documentary evidence of existence of contract)

2. 2nd Client (organization)
   i) Name of Client (organization)..............................................................................................
   ii) Address of Client (organization)..........................................................................................
   iii) Name of Contact Person at the client (organization)..........................................................
   iv) Telephone No. of client..........................................................................................................
   v) Value of Contract...................................................................................................................
   vi) Duration of Contract (dates)..................................................................................................
   (Attach Documentary evidence of existence of contract)

3. 3rd Client (Organization)
   i) Name of Client (organization)..............................................................................................
   ii) Address of Client (organization)..........................................................................................
   iii) Name of Contact Person at the client (organization)..........................................................
   iv) Telephone No. of client..........................................................................................................
   v) Value of Contract...................................................................................................................
   vi) Duration of Contract (dates)..................................................................................................
   (Attach Documentary evidence of existence of contract)

4. Others........................................................................................................................................
(10 POINTS)
FORM PQ-7 Referees
Obtain at least 3 Referees from the list of Organizations you have worked with for the last 2 years or those who know you (not a requirement for new businesses)
(1) Name of organization........................................................................................................
Official Rubber Stamp........................................................................................................
..............................................................................................................................................
..............................................................................................................................................
Name and Designation of Officer Representing the Organization.......................................  
..............................................................................................................................................
Signature.........................................................................................................................Date............................................
(2) Name of organization........................................................................................................
Official Rubber Stamp........................................................................................................
..............................................................................................................................................
..............................................................................................................................................
Name and Designation of Officer Representing the Organization....................................... 
..............................................................................................................................................
Signature.........................................................................................................................Date............................................
(3) Name of organization........................................................................................................
Official Rubber Stamp........................................................................................................
..............................................................................................................................................
..............................................................................................................................................
Name and Designation of Officer Representing the Organization....................................... 
..............................................................................................................................................
Signature.........................................................................................................................Date............................................
(10 POINTS)

FORM PQ-8 - SWORN STATEMENT
Having studied the pre-qualification/registration information for the above project
I/we hereby state:

a. The information furnished in our application is accurate to the best of our knowledge.
b. That in case of being pre-qualified/registered we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation when invited/requested to do so by the County Assembly.
c. When the call for quotations is issued the legal technical or financial conditions or the contractual capacity of the firm changes we shall notify the County Assembly and acknowledge your right to review the prequalification made.
d. We enclose all the required documents and information required for the prequalification evaluation.
e. We confirm that we have not been debarred from participation in Public Procurement and have litigation procedure in process.

Date........................................................................................................................................
Applicants Name................................................................................................................
Represented by ..................................................................................................................
Signature................................................................................................................................
(Full name and designation of the person signing and stamp or seal)