



KENYATTA NATIONAL HOSPITAL

PRE-QUALIFICATION OF SUPPLIERS AND SERVICE PROVIDERS

**CLOSING DATE: 24/07/ 2018 at 10.00 AM LOCAL
TIME**

KNH/PQ/007/2018-2020

PROVISION OF CONFERENCE VENUES AND ACCOMMODATION



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KENYATTA NATIONAL HOSPITAL
Hospital Rd. along, Ngong Rd

P.O. Box 20723, Nairobi

PREQUALIFICATION NOTICE

PREQUALIFICATION OF SUPPLIERS AND SERVICE PROVIDERS FOR THE PERIOD ENDING JUNE 2020

Kenyatta National Hospital intends to pre-qualify Suppliers for the provision of goods and services for the financial year 2018-2020. Bidders who will be pre-qualified for the various categories will be considered when procuring non tender items

Interested and competent firms specializing in the provision of the goods & services mentioned below are invited to apply for prequalification.

	PREQUALIFICATION NO.	CATEGORY	CLOSING DATE
1	KNH/PQ/007/2018-2020	Provision of Conference Venues and Accommodation	24/07/2018

It is expected that invitation to bid for the services will be soon after the prequalification is completed.

Eligible applicants may obtain the prequalification documents from Supply Chain Department room No.6.

Requirements for prequalification are set in the prequalification document. Prequalified bidders will be notified and asked to buy the bid document in the areas they are prequalified for. Submissions of applications for prequalification must be received in sealed plain envelopes and must be dropped in the Tender Box, Administration Block, ground floor, addressed to;

**CHIEF EXECUTIVE OFFICER
KENYATTA NATIONAL HOSPITAL
P. O. BOX 20723 -00202
NAIROBI**

Not later than **24/07/2018** at 10.00 a.m.

The envelope must not bear the name of the applicant but should be clearly marked with the details of pre-qualification number as follows.

PRE-QUALIFICATION NO KNH/PQ/007/2018-2020 FOR (item) Provision of Conference Venues and Accommodation.

The prequalification envelopes shall be opened immediately after closing time and representatives of applicants are allowed to witness the opening.

The hospital reserves the right to accept or reject any application.

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1. PRE-QUALIFICATIONINSTRUCTIONS

1.1 Introduction

Kenyatta National Hospital (KNH) would like to write to interested candidates who must qualify by meeting the set criteria as provided by the Hospital to perform the contract of Supply and Delivery or provision of goods and service.

1.2 Projectobjective

The main objective is to supply and deliver assorted items and also provide services under relevant tenders to Kenyatta National Hospital as and when required during the period ending June 2020.

1.3 Invitation forpre-qualification

Suppliers registered with the Registrar of Companies under the Laws of Kenya in respective works/services are invited to submit their **PRE-QUALIFICATION** documents to the Chief Executive of Kenyatta National Hospital so that they may be pre-qualified for submission of tenders/quotation for the services. Kenyatta National Hospital requires prospective suppliers to supply information for prequalification.

1.4 Experience

- 1.4.1** Prospective suppliers and contractors must have carried out successfully, delivery of similar services to institutions of similar size and complexity.

(Not applicable to the special group prequalified by directorate National Treasury but must produce evidence of prequalification by National Treasury .

1.4.2 Provide evidence of being nominated as grant/distributor(provide copy of letter of agency)

1.4.3 Provide curriculum Vitae of relevant personnel and practicing licence for the personnel. This applies to firms that have applied for prequalification to supply of works/services,Architectural.

1.4.4 For services and works where suppliers/contractors are registered by a professional body, Ministry of Public Works, Energy etc and such evidence of registration to be provided.

1.5 Pre-qualification Document

1.5.1 The documents includes questionnaire forms and documents required of prospective suppliers/contractors

1.5.2 In order to be considered for qualification, prospective suppliers must submit all the information herein requested.

1.6 Submission of pre-qualification documents.

Completed pre-qualification documents and other requested information shall be submitted to reach:-

**Chief Executive Officer
Kenyatta National Hospital,
P. O. Box 20723,-00202
NAIROBI
KENYA
Tel.254-02-726300
Fax:254-02-725272
Email: procurementknh@gmail.com**

Not later than **24/07/2018 at 10.00a.m.** (Local Time)

1.7 Questions Arising from Pre-qualification Documents.

Questions that may arise from the pre-qualification documents should be directed to the Chief Executive Officer of Kenyatta National Hospital whose address is given in para1.6.

1.8 Additional information

The Chief Executive Officer , KNH reserves the right to request for the submission of additional information from prospective suppliers and contractors at any time prior to, or after, the closing date for submission of pre-qualification documents.

1.9 Notification of pre-qualification outcome

Bidding documents will be made available only to those firms whose qualifications are accepted by KNH after scoring a minimum of 70% points after the completion of the prequalification process. Those firms not qualified will be informed accordingly.

