ICPALD PRE-QUALIFICATION 2022-2023

IGAD Centre for Pastoral Areas and Livestock Development (ICPALD) is a specialized Institution of the Inter-Governmental Authority on Development (IGAD). The mission of ICPALD is to compliment efforts of IGAD member states to sustainably generate wealth and employment through livestock and complementary livelihood resources development in arid and semi-arid areas of the IGAD Region.

ICPALD Centre for Pastoral Areas and Livestock Development (ICPALD) is in the process of pre-qualifying suppliers of various goods and services. Interested suppliers should apply for pre-qualification, indicating the category & description of goods and/or services that they can supply from the tables below.

Existing suppliers who wish to be retained in the register of suppliers MUST also apply for consideration.

The pre-qualified list of suppliers will be used by ICPALD for financial year, 2022-2023.

<table>
<thead>
<tr>
<th>SUPPLY OF GOODS</th>
<th>CATEGORY NO</th>
<th>ITEM DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ICPALD/PQ/001/2022-2023</td>
<td>Supply and maintenance of office furniture, furnishings and fittings</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/002/2022-2023</td>
<td>Supply of general office stationery, computer consumables and accessories</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/003/-2023</td>
<td>Supply of paint and other decorative, protective and finishing products</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/004/2022-2023</td>
<td>Supply of branded promotional items</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/005/2022-2023</td>
<td>Supply of motor vehicle tyres and accessories</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/006/2022-2023</td>
<td>Supply of electrical equipment and appliances</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/007/2022-2023</td>
<td>Supply of computers, printers, UPS, LCD projectors, photocopiers</td>
</tr>
<tr>
<td></td>
<td>ICPALD/PQ/008/2022-2023</td>
<td>Supply of toners – MUST have an authorized dealership certificate</td>
</tr>
</tbody>
</table>
## PROVISION OF SERVICES

<table>
<thead>
<tr>
<th>CATEGORY NO</th>
<th>ITEM DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICPALD/PQ/009/2022-2023</td>
<td>Provision of vehicle maintenance</td>
</tr>
<tr>
<td>ICPALD/PQ/010/2022-2023</td>
<td>Provision of photography and video services</td>
</tr>
<tr>
<td>ICPALD/PQ/011/2022-2023</td>
<td>Provision of courier services</td>
</tr>
<tr>
<td>ICPALD/PQ/012/2022-2023</td>
<td>Provision of advertising, PR and research services</td>
</tr>
<tr>
<td>ICPALD/PQ/013/2022-2023</td>
<td>Provision of transport and hire services (taxis and mini buses)</td>
</tr>
<tr>
<td>ICPALD/PQ/014/2022-2023</td>
<td>Provision of design and printing of calendars, diaries, banners and publication services</td>
</tr>
<tr>
<td>ICPALD/PQ/015/2022-2023</td>
<td>Provision of air travel agency services (must be registered with IATA)</td>
</tr>
<tr>
<td>ICPALD/PQ/016/2022-2023</td>
<td>Provision of security services</td>
</tr>
<tr>
<td>ICPALD/PQ/017/2022-2023</td>
<td>Provision of translation and interpretation services</td>
</tr>
<tr>
<td>ICPALD/PQ/018/2022-2023</td>
<td>Provision of insurance services</td>
</tr>
</tbody>
</table>

Kindly fill in attached forms.

All applicants must have Personal Identification Number (P.I.N.), Value Added Tax (VAT), and Registration and Tax Compliance certificates.

ICPALD reserves the right to accept or reject application(s) either in whole or part.

All applications should be addressed to:

**Director**

IGAD Centre for Pastoral Areas and Livestock Development (ICPALD)
Kabete Vetlabs, Kapenguria Road, Off Waiyaki Way
P.O. Box 47824-00100 Nairobi, Kenya. Tel: 254 737 777 742

The document(s) should be deposited in the tender box situated at IGAD Centre for Pastoral Areas and Livestock Development (ICPALD) reception so as to be received on or before 1700hrs on 15th September 2022. The hard copies should be received in plain sealed envelopes and clearly marked “Pre-Qualification number and Category No. __________”

P. O. Box 47824-00100 Nairobi, Kenya. Tel: +254 737 777742
E-mail: icpald@igad.int Website: www.icpald.org
APPLICATION FOR PRE-QUALIFICATION OF SUPPLIERS 2022-2023
BUSINESS QUESTIONNAIRE

I. BUSINESS DETAILS
A. Statutory Requirements and Contacts

1. Business Name: ______________________________________________

2. Type of Business: ____________________________________________

3. Certificate of Registration/Incorporation No.: ____________________

4. VAT Registration No.: ________________________________________

5. Tax Compliance Certificate No.: ________________________________

6. Current Business/Practice License No.: __________________________

B. Sole Proprietor (Name/Nationality) ______________________________

C. Partnership
Names and details of partners:

1. _____________________________________________________________

2. _____________________________________________________________

3. _____________________________________________________________
D. Limited Companies
Names and details of directors:

