UGANDA DEVELOPMENT AND HEALTH ASSOCIATES

PRE-QUALIFICATION/REGISTRATION OF SUPPLIERS FOR SUPPLY/PROVISION OF GOODS AND SERVICES

PREQUALIFICATION FOR FINANCIAL YEARS 2016-2017 & 2017-2018

CLOSING DATE: 17th August 2016 AT 11:30 A.M
# Table of Contents

<table>
<thead>
<tr>
<th>Contents</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>1</td>
</tr>
<tr>
<td>INVIATION FOR PREQUALIFICATION FOR SUPPLIES AND SERVICES</td>
<td>2</td>
</tr>
<tr>
<td>PRE-QUALIFICATION INSTRUCTIONS</td>
<td>4</td>
</tr>
<tr>
<td>BRIEF CONTRACT REGULATIONS/GUIDELINES</td>
<td>6</td>
</tr>
<tr>
<td>PRE-QUALIFICATION DATA INSTRUCTIONS</td>
<td>7</td>
</tr>
<tr>
<td>FORM PQ-1 PRE-QUALIFICATION</td>
<td>10</td>
</tr>
<tr>
<td>FORM PQ-2 - PRE-QUALIFICATION DATA</td>
<td>11</td>
</tr>
<tr>
<td>PQ-3 (a) SUPERVISORY PERSONNEL (applicable to all suppliers)</td>
<td>13</td>
</tr>
<tr>
<td>PQ-4 - FINANCIAL POSITION AND TERMS OF TRADE</td>
<td>14</td>
</tr>
<tr>
<td>FORM PQ-5 CONFIDENTIAL BUSINESS QUESTIONNAIRE</td>
<td>15</td>
</tr>
<tr>
<td>FORM PQ-6 - PAST EXPERIENCE</td>
<td>17</td>
</tr>
<tr>
<td>FORM PQ-7 - LITIGATION HISTORY</td>
<td>18</td>
</tr>
<tr>
<td>FORM PQ-8 - SWORN STATEMENT</td>
<td>19</td>
</tr>
</tbody>
</table>
INVITATION FOR PREQUALIFICATION  FOR SUPPLIES AND SERVICES

Date: 28th July 2016.


Uganda Development and Health Associates invites applications from interested eligible firms for the prequalification of suppliers and service providers for the under listed categories for the financial years 2016/2017 and 2017/2018 on “as and when required basis”.

<table>
<thead>
<tr>
<th>NO.</th>
<th>CATEGORY NUMBER</th>
<th>ITEMS DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UDHA/SUPS/01/2016/2017 2017/2018</td>
<td>Supply of Printable Stationery</td>
</tr>
<tr>
<td>2</td>
<td>UDHA/SUPS/02/2016/2017 2017/2018</td>
<td>Supply of Assorted stationary</td>
</tr>
<tr>
<td>3</td>
<td>UDHA/SUPS/03/2016/2017 2017/2018</td>
<td>Supply of Fuel, oil and Lubricants</td>
</tr>
<tr>
<td>4</td>
<td>UDHA/SUPS/04/2016/2017 2017/2018</td>
<td>Supply of Photocopier Toners and Printer Cartridges</td>
</tr>
<tr>
<td>5</td>
<td>UDHA/SRVS/05/2016/2017 2017/2018</td>
<td>Provision of vehicle Hire Services</td>
</tr>
<tr>
<td>6</td>
<td>UDHA/SUPS/06/2016/2017 2017/2018</td>
<td>Design and Supply of branded promotional materials (T-shirts, Caps, carrier bags, banners, etc.)</td>
</tr>
<tr>
<td>7</td>
<td>UDHA/SUPS/07/2016/2017 2017/2018</td>
<td>Supply of Reagents ( Test Kits, cotton wool, Prickers, Biohazard bags and spirit</td>
</tr>
<tr>
<td>10</td>
<td>UDHA/SUPS/10/2016/2017 2017/2018</td>
<td>Provision of Boat Hire services</td>
</tr>
<tr>
<td>11</td>
<td>UDHA/SRVS/11/2016/2017 2017/2018</td>
<td>Provision of Internet services</td>
</tr>
<tr>
<td>12</td>
<td>UDHA/SRVS/12/2016/2017 2017/2018</td>
<td>Provision of Public Address System</td>
</tr>
<tr>
<td>13</td>
<td>UDHA/SRVS/13/2016/2017 2017/2018</td>
<td>Provision of Tents and chairs</td>
</tr>
<tr>
<td>14</td>
<td>UDHA/SRVS/14/2016/2017/2018</td>
<td>Provision of hotel accommodation, workshop facilities and catering Services</td>
</tr>
</tbody>
</table>
Tender/Pre-qualification documents may be obtained from the address below between 9:00am and 5:00pm during working hours Monday to Friday.

