NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES

TENDER NO. NCPWD/PREQ/02/2017-2019


(HEARING AND COMMUNICATION DISABILITIES)

ADVERTISEMENT DATE: 14TH NOVEMBER, 2017
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</table>


<table>
<thead>
<tr>
<th>NO.</th>
<th>TENDER NO.</th>
<th>ITEM DESCRIPTION</th>
<th>Eligibility</th>
<th>Closing date and time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>NCPWD/PREQ/01/2017-2019</td>
<td>Supply and delivery of assistive devices for persons with physical disabilities</td>
<td>Open</td>
<td>6th December, 2017 at 11.00 A.M</td>
</tr>
<tr>
<td>2.</td>
<td>NCPWD/PREQ/02/2017-2019</td>
<td>Supply and delivery of assistive devices for persons with hearing impairment and communication disabilities</td>
<td>Open</td>
<td>6th December, 2017 at 11.00 A.M</td>
</tr>
<tr>
<td>3.</td>
<td>NCPWD/PREQ/03/2017-2019</td>
<td>Supply and delivery of assistive devices for persons with visual impairment</td>
<td>Open</td>
<td>6th December, 2017 at 11.00 A.M</td>
</tr>
</tbody>
</table>

Interested eligible candidates may obtain further information from and inspect the prequalification documents at the Supply chain office, National Council For Persons With Disabilities, KABETE ORTHOPAEDIC COMPOUND on Waiyaki
way opp; ABC PLACE, next to Kabete Barracks from Monday-Friday during normal working hours (8.00 am to 5.00pm).

A complete set of prequalification documents may be downloaded from the National Council for Persons with Disabilities Website www.ncpwd.go.ke for free.

Completed prequalification documents accompanied by all requisite supporting documents are to be enclosed in plain sealed envelopes, clearly indicating the tender number and name and addressed to:

The Executive Director
National Council for Persons with Disabilities,
P.O. BOX 66577-00800,
NAIROBI.

And be deposited in the tender box provided at The National Council for Persons with Disabilities’ front office so as to be received on or before 6th December, 2017 at 11.00 A.M

Pre-qualification documents will be opened immediately thereafter at NCPWD’s Waiyaki way Office, opposite ABC place at the parking bay in the presence of the bidder or their representatives who choose to attend.

EXECUTIVE DIRECTOR
NCPWD
1.0 PRE-QUALIFICATION INSTRUCTIONS

1.1 Introduction

The National Council for Persons with Disabilities would like to invite interested candidates who must qualify by meeting the set criteria as provided to supply and deliver goods and services to the Council.

1.2 Pre-qualification Objective

The main objective is to supply and deliver assorted items and also provide services under relevant tenders /quotations to the National Council for Persons with Disabilities as and when required during the period ending 30th June 2019.

1.3 Invitation of Pre-qualification

Suppliers registered with the Registrars of Companies under the Laws of Kenya in respective merchandise or services are invited to submit their pre-qualification documents to THE EXECUTIVE DIRECTOR, NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES so that they may be pre-qualified/ registered for submission of tenders. Bids will be submitted in complete lots singly or in combination. The prospective suppliers are required to supply mandatory information for pre-qualification/registration.

1.4 Experience

Prospective suppliers must have carried out successful supply and delivery of similar items/services organizations of similar size. Potential suppliers must demonstrate the willingness and commitment to meet the pre-qualification criteria.

1.5 Pre-qualification Document

This document includes questionnaire forms and documents required of prospective suppliers.
1.6 In order to be considered for pre-qualification/registration, prospective suppliers must submit all the information herein requested.

1.7 Distribution of Pre-qualification Documents

Completed pre-qualification/registration data and other requested information shall be submitted to reach:

THE EXECUTIVE DIRECTOR
NATIONAL COUNCIL FOR PERSONS WITH DISABILITIES
P.O BOX 66577 -00800
NAIROBI
Tel (020) 2375994
Not later than 11.00 am, Wednesday 6th December, 2017.

