



PREQUALIFICATION OF VENDORS (POV)

POV #: MEDS/POV/002/2023-2026

RELEASE DATE: JULY 7 ,2023.

VALIDITY OF PREQUALIFICATION: 36 MONTHS

I. Introduction

Mission for Essential Drugs and Supplies (**MEDS**) is a registered Trust of Kenya Conference of Catholic Bishops (KCCB) and Christian Health Association of Kenya (CHAK). The organization was started in 1986, as an ecumenical partnership to improve accessibility to quality healthcare. Since its inception, MEDS has played a crucial role in Health Supply Chain, Quality Assurance and Health Advisory Services.

MEDS is ISO 9001:2015 certified (by KEBS), USAID-OFDA pre-qualified Pharmaceutical Wholesaler and DG-ECHO Humanitarian Procurement Center. For more details including Mission and Vision of the organization, please visit our website: www.meds.or.ke.

I.1 Background

Mission for Essential Drugs and Supplies (MEDS) is implementing the Dawa za Ubora Project, a project funded by the United States Agency of International Development (USAID), under the President's Emergency Plan for AIDS Relief (PEPFAR) and other global health programs. MEDS is responsible for facilitating the warehousing and distribution of pharmaceutical cold chain, pharmaceutical grade, and/or ambient health commodities, non- Pharmaceuticals, Cold chain and Ambient Laboratory commodities in Kenya on behalf of USAID.

2. Purpose

MEDS is inviting interested companies to supply commodities and services in various categories as listed in the category table in this prequalification. The purpose of this invite is identifying potential vendor of MEDS-USAID Project that may subsequently be invited to submit proposals or quotations for the supply of commodities and services. Interested applicants should download the application titled **MEDS/POV/002/2023-2026**, fill and submit the pre-qualification package document from MEDS website at <https://meds.or.ke/downloads>

Prequalification of vendor does not amount to an award or obligate MEDS to refund costs incurred in submission of the interest.

3. General Instructions

- 1) Incomplete submissions that do not meet the requirements of this invitation will automatically be disqualified. Applicants are required to fill information requested as attached.

- 2) The applicant shall submit truthful information in all documentation. MEDS reserve the right to verify such documentation and right to visit and inspect the physical business location as part of due diligence in the evaluation process.
- 3) MEDS is not obliged to issue any tender or tenders to any prequalified vendor upon being successful from the evaluation process.
- 4) The submission deadline for responding to this POV is **July 28, 2023 at 5:00 pm East African Time**. All interested parties should email their applications to prequalifications@meds.or.ke with email Title being "PREQUALIFICATION OF VENDORS/ CATEGORY NUMBER XXX" in PDF and Zip format
- 5) Questions regarding this invitation will be sent to the email prequalifications@meds.or.ke and responded by MEDS through the website uploaded document named **Questions and Answers**. The deadline for questions is **July 14, 2023**.
- 6) MEDS require that applicants observe the highest standard of business ethics pre and post selection
- 7) This is a new prequalification process, all on boarded vendors are called upon to apply.

All information provided by applicants responding to this invite will be treated as confidential.

4. Categories for Supply of Goods and Services

CATEGORY A - SUPPLY OF GOODS	
MEDS/POV/01/2023-2026	Supply of Packaging Materials for Health Commodities (Cartons, Cool boxes, Strappings, Ice packs, Dry Ice etc.)
MEDS/POV/02/2023-2026	Supply of Stationery and General Office Supplies
MEDS/POV/03/2023-2026	Supply of ICT Hardware and Software (Information System Solutions, UPS, Desktops, Laptops, Printers, Networking and Telephone Devices etc.)
MEDS/POV/04/2023-2026	Supply of Branding (Tapes, Labels, etc.) and Promotional Materials
MEDS/POV/05/2023-2026	Supply of Computer Accessories and Consumables
MEDS/POV/06/2023-2026	Supply of Office Furniture, Furnishings and Fittings
CATEGORY B - PROVISION OF SERVICES	
MEDS/POV/07/2023-2026	Provision of Customs Clearing and Forwarding Services
MEDS/POV/08/2023-2026	Provision of Transportation Services for Distribution of Health Commodities
MEDS/POV/09/2023-2026	Provision of Incineration Services for Disposal of Medical Waste