Uganda Development and Health Associates

Plot 7-10, Bulamu Road
Town/District: Iganga Municipality
P. O. Box 77, Iganga
Country: Uganda
Electronic mail address: admin@udha-uganda.org

Duly completed Tender/pre-qualification document in plain sealed envelopes marked “pre-qualification of suppliers” with details of Pre-qualification Category Number should be addressed to:

The Executive Director,
Uganda Development and Health Associations
Plot 7-10, Bulamu Road,
P.O Box 3803, Iganga.
Tel: +256 706398070

Submission deadline is on or before 17th August 2016 at 12:00 p.m.
Tender /Pre-Qualification documents will be opened immediately thereafter. Any document received after the due time and date shall be rejected and returned.
PRE-QUALIFICATION INSTRUCTIONS

1.1 Introduction

Uganda Development and Health Associates would like to invite interested candidates who must qualify by meeting the set criteria as provided to perform the contract of supply and delivery or provision of goods and services.

1.2 Pre-qualification Objective

The main objective is to supply and deliver assorted items and services under relevant tenders/quotations to the Uganda Development and Health Associates for the period; 2016/2017 and 2017/2018 ending 30th December, 2018.

1.3 Invitation of Pre-qualification

Suppliers and Contractors registered with Registrar of Companies under the Laws of Uganda in respective merchandise or services are invited to submit their PRE-QUALIFICATION documents to Uganda Development and Health Associates so that they may be pre-qualified for submission of bids or quotations. Applications will be submitted in complete lots singly or in combination. The prospective suppliers/contractors are required to submit the mandatory information for pre-qualification.

1.4 Experience

Prospective suppliers and contractors must have carried out successful supply and delivery of similar items/services to different Non-governmental organizations and other business institutions of similar size and complexity. Potential suppliers/contractors 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 applicants.

1.6 In order to be considered for pre-qualification, prospective applicants must submit all the information as herein requested.

1.7 Distribution of Pre-qualification Documents

Duly Completed pre-qualification data and other requested information shall be submitted, so as to reach:

The Executive Director,
Uganda Development and Health Associations
Plot 7-10, Bulamu Road,
P.O Box 3803, Iganga, Tel: +256 414 ……Not later than 17th August 2016 at 11.30 a.m.
1.8 Questions Arising from Documents

Questions that may arise from the pre-qualification documents should be directed to The Executive Director whose address is given in part 1.7

1.9 Additional Information

Uganda Health and Development Associates reserves the right to request submission of additional information from prospective bidders.

1.10 Request for quotations/Tenders will be made available only to those bidders whose qualifications meet the requirements after evaluation.
2.1 **Taxes on Imported Materials**

The Supplier/Contractor will have to pay custom duty and VAT as applicable for all imported materials to be supplied unless the item(s) is/are donor funded.

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. Quantities may increase or decrease as determined by demand on the authority of the client’s **Executive Director** or **Procurement Committee**. Prices quoted should be inclusive of all delivery charges.

2.4 **Payments**

All local purchases 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

3.1 Pre-qualification data forms

The attached questionnaire forms PQ-1, PQ-2, PQ-3(a), PQ-4, PQ-5, PQ-6, PQ-7, PQ-8, are to be completed by prospective suppliers/contractors who wish to be pre-qualified for submission of application for the specific tender.

3.1.1 The pre-qualified 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 application must be written in English and in ink.

3.2 Qualification

3.2.1 It is understood and agreed that the pre-qualification data on prospective bidders is to be used by the Uganda Development and Health Associates 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 applicants will not be considered qualified unless in the judgment of the Uganda Development and Health Associates that they possess 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

3.3.1 (a) Experience: Prospective bidders shall have at least 2 years experience in the supply of goods and services and allied items in case of potential supplier/contractor should show competence, willingness and capacity to service the contract.

(b) Prospective candidates require special experience and capability to organize supply and delivery of items, or services at short notice.