1.8 Questions Arising from Documents

Questions that may arise from the pre-qualification documents should be directed to the Executive Director, National Council for Persons with Disabilities whose address is given in par 1.7

1.9 Additional Information

The Council reserves the right to request submission of additional information from prospective bidders.
2.0 BRIEF CONTRACT REGULATIONS/GUIDELINES

2.1 Taxes on Imported Materials

The supplier will have to pay all taxes payable as applicable for all materials to be supplied.

2.2 Customs Clearance

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

2.3 Contract Price

The contract shall be of unit price type or cumulative of computed unit price and quantities required. Prices quoted should be inclusive of all delivery charges.

2.4 Payments

All local purchase 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 and PQ-7 are to be completed by prospective suppliers/contractors who wish to be pre-qualified for submission of tender for specific category.

3.1.1 The pre-qualified/registered application 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 the Council in determining, according to its sole judgment and discretion, the qualifications of prospective bidders to perform in respect to the Tender Category as described by the client.

3.2.2 Prospective bidders will not be considered qualified unless in the judgment of the Council they possess capability, experience, qualified personnel available and suitability of equipment and net current asset 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 financial 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-7 by the tenderer ensuring the accuracy of the information given.

3.5 Withdrawal of Pre-qualification

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/the Council 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 Council reserves the right to reject the tender from such a bidder even though he 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 Pre-qualification Criteria

<table>
<thead>
<tr>
<th>Required Information</th>
<th>Form Type</th>
<th>Points Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration Documents</td>
<td>PQ-1</td>
<td>20</td>
</tr>
<tr>
<td>2. Pre-qualification Data</td>
<td>PQ-2</td>
<td>10</td>
</tr>
<tr>
<td>3. Technical Personnel</td>
<td>PQ-3</td>
<td>20</td>
</tr>
<tr>
<td>4. Financial Position</td>
<td>PQ-4</td>
<td>20</td>
</tr>
<tr>
<td>5. Confidential Report</td>
<td>PQ-5</td>
<td>10</td>
</tr>
<tr>
<td>6. Past Experience</td>
<td>PQ-6</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

3.8- To qualify for pre-qualification the supplier must score a minimum of 70 points (70%)
FORM PQ-1 PRE-QUALIFICATION

All firms must provide:

1. Copies of Registration of the company.

2. Copy of valid tax Compliance Certificate from Kenya Revenue Authority (Failure to produce the valid tax compliance certificate to prove compliance, will lead to automatic disqualification)

3. Copy of current Trade License.

4. Company profile

5. Product brochures

(20 Points)
REGISTRATION OF SUPPLIERS APPLICATION FORM

1. I/we ……………………………………………. hereby apply for registration as supplier(s) of (Name of Company/Firm)

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

(Item Description)
........................................................................................................................................................................

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

(Category No.)

Post Office Address........................................................................................................................................

Town........................................................................................................................................................................

Street........................................................................................................................................................................

Name of building................................................................................................................................................

Room/Office No ....................... Floor No ........................................................................................................

Telephone Nos. ................................................................................................................................................

Full Name of applicant ........................................................................................................................................

Other branches location.........................................................................................................................................
2. Organization & Business Information

Management Personnel

President (Chief Executive)

Secretary

General Manager

Treasurer

Other

Partnership (if applicable)

Name of Partners

3. Business founded or incorporated

4. Under present management since

5. Net worth equivalent

6. Bank reference and address

7. Bonding company reference and address

8. Enclose copy of organization chart of the firm indicating the main fields of activities
9. State any technological innovations or specific attributes which distinguish you from your competitors

................................................................................................................................................................
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10. Indicate terms of trade/sale................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................
................................................................................................................................................................

(10 points)
PQ-3  TECHNICAL 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)

Please indicate whether the organization has the following experts to handle the assessments of the Persons with Disabilities needs. (Attach their credentials or the accreditation)

- Audiologist, ENT Specialists,

(20 points)
(1) Attach a copy of firm’s two certified financial statements giving summary of assets and current liabilities/or any other financial support.