1. __________________________________________________________

2. __________________________________________________________

3. __________________________________________________________

4. __________________________________________________________

Share Capital: Authorized: Kshs. ________________________________

Issued and Paid: Kshs. ________________________________

II. Financial Information

i. Total assets ________________________________________________

ii. Current assets ______________________________________________

iii. Total liabilities _____________________________________________

iv. Current liabilities ___________________________________________
N.B. Attach audited accounts for the last 2 years

v. Terms of payment (maximum credit period) ____________________________________________

vi. Name of banker  ________________________________________________________________

Address __________________________________________ Telephone: _______________________

vii) Yearly turnover for the last three years:

Year 1: __________________________________

Year 2: __________________________________

Year 3: __________________________________

Contact person(s) NAME, DESIGNATION, CONTACT

1. ___________________________________________ _______________________________________

2. ___________________________________________ _______________________________________

3. ___________________________________________ _______________________________________ 

II: Experience: (State the organizations to which you have rendered services having carried out contracts of similar nature) – Provide 5 organizations

1. Name of organization: ___________________________________________________________
Type of service offered: ________________________________________________________________

Number of months/years of service to client: ____________________________________________

Name of officer: ____________________________________________________________________

Designation: _______________________________________________________________________

Postal address: _____________________________________________________________________

Physical address: ___________________________________________________________________

Telephone: ________________________________________________________________________

Fax: ______________________________________________________________________________

Email: ____________________________________________________________________________

Stamp: __________________________________________________________________________

2. Name of organization: ________________________________________________________________________________

Type of service offered: ________________________________________________________________________________
Number of months/years of service to client: ________________________________

Name of officer: _______________________________________________________

Designation: ___________________________________________________________

Postal address: _________________________________________________________

Physical address: _______________________________________________________

Telephone: ____________________________________________________________

Fax: ___________________________________________________________________

Email: _________________________________________________________________

Stamp: ________________________________________________________________

3. Name of organization: ________________________________________________

Type of service offered: _________________________________________________

Number of months/years of service to client: ________________________________
Name of officer:_______________________________________________________________

Designation:_______________________________________________________________________

Postal address: ___________________________________________________________________

Physical address:___________________________________________________________________

Telephone: ________________________________________________________________________

Fax:______________________________________________________________________________

Email: ________________________________

Stamp: ______________________________________

4. Name of organization:______________________________________________________________

Type of service offered:_______________________________________________________________

Number of months/years of service to client:__________________________________________

Name of officer:_______________________________________________________________
Designation: _____________________________________________________________

Postal address: ___________________________________________________________

Physical address: __________________________________________________________

Telephone: ________________________________________________________________

Fax: _________________________________________________________________________

Email: _________________________________________________________________

Stamp: _________________________________________________________________

5. Name of Organization: _________________________________________________

Type of service offered: ____________________________________________________

Number of months/years of service to client: _________________________________

Name of officer: ___________________________________________________________

Designation: ______________________________________________________________
Postal address: ________________________________________________________________

Physical address: _____________________________________________________________

Telephone: ________________________________________________________________

Fax: _______________________________________________________________________

Email: ______________________________

Stamp: _____________________________________________________________________

**Attach LPOs and Contracts.**

**III. Professional capacity** *(state the number of employees (both permanent and casual) working in the company with for the last two years with their qualification)*

1) Number of permanent employees____________________

2) Number of temporary employees _________________

**IV. OTHER IMPORTANT PRE-REQUISITES**

i) 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

____________________________________________________________________________

____________________________________________________________________________
ii) Do you have any contingent liabilities arising from tax, court decree or other sources?

YES/NO _______________________________________________________________ If YES, give reason(s) and sources for the contingent liabilities

________________________________________________

iii) Must confirm that the firm, its servants or agents have not offered and shall not offer inducements to the procuring entity.

______________________________________________________________________________

______________________________________________________________________________

iv) Enumerate any past litigation and arbitration incidences encountered by the firms in the last three years

______________________________________________________________________________

______________________________________________________________________________

Attach the below MANDATORY COPIES of the following documents when submitting your documents:

a. Certificate of Registration/Incorporation
b. VAT Registration
c. Current Business Permit/Practice License
d. Tax Compliance Certificate
e. Company Profile
f. Reference letters from companies for which similar service is rendered (5 letters)

g. Audited Accounts (past 2 years)

Note: Tenderers business premises may be inspected by a team of ICPALD officers to verify the above information. Ensure that you stamp all your documents and we encourage that you give a valid email address.

III. DECLARATION:

I/We have completed this form(s) accurately at the time of reply and it is agreed that all responses can be substantiated, if requested to do so. Any inaccuracy in the information filled herein will be used as grounds for removal from or termination of the qualification process.

NAME ________________________ DESIGNATION ________________________

SIGNATURE ______________________

DATE AND STAMP ______________________