2. BRIEF CONTRACT REGULATIONS/GUIDELINES

2.1 VAT and PIN Registration

Suppliers must be registered with Kenya Revenue Authority and should submit the relevant VAT and PIN Certificates and Certificate of compliance.

2.2 Payments

All local purchase shall be on credit of a minimum of thirty (30) days or as may be stipulated in the contract agreement.

3. PRE-QUALIFICATION DATA INSTRUCTIONS.

pre-qualification Data Forms

The attached questionnaire forms PQ1, PQ2, PQ3, PQ4, PQ5, PQ6, PQ7 and PQ8 are to be completed by prospective suppliers and/or contractors who wish to be prequalified for submission of tenders for the specified tender.

The pre-qualification application 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 the English Language and in ink.

Qualification.

It is understood and agreed that the prequalification data on prospective suppliers and/or contractors is to be used by KNH in determining according to its sole judgment and discretion, the qualifications of prospective suppliers to perform in respect to the tender categories described in this document by the client

Prospective suppliers and/or contractors will not be considered qualified unless in the judgment of KNH they possess capability, experience, qualified personnel available and suitability of equipment and net current assets or working capital sufficient to satisfactorily execute the contract.

Essential criteria for pre-qualification

- (a) Experience: Prospective suppliers and/or contractors shall have at least 2 years experience in the supply of goods and services and allied items. In case of potential suppliers/contractors should show competence and capacity to service contract.
- (b) Prospective supplier and/or contractors require special experience and capability to organize, supply and deliver of goods and service at short notice.

Personnel

The names and pertinent information and the C.V. of the principal (technical) personnel to execute the contract(s) must be indicated in Form PQ-3

Financial position

The supplier's financial condition will be determined by latest two audited financial statements submitted with the pre-qualification documents as well as letter of Reference from their bankers regarding the supplier's credit position (please see Form PQ-4)

Special consideration will be given to the financial resource available as working capital, taking into account the amount of uncompleted orders on contract and now in progress. Data to be given on Form PQ4.

Plant, Equipment and workshop facilities.

The applicant must provide evidence and sufficient information to determine that they have the necessary facilities to undertake the works/service they wish to be pre-qualified for.

Past performance.

Past performance will be given due consideration in pre-qualifying bidders. Letters of reference from past and current customers should be included as per Form PQ6.

4. SwornStatement

Applicants must include a sworn statement per Form PQ-8 by the company ensuring the accuracy of the information given.

5. Withdrawal ofpre-qualification.

Should conditions arise between the time a firm is pre-qualified to bid the bid opening date which in the opinion of KNH 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, KNH reserves the right to reject the tender from such a bidder even though he was initially pre-qualified.

6. The Firm must have a fixed business premises and must be dulyregistered to carry outbusiness.

7. Visits

Kenyatta National Hospital shall have the right to visit the contractors/service providers premises to verify the information provided in the document and to ascertain the available facilities on the basis of which the prequalification will be done.

8. Prequalification criteria.

Required information	Form type	Points score
1) Registration Document	PQ-1	30
2) Pre-qualification Data	PQ-2	10
3) Supervisory Personnel	PQ-3	10
4) Financial position	PQ-4	10
5) Confidential Report	PQ-5	10
6) Past Experience	PQ-6	10
7) Litigation History	PQ-7	10
8) Sworn statement	PQ-8	10

NB; The qualification is 70 points and above
FORM PQ-1 REGISTRATION DOCUMENT

All firms must provide

1. Copy of valid Tax compliance certificate/Exemption Certificate.
2. Copy of incorporation /Evidence of registration whichever is applicable
3. Copy of tax compliance certificate / exemption certificate from Kenya revenue authority [failure to produce will lead to direct automatic disqualification thus no further evaluation of your application)
4. Copy of current trade license (if applicable)

FORM PQ2

PRE-QUALIFICATION DATA

1. Supplier identification:

Legal name of firm.....

Post office address

Street Address

City

Country
Telephone No.
Fascimile No.....
E- mail address.....
Person to contract
Title

2. Organization and Business Information:

Management Personnel
Director.....
Other.....
Partnership (applicable).....
Name of partners
.....

3. Business founded or incorporated (*state date*).....

4. Company registration number.....

5. Current valid trade licence numberExpiry date.....

6. Current VAT registration number.....

7. Current PIN certificate number

8. Current local authority licencenumber Expiry date ...

9. Name of issuing local authority.....

10. Under present management since

11. Net worth in equivalent Ksh.....

12. Bank reference and address.....
13. Bonding Company reference and address.....
14. Enclosed copy of the organization chart of the firm indicating the main fields of activities
15. Attach copies of company registration certificate, VAT, PIN certificates, valid trade license and local authority license.