(2) Attach letters of reference from the bankers regarding supplier’s credit position

(20 Points)
You are requested to give the particulars indicated in part 1 and either part 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**

…………………………………………………………………………………………

**Location of business**

Premises………………………………………………………………………………

**Plot No.** ………………………………, **Street/Road**
…………………………………………

**Postal Address** ………………………………**Tel. No.**
…………………………………………

**Nature of business**

…………………………………………………………………………………………

**Current Trade Licence No.** ………………………………**Expanding date**
…………………………………………

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

**KES** ………………………

**Name of your bankers** ………………………………**Branch** ……………………………
**Part 2 (a) – Sole Proprietor**

Your name in full  
……………………………………………….Age……………………………………………….
Nationality………………………………………….Country of  
origin…………………………………………
*Citizenship  
details…………………………………………………………………………………………

**Part 2(b) – Partnership**

Give details of partners as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>Citizenship Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shares</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part 2 (c) – Registered Company**

Private or Public  
…………………………………………………………………………………………
State the nominal and issued capital of company:-  
Nominal : KES.………………………………………………………………………………
Issued : …………………………………………………………………………………

Give details of all directors as follows:-

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>Citizenship Details</th>
<th>Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<td>3</td>
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<tr>
<td>5</td>
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<td></td>
</tr>
</tbody>
</table>

Date ..............................  Signature candidate..........................

- If Kenyan citizen, indicate under “Citizenship Details" whether by birth, Naturalization or Registration.

(10 points)
FORM PQ -6 PAST EXPERIENCE

NAMES OF THE APPLICANT'S CLIENTS IN THE LAST TWO YEARS

NAMES OF OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS

1. Name of 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 (date)
       ……………………………………………………………………………………………………………
   vi. Duration of Contract (date)
       ……………………………………………………………………………………………………………
       (Attach documental evidence of existence of contract)

2. Name of 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 (date)
……………………………………………”

vi. Duration of Contract (date)
……………………………………………”

(Append documental evidence of existence of contract)

3. Name of 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 (date)
……………………………………………”

vi. Duration of Contract (date)
……………………………………………”

(Append documental evidence of existence of contract)

4. Others
…………………………………………………………………………………………………”

…………………………………………………………………………………………………”

……………………………………………………………………………………………”

(20 Points)
Name of contractor/supplier

Suppliers should provide information on any history litigation or arbitration resulting from contracts executed in the last five years or currently under execution.

<table>
<thead>
<tr>
<th>Year</th>
<th>Award for or against</th>
<th>Name of Client cause of Litigation and matter in dispute</th>
<th>Disputed Amount (Current Value, KES. Equivalent)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
FORM PQ -8 - SWORN STATEMENT

Having studied the pre-qualification /registered 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 Council.

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 Council and acknowledge your right to review the pre-qualification made.

d. We enclose all the required documents and information required for the pre-qualification evaluation.

e. We confirm that we have not been debarred from participation in Public Procurement and have no litigation procedure in process.

f. Date........................................................................................................................................

Applicant’s Name
........................................................................................................................................

Represented by
........................................................................................................................................

Signature
........................................................................................................................................

(Full name and designation of the person signing and stamp or seal)
SCHEDULE OF REQUIREMENTS

The items listed below are only indicative for the purposes of providing the bidders with information of the devices that they are expected to supply when invited to quote. This is on the need basis.

1. DEVICES FOR THE HARD OF HEARING

<table>
<thead>
<tr>
<th>NO</th>
<th>CONDITION/ INDICATION OF HEARING IMPAIRMENT</th>
<th>DEVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mild to moderate hearing loss 41-60dBHL</td>
<td>Behind the Ear Hearing Aid (BTE)</td>
</tr>
<tr>
<td>2</td>
<td>Moderate to Severe hearing loss at 41-70dBHL</td>
<td>In the Canal (ITC) and Completely In the Canal (CIC Hearing Aid)</td>
</tr>
<tr>
<td>3</td>
<td>Moderate to severe Hearing loss of 71-90dBHL</td>
<td>In the Ear Hearing Aid (ITE)</td>
</tr>
<tr>
<td>4</td>
<td>Unilateral hearing loss depending on degree of hearing loss,</td>
<td>Bone conductor or Bone anchored hearing Aid</td>
</tr>
<tr>
<td>5</td>
<td>Binaural hearing loss</td>
<td>Spectacle Hearing Aid</td>
</tr>
</tbody>
</table>