

**NORTH COAST MEDICAL TRAINING COLLEGE**

**P.O BOX 1045-80109**

**MTWAPA - KILIFI**

**PRE-QUALIFICATION/REGISTRATION OF SUPPLIERS FOR GOODS, WORKS, AND SERVICES**

FINANCIAL YEAR 2022

(1 January – 31 December 2022)

|  |  |
| --- | --- |
| **COMPANY/BUSINESS NAME:**  |  ………………………………………………………………… |
| **CATEGORY NO:**  |  ………………………………………………………………… |
| **ITEM DESCRIPTION:** |  ………………………………………………………………… |

**CONTENTS**

Contents

[SECTION A: INSTRUCTIONS FOR PRE-QUALIFICATION 3](#_Toc92445397)

[A1: Introduction 3](#_Toc92445398)

[A2: Eligibility 3](#_Toc92445399)

[A3: Experience 3](#_Toc92445400)

[A4: Prequalification Documents 3](#_Toc92445401)

[SECTION B: CATEGORIES AND ITEM DESCRIPTIONS FOR SUPPLY 4](#_Toc92445402)

[SECTION C: CONTRACT REGULATIONS / GUIDELINES 5](#_Toc92445403)

[SECTION D: FEEDBACK TO APPLICANTS 6](#_Toc92445404)

[SECTION E: DISCLAIMER 6](#_Toc92445405)

[SECTION F: SUPPLIERS APPLICATION FORM 7](#_Toc92445406)

[F1: Personal / Company / Business Particulars 7](#_Toc92445407)

[F2: Business information and type of business 8](#_Toc92445408)

[F3: Clients supplied by the applicant 9](#_Toc92445409)

[F4: Manpower for delivery of services 10](#_Toc92445410)

[F5: Past performance 11](#_Toc92445411)

[F6: Terms for payments for services and supplies 11](#_Toc92445412)

[F7: Declaration 12](#_Toc92445413)

[SECTION G: ANNEXES TO THE APPLICATION TO SHOW COMPLIANCE WITH STATUTORY REQUIREMENTS 12](#_Toc92445414)

# SECTION A: INSTRUCTIONS FOR PRE-QUALIFICATION

## A1: Introduction

1. North Coast Medical Training College intends to prequalify suppliers and contractors for the supply of goods, works and services for the financial year 2022. Suppliers registered with Registrar of Companies under the Law of Kenya in respective merchandise or services are invited to submit pre-qualification documents to the college so that they may be shortlisted.
2. Please read through the document carefully and provide the requested information together with all supporting documents.

## A2: Eligibility

1. Firms that have been prequalified before, or are on the current list of suppliers, **must apply afresh to be eligible**.
2. Candidates must qualify by meeting the set criteria to supply goods, works and services to North Coast Medical Training College.
3. Suppliers who are not prequalified or fail to meet the prequalifying criteria will not be allowed to participate in tenders or requests for quotes.
4. The application form (Section F) should be in a sealed envelope to maintain confidentiality and addressed to the indicated address on the first page. The other prequalification documents (Section G) might be included in the envelop or shared in softcopy on or before the tender opening date to this email: procurement@northcoastmtc.ac.ke.
5. On the front side of the envelope the pre-qualification number applied for, and the category should be indicated, and the envelop must be dropped in the Tender box on or before **Friday 28th January 2022 at 4.00 p.m**.
6. The documents will be opened on the same time in the NCMTC Board Room and bidders, or their representatives are welcome to witness the opening.
7. Late bids **shall not be accepted.**

## A3: Experience

1. Prospective suppliers and contractors must have carried out successful supply and delivery of similar items / services to other institutions.
2. Potential candidates must demonstrate the willingness and commitment to meet the pre-qualification criteria.

## A4: Prequalification Documents

1. To be considered for pre-qualification, the prospective supplier must have provided the filled, signed, and stamped application form (Section F) and all the requested additional information (Section G).
2. Enquiries that may arise from the pre-qualification document should be channeled to the procurement office NCMTC through the above address.
3. Pre-qualification documents can be downloaded from NCMTC website (under News section).

# SECTION B: CATEGORIES AND ITEM DESCRIPTIONS FOR SUPPLY

|  |  |
| --- | --- |
| **A** | **General operations - supply of goods** |
| NCMTC/PRE/A/01/2022 | Supply of general office stationery and computer/printer consumables. |
| NCMTC/PRE/A/02/2022 | Supply of cleaning materials, detergents, disinfectants, and tissue papers. |
| NCMTC/PRE/A/03/2022 | Supply of staff and student uniforms, footwear, protective clothing.  |
| NCMTC/PRE/A/04/2022 | Supply of office furniture, carpets, curtains, and related fittings |
| NCMTC/PRE/A/05/2022 | Supply and provision of design, artwork, color separation and printing of promotional, communication and advertising materials, (such T-shirts, caps, banners etc.) |
| NCMTC/PRE/A/06/2022 | Supply of promotional materials - tents, decorations, P.A. services  |