FORM PQ3

SUPERVISORY/MANAGEMENT PERSONNEL

1. Name
2. Age
3. Academic qualification
4. Professional qualification
5. Work experience
6. Length of service with the firm and position held.....
.....
.....
7. Please attach the curriculum Vitae of the principal (technical) personnel

FORM PQ4

FINANCIAL POSITION.

1. Summary of quick assets and current liabilities as of /20....

Assets

.....

a. cash in hand

b. cash deposited in banks (state details below)

.....

.....

Total Cash

Name of Bank Institution	Location	Deposit in name of	Amount
-----------------------------	----------	-----------------------	--------

Liabilities

.....

.....

2. Deposit with Bids or as guaranteed (statedetails)

.....

.....

Deposited	Name & Purpose	Date of recovery	Amount
With	Address		

3. Due from completedcontracts
(Amount receivable within 90 days, exclude claims not approved.)

.....

.....

Name&address	Designation	Contract	Amount
Oowner	ofcontract	sun	Receivable

FORM PQ5

KENYATTA NATIONAL HOSPITAL

CONFIDENTIAL BUSINESS QUESTIONNAIRE TO BE FILED BY ALL PROSPECTIVE SUPPLIERS

You are requested to give the particulars indicated in part 1 and either part 2(a), 2(b), or 2(c) whichever applies to your type of business.

You are advised that it is a serious offence to give false information on this Form.

PART 1-General

Business Name

Registration Ref. No.

Location of business premises, i.e. building.....FloorNo.....Room No.....

Plot No.Street/Road

Postal AddressTel No.....

Fascimile No.

Nature of business

Current Trade Licence No.Expiring Date

VAT Registration No.PIN certificate No.

Local Authority licenceNo.Expiry date.....

Maximum value of business which you can handle at any one time
K£.....

Name of bankers.....Branch.....

Name of agencies you hold.....

.....

NB: Attach copies of Registration Certificate, Trade Licence, VAT Registration
Certificate, PIN Certificate and Local Authority Licence.

Part 2(a) sole proprietor:

My name in fullAge.....

NationalityID/passport.....Country of origin.....

*Citizenship details

Part 2(b) partnership

Give details of partner as follows

Name	Nationality	*citizenship details	Shares
------	-------------	----------------------	--------

1)

2)

3)

4)

5)

6)

Part 2(c) Registered Company

State whether private or public

State the nominal and issued capital of the company

Nominal K£.....or other convertible currency

Issued K£.....or other convertible currently.....

Give details of all Directors as follows:

Name	Nationality	*Citizenship details	Shares.
------	-------------	----------------------	---------

1.....

2.....

3.....

4.....

5.....

Part 3 Names of all associated or holding Companies (if any)

1.....

2.....

3.....

4.....

5.....

If more companies are application please give the information on a separate sheet of paper.

Part 4-Give details of all Directors of the Companies you have listed above as follows:-

Name	Nationality	*Citizenshipdetails	shares
1.....			
2.....			
3.....			
4.....			
5.....			

*if Kenyan Citizen indicate under Citizenship details) whether by Birth, Naturalization or Registration.

FORM PQ 6: past experience

NAME OF APPLICANTS CLIENTS IN THE LAST FIVE YEARS.

NAME OF APPLICANTS OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS IN LAST TWELVE MONTHS

1. First client(organization)

- i. Name of 1stclient (Organization).....
- ii. Address of client (organization).....
- iii. Telephone No. of client.....
- iv. Fascimile No. of client.....
- v. E-mail address of client.....

- vi. Name of contract person at the client(organization).....
- vii. Value ofcontract/orders.....
- viii. Duration of ongoingcontracts/orders.....

2. Second client(organization)

- i. Name of 2nd client (Organization).....
- ii. Address of client (organization).....
- iii. Telephone No. of client.....
- iv. Fascimile No. of client.....
- v. E-mail address of client.....
- vi. Name of contract person at the client(organization).....
- vii. Value ofcontract/orders.....
- viii. Duration of ongoingcontracts/orders.....

3. Third client(organization)

- i. Name of 3rdclient (Organization).....
- ii. Address of client (organization).....
- iii. Telephone No. of client.....
- iv. Fascimile No. of client.....
- v. E-mail address of client.....
- vi. Name of contract person at the client(organization).....
- vii. Value ofcontract/orders.....

FORM PQ8

SWORN STATEMENT

The undersigned having studied the prequalification invitation for the items listed on page one (1)

- a) The information furnished in our application is accurate to the best of our knowledge.
- b) That in case of being pre-qualified, we acknowledge that this grants us the right to participate in due time in the submission of a tender on the basis of provisions in the tender documents to follow.
- c) When the invitation for tenders is issued, if the legal technical, financial position, or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your sole right to review the prequalification made.
- d) We enclose all the required documents and information required for the prequalification evaluation.

Applicant's Registered Name

Presented by (Name of official).....

Designation.....

Signature.....

Date

(Full name and designation of the person signing to be given and stamp or seal to be affixed).