3.3.2 Personnel

The names and pertinent information and detailed CVs 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 Applicants’ financial condition will be determined by latest financial statement submitted with the prequalification 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 to be filled/provided 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 from past customers should be included in Form PQ-6

3.4 Statement

Applicants must include a sworn statement Form PQ-8 by the Tenderers 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/Uganda Development and Health Associates 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 Uganda Development and Health Associates 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 Uganda, with certificate of Registration/Incorporation/Memorandum and Articles 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

3.7 Prequalification Criteria

<table>
<thead>
<tr>
<th>Required Information</th>
<th>Form Type</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Registration Documentation</td>
<td>PQ-1</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>2. Pre-qualification Data</td>
<td>PQ-2</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>3. Supervisory Personnel</td>
<td>PQ-3(a)</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>4. Financial Position</td>
<td>PQ-4</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>5. Confidential Report</td>
<td>PQ-5</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>6. Past Experience</td>
<td>PQ-6</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>7. Litigation History</td>
<td>PQ-7</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>8. Sworn Statement</td>
<td>PQ-8</td>
<td>Pass/Fail</td>
</tr>
</tbody>
</table>
FORM PQ-1 PRE-QUALIFICATION

The pre – qualification documents must be accompanied by the following:-

1. Copy of certificate of incorporation/Registration
3. Tax Compliance Certificate from Uganda Revenue Authority
4. Registered Power of Attorney
5. List and value of five contract works performed in the last 2 years
6. Contacts of at least five major clients who may be contacted for further information on these contracts
7. Qualification and experience of key personnel
8. Authority to seek reference from bankers and clients
9. Certificate copy of TIN registration certificate
10. Physical address
11. Provide certified audited accounts for the latest three previous years
12. Current bank statement for the latest six months

NB: Failure to provide the authorization letters will lead to automatic disqualification of the applicant.
REGISTRATION OF SUPPLIERS APPLICATION FORM

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

   of ..............................................................................................................................
   (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 ............................................................................................

   Chief Executive ........................................................................................................

   Secretary ...................................................................................................................

   General Manager ......................................................................................................

   Treasurer ...................................................................................................................

   Other .........................................................................................................................
Partnership (if applicable)

Names of Partners

3. Business founded or incorporated.................................................................

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

5. Net worth equivalent UGX..............................................................................

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

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

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

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

..........................................................................................................................
PQ-3 (a) SUPERVISORY PERSONNEL (applicable to all suppliers)

Name..................................................................................................................................................

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

Academic Qualification......................................................................................................................

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

Professional Qualification..................................................................................................................

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

Length of service with Contractor or Supplier position held..............................................................

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

(Attach copies of certificates of key personnel’s in the organization)
PQ-4 - FINANCIAL POSITION AND TERMS OF TRADE

(1) Attach a copy of firm’s two latest 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.
FORM PQ-5 CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part I 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

<table>
<thead>
<tr>
<th>Part I- General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name ………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>Location of business premises…………………………………………………………………………………………</td>
</tr>
<tr>
<td>Plot No. ……………………………….. Street/Road……………………………………………………………………………</td>
</tr>
<tr>
<td>Postal Address………………..Tel.No………………………………………………………………………………</td>
</tr>
<tr>
<td>Nature of business………………………………………………………………………………………………………………</td>
</tr>
<tr>
<td>Current Trade License No……………………………Expanding date………………………………………………</td>
</tr>
<tr>
<td>Maximum value of business which you can handle at any one time: Ugshs………………………………………</td>
</tr>
<tr>
<td>Name of your bankers……………………………………………………………………………………………………………</td>
</tr>
</tbody>
</table>

Part 2 (a) – Sole Proprietor

☐

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

Part 2 (b) Partnership

☐

Given details of partners as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality</th>
<th>Citizenship Details</th>
<th>Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></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 Ugshs. ________________________________
- Issued Ugshs. ________________________________

Given 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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date .................................. Signature of Candidate .........................

*if Uganda Citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration
FORM PQ-6 - PAST EXPERIENCE

NAMES OF OTHER CLIENTS AND VALUES OF CONTRACT/ORDERS – (PREFERENCE GROUP EXEMPTED)

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 (date) …………………………………………………………………………………………………………………

(Attach documental evidence of existence of contract)

2. Name of 2\textsuperscript{nd} 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 (date) …………………………………………………………………………………………………………………

(Attach documental evidence of existence of contract)

3. Name of 3\textsuperscript{rd} 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 (date) …………………………………………………………………………………………………………………

(Attach documental evidence of existence of contract)

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

(Attach documental evidence of existence of contract)
FORM PQ-7 - LITIGATION HISTORY

Name of Contract Supplier

Contractors/Suppliers should provide information on any history of 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, UGSHS. EQUIVALENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FORM PQ-8 - SWORN STATEMENT

Having studied the pre-qualification information for the above project we/I 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 we acknowledge that this grants us the right to participate in due time in the submission of a tender or quotation on the basis of provisions in the tender or quotation documents to follow.

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

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

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

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

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

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