MEDS/POV/10/2023-2026	Provision of Travel Agency Services (Air Travel, Ticketing and Ground Transfer Services)
MEDS/POV/11/2023-2026	Provision of Maintenance and Repair Services for ICT systems (UPS, Computers, Printers, Networking and Telephone Devices etc.)
MEDS/POV/12/2023-2026	Provision of Computer Networking Services (LAN and WAN)
MEDS/POV/13/2023-2026	Provision of Printing and Publishing Services
MEDS/POV/14/2023-2026	Provision of Motor Vehicle Maintenance and Repair and Services
MEDS/POV/15/2023-2026	Provision of Airtime Vendor Services
MEDS/POV/16/2023-2026	Consultancy Services for Environmental Monitoring and Mitigation Plan (EMMP) Development, Implementation and Review
MEDS/POV/17/2023-2026	Taxi and Car Hire Services
MEDS/POV/18/2023-2026	Leasing of Coding Machine Services
MEDS/POV/19/2023-2026	Provision of Motor Vehicle Accessories
MEDS/POV/20/2023-2026	Provision of Insurance Services
MEDS/POV/21/2023-2026	Sale, Lease and Maintenance of Forklifts

5. LETTER OF APPLICATION

The applicant will fill the letter of application provided herein clearly indicating full postal address, telephone numbers and email address. The letter of application will be signed by a **duly authorized** representative of the applicant.

LETTER OF APPLICATION

Date

To: Mission for Essential Drugs and Supplies,
P.O. Box 78040-00507 Nairobi, KENYA

From:
P.O BOX -----
Telephone:

Ladies and/or Gentlemen,

Being duly authorized to represent and act on behalf of

----- (name of firm) (hereinafter referred to as “the Applicant”), and having reviewed and fully understood all of the pre-qualification information provided, the undersigned hereby apply to be prequalified by MEDS ,USAID Dawa za Ubora Project as a bidder for the following contract(s) under **Prequalification of Suppliers: MEDS/POV/002/2023-2026** and the following category:

NO	CATEGORY	ITEM DESCRIPTION
1.		

Attached to this letter are copies of original documents defining, the Applicant’s legal status, the principal place of business, place of incorporation/registration and duly filled forms.

This application is made with the full understanding that MEDS reserves the right to reject or accept any application, cancel the prequalification process, and reject all applications and shall not be liable for any such actions and shall be under no obligation to inform the Applicant of the grounds for them

The undersigned declare that the statement made and the information provided in the duly completed application are complete, true, and correct in every detail.

Signature:

Name:

Position in company:

OFFICIAL RUBBER STAMP OF THE SUPPLIER

6. EVALUATION CRITERIA

Mandatory Requirements for Pre-Qualification

You shall be required to attach the following mandatory documents where applicable

- a) Copy of certificate of Incorporation/Registration
- b) Copy of current Trade License
- c) License/ Certification/Professional Certificate from relevant Authorities where applicable
- d) Valid current Tax Compliance Certificate.
- e) A copy of CR12
- f) List of Directors, telephone and their postal address
- g) Audited Accounts for year for the last three years
- h) A Unique Entity Identifier number (UEI) (Please find the instructions on how to get UEI number in Annex iii (please be aware registration and receipt of UEI number takes at least 2 business days)

General Requirements

- a) The Documents that do not meet the above Mandatory Requirements will not be evaluated.
- b) MEDS will examine the document to determine completeness, general orderliness and sufficiency in responsiveness
- c) Pre-qualification will be based on meeting the following minimum criteria regarding the
- d) Applicant's legal status, general and particular experience, personnel and financial position as demonstrated by the responses in the attached forms.
- e) The applicants should have registered offices and MEDS reserves the discretion of visiting physical premises from which the applicant conducts business if so desired to confirm existence and capability to deliver the said goods/services.
- f) Suppliers who qualify according to the selection criteria will be invited to submit their quotations for the supply of goods/services as and when required depending on satisfactory performance

Additional Requirements

- a) Agents/Distributors shall provide copies of Letters of appointment by the manufacturers to be dealers.
- b) Kenya Bureau of Standards certifications /or equivalent where applicable.
- c) Attach catalogues and brochures for the items you wish to supply

Evaluation Criteria

The documents submitted will be scrutinized by a committee and evaluated **by completing Evaluation Criteria I to 4**. Recommendations will be made accordingly. This may include phone and e-mail communications, as well as site visits to assess and seek clarification of any and all requirements described in the Evaluation Criteria.