|  |  |
| --- | --- |
| **B** | **General operations - supply of services** |
| NCMTC/PRE/B/01/2022 | Provision of security and CCTV services |
| NCMTC/PRE/B/02/2022 | Provision of Public Relations, promotional, marketing and advertising services  |
| NCMTC/PRE/B/03/2022 | Provision of firefighting services - equipment and servicing |
| NCMTC/PRE/B/04/2022 | Provision of sanitary services |
| NCMTC/PRE/B/05/2022 | Provision of pest control and fumigation services  |

|  |  |
| --- | --- |
| **C** | **Medical training**  |
| NCMTC/PRE/C/01/2022 | Supply of medical and laboratory equipment and consumables and medicines |
| NCMTC/PRE/C/02/2022 | Supply of anatomical models, charts, simulators, and other medical training equipment |

|  |  |
| --- | --- |
| **D** | **ICT & electronics** |
| NCMTC/PRE/D/01/2022 | Supply of computers, laptops, servers, UPS, printers, scanners, software, accessories, and other related ICT Items |
| NCMTC/PRE/D/02/2022 | Supply of electronic and telecommunication equipment (e.g., cameras, TVs, telephone heads, mobile phones, etc.) |
| NCMTC/PRE/D/03/2022 | Repair and maintenance of ICT equipment, servers, desktops computers, Local Area Network, printers, photocopiers, UPS etc. |

|  |  |
| --- | --- |
| **E** | **Motor vehicles** |
| NCMTC/PRE/E/01/2022 | Repair, Maintenance, and servicing of motor vehicles (CM & TE Registered Firms Only)  |
| NCMTC/PRE/E/02/2022 | Supply of motor vehicle tires, tubes, and batteries |

|  |  |
| --- | --- |
| **F** | **Buildings - construction, repair, and maintenance** |
| NCMTC/PRE/F/01/2022 | Supply of hardware, electrical, fittings, air-conditioners, and related items |
| NCMTC/PRE/F/01/2022 | Minor construction works, partitioning, repairs, painting and demolition of building, offices, and structures |
| NCMTC/PRE/F/03/2022 | Minor plumbing, drainage and sewerage services, welding, electrical |
| NCMTC/PRE/F/04/2022 | Borehole drilling, repair and maintenance and sewerage services |

# SECTION C: CONTRACT REGULATIONS / GUIDELINES

1. **Taxes on Imported Materials:** The supplier / consultant / contractor will have to pay all taxes payable as applicable for all imported materials to be supplied.
2. **Customs Clearance:** The supplier /consultant / contractor shall be responsible for custom clearance of their imported materials.
3. **Contract Price:** The contract shall be of unit price type and cumulative of computed unit price and quantities required. Prices quoted must be in KES and include of all delivery charges and taxes.
4. **Delivery of materials:** The supplier MUST make full delivery of the items to the college procurement offices or stores as advised:
	1. All deliveries MUST be done on weekdays and during normal working hours between 8:30am to 12:30pm in the morning and between 2:00pm and 4:00pm in the afternoon.
	2. Partial delivery will not be allowed unless the supplier communicates in advance in writing to the procurement office citing relevant reasons and giving the next delivery dates.

# SECTION D: FEEDBACK TO APPLICANTS

1. Successful applicants will be advised by email within two (2) weeks from date of closure of receipt of applications.
2. In case you apply for prequalification but don’t hear from us within four (4) weeks after the closing date, please consider your application unsuccessful; no separate or individual communication shall be made by North Coast Medical Training College.

# SECTION E: DISCLAIMER

1. This is only an invitation for prequalification and North Coast Medical Training College may cancel the process at any time without notice. Submission of application does not result in any contractual relationship between the bidder and college.
2. North Coast Medical Training College is under no obligation whatsoever to prequalify any bidder, but the decision of the evaluation committee guided by the advised criteria shall be final.
3. The bidder is fully liable for any cost incurred in the preparation and submission of their application.

# SECTION F: SUPPLIERS APPLICATION FORM

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

I/We hereby apply for registration as a supplier/service provider of **[Item Description]** ……………………………………………… as per **[Category No.]** …………………………….

|  |  |
| --- | --- |
| Full name of authorized signatory:  | ……………………………………………………… |
| Designation:  | ……………………………………………………… |
| Official signature and official stamp / seal | ……………………………………………………… |

## F1: Personal / Company / Business Particulars

|  |  |
| --- | --- |
| Business name:  | …………………………………………………………… |
| Postal Address:  | …………………………………………………………… |
| Telephone number (official): | …………………………………………………………… |
| Name (contact person) | …………………………………………………………… |
| Position contact person | …………………………………………………………… |
| Telephone number (contact person):  | …………………………………………………………… |
| Email address: | …………………………………………………………… |
| Town: | …………………………………………………………… |
| Street: | …………………………………………………………… |
| Building, Floor, and/or Office no.: | …………………………………………………………… |
| Other branches/locations: | …………………………………………………………… |

## F2: Business information and type of business

|  |  |
| --- | --- |
| **Nature / Type of Business:***(Strike through those that* *are not applicable)* | 1. Sole Proprietor
 |
| 1. Partnership
 |
| 1. Limited Liability Company
 |

If **a. Sole Proprietor**, provide the following information on the proprietor:

|  |  |
| --- | --- |
| 1. Full name
 | ……………………………….. |
| 1. ID number
 | ……………………………….. |
| 1. Age
 | ……………………………….. |
| 1. Sex
 | ……………………………….. |
| 1. Nationality
 | ……………………………….. |
| 1. Country of origin
 | ……………………………….. |

If **b. Partnership**, provide the following information on the partners:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **Name** | **Nationality** | **ID No.** | **PIN** | **Share** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

If **c. Limited Liability Company**, provide the following information on the partners:

|  |  |
| --- | --- |
| Private or Public | ………………………………………………………… |
| Details of all directors:*NB: Indicate under**“Citizenship Details”**whether by Birth,**Naturalization or**Registration.* | Name | Nationality | Citizenship details | Share |
|  ……………………. | …………… | ………………… | ………… |
|  …………………… | …………… | ………………… | ………… |
|  …………………… | …………… | ………………… | ………… |
|  …………………… | …………… | ………………… | ………… |

## F3: Clients supplied by the applicant

Give details of at least three reputable organizations where you are supplying / or have supplied the category of goods/service applied for. (Attach Proof)

|  |  |  |
| --- | --- | --- |
| **Client 1:** | Name: | ………………………………………………… |
| Address: | ………………………………………………… |
| Year of last supply | ………………………………………………… |
| Contact person: | ………………………………………………… |
| Position contact person | ………………………………………………… |
| Telephone number | ………………………………………………… |
| Email address: | ………………………………………………… |

|  |  |  |
| --- | --- | --- |
| **Client 2:** | Name: | ………………………………………………… |
| Address: | ………………………………………………… |
| Year of last supply | ………………………………………………… |
| Contact person: | ………………………………………………… |
| Position contact person | ………………………………………………… |
| Telephone number | ………………………………………………… |
| Email address: | ………………………………………………… |

|  |  |  |
| --- | --- | --- |
| **Client 3:** | Name: | ………………………………………………… |
| Address: | ………………………………………………… |
| Year of last supply | ………………………………………………… |
| Contact person: | ………………………………………………… |
| Position contact person | ………………………………………………… |
| Telephone number | ………………………………………………… |
| Email address: | ………………………………………………… |

## F4: Manpower for delivery of services

Qualifications and experience of key personnel proposed for administration and execution of the Service Contract. Attach Curriculum Vitae (CV’s) signed by the proposed personnel.

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Core qualifications** | **Relevant experience** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## F5: Past performance

1. Have you previously been supplying goods/services to North Coast Medical Training College? If yes, give details of the last three (3) orders (Type of goods, total amount of the supply, date of delivery)

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

1. Do you have any pending orders with the college? If so, give details

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

1. Have you ever failed to honor NCMTC LPO? If so, give details

……………………………………………………………………………………………………

……………………………………………………………………………………………………

……………………………………………………………………………………………………

|  |  |
| --- | --- |
| **Current Trade License:** | No: ……………………………………………… |
| Expiry date: ……………………………………. |

|  |  |
| --- | --- |
| **Maximum order your business has handled at a single point in time:** |  Ksh………………………………………………… |

## F6: Terms for payments for services and supplies

North Coast Medical Training college works on deliveries after issuance of a Local Purchase / Service Order. Payments will be made within 30 days after delivery and receipt of invoices. In case of any delays of payments it will be communicated to you in advance. Confirm if this arrangement is acceptable for you (delete as applicable):

***Acceptable / Not Acceptable***

## F7: Declaration

I/ We have completed these forms accurately at this time of application and will be able to adhere as per the responses provided if requested to do so. We are aware that any inaccuracy in the information provided may be used as grounds for disqualification from further proceedings.

Signed and stamped: …………………………………………………………………………

Name: …………………………………………………………………………

Position in the Company………………………………………………………………

Date……………………………………………………………………………………

*You may attach a separate sheet if space is required. Any attachment must be duly signed and stamped)*

# SECTION G: ANNEXES TO THE APPLICATION TO SHOW COMPLIANCE WITH STATUTORY REQUIREMENTS

All firms MUST provide copies of the following:

1. Certificate of Registration of Business Name
2. Valid Tax Compliance Certificate from Kenya Revenue Authority
3. Pin Certificate of firm/company/individual
4. Current Trade License from County Government
5. VAT Registration Certificate

If available to support the application:

1. Business / Company profile
2. Letters of recommendation from previous organization served.

For special consideration and preferential treatment:

1. Certificate of registration as Youth, Women and Persons with Disability by National Treasury

Other requirements as appropriate to the relevant category:

1. Registration certificate as a contractor by National Construction Authority and other relevant authorities for Building works contractors
2. Practicing Certificate for all professionals
3. Transport Hire firms must attach evidence of having taken all the Insurance covers.
4. Where mandatory for service provision, attach evidence of valid registration certificate with relevant Professional bodies / Authorities.