EVALUATION CRITERIA

NO.	DESCRIPTION OF CRITERIA	REFERENCE APPLICATION FORM	MAXIMUM SCORE	MINIMUM SCORE TO AVOID DISQUALIFICATION
1	Responsiveness of the candidate to company details and General information	Form 1	30	25
2	Responsiveness of the candidate on financial information and its financial ability	Form 2	30	25
3	Technical capability of the candidate and information on goods/services to be offered	Form 3	20	15
4	Experience and other related information	Form 4	20	15
	TOTAL SCORE		100%	80%

ANNEX I: STANDARD FORMS

FORM I: COMPANY DETAILS AND GENERAL INFORMATION

No.	PARTICULARS	RESPONSE	
F1.1	Full name of organization:		
F1.2	Is your organization (Please tick one)	i) A public limited company? yes, please attach copies of the company's memorandum of association and articles including any change of name	
		ii) Public listed company? If yes, attach copies as (i) above	
		ii) A limited company? If yes, attach copies as (i) above	
		iii) A partnership? Yes attach partnership deed	
		iv) A sole trader? Yes attach business certificate	
		v) other (please specify)	
F1.3	Date of Registration:		
F1.4	Full physical address of principal place of business: Full postal of the principal place of business:		
F1.5	Registered address if different from the above: Post Code:		
F1.6	Telephone number:		
F1.7	E-mail address:		
F1.8	Website address (if any):		

F1.9	Company Tax PIN: (Kindly provide a copy of the PIN Certificate)	
F1.10	VAT Registration number: (Kindly provide a copy of the VAT Certificate)	
F1.11	Period in which you have been in the specific business for which you wish to be pre-qualified	
F1.12	Names of the Shareholders, Directors and Partners. Kindly provide original copy of an official search report issued by the Registrar of Companies showing the directors and shareholders of the company (Companies Form CR 12). The report should not be more than one month old.	
F1.13	Associated companies(if any)	
F1.14	Provide the name of company`s certified Secretary/Auditors	
F1.15	Please provide a copy of the most recent annual return together with a filing receipt.	
F1.16	Name of (ultimate) parent/holding company (if this applies):	
F1.17	Companies Registry number of parent/holding company (if this applies):	
F1.18	If a consortium is expressing interest, please give the full name of the other organization (the proposed consortium partners should also	

	complete this questionnaire in its entirety)		
FI.19	Contact person within the organization to whom enquiries about this bid should be directed:	NAME:	
		TITLE	
		TEL:	
		EMAIL:	

FORM 2: FINANCIAL INFORMATION

<p>1. Annual Value of Total Sales for the last 2 Years:</p> <p>Year 2021: Kshs.-----.....Year 2022: Kshs. -----.....-</p>
<p>2. Bank Name: ----- -</p> <p>Address and Branch:</p> <p>Bank Account Number</p> <p>Account Name:</p>
<p>3. Provide a copy of the company’s Annual or Audited Financial Report for the last two years.</p>
<p>4. Credit period</p> <p>Please indicate the credit period you are willing to offer MEDS, -----</p>

FORM 3: TECHNICAL CAPABILITY AND INFORMATION ON GOODS / SERVICES OFFERED

<p>1. Quality Assurance Certification if available (e.g. ISO 9000 or Equivalent) (please provide a Copy of your latest Certificate):</p>
<p>2. For Goods providers only: Do the Goods offered for supply conform to National/International Quality Standards?</p> <p>Yes No <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. List below five (5) of your Core Goods/Services offered in order of importance to your business enterprise:</p> <p>Item description</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>

FORM 4: EXPERIENCE AND REFERENCES

Please provide in the table below details of at least ten (10) projects you have undertaken relevant to the job you are bidding for performed over the last three (3) years, or that are relevant to this prequalification document. (Please attach copies of LPOs/contracts to support the information given in the table)

No	Customer Organization (name)	Customer contact name and phone number	Contract reference and brief description:	Date contract awarded	Value of businesses transacted: (Kshs)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

FORM 5: BUSINESS PROBITY & LITIGATION MANAGEMENT

Please confirm whether any of the following criteria applies to your organization: Note that failure to disclose information relevant to this section may result in your exclusion as a potential MEDS supplier

NO.	PARTICULARS	RESPONSE
10.1	Is the organization bankrupt or being wound up, having its affairs administered by the court, or have you entered into an arrangement with creditors, suspended business activities or any analogous situation arising from similar proceedings in Kenya or the country in which it is established?	
10.2	Please provide a statement of any material pending or threatened litigation or other legal proceedings where the claim is of a value in excess of Kshs 500,000/=	
10.3	Has any partner, director or shareholder been the subject of corruption or fraud investigations by the police, Ethics & Anti-Corruption Commission or similar authority in the country in which your organization is established?	
10.4	Has the organization not fulfilled obligations relating to the payment of any statutory deductions or contributions including income tax as required under Kenyan law or the laws of the country in which it is established?	
10.5	Please state if any Director shareholder/ Partner and / or Company Secretary of the Organisation is currently employed or has been employed in the past three years by MEDS Kenya	

106	Please state if any Director / Partner and / or Company Secretary of the Organisation has a close relative who is employed by MEDS and who is in a position to influence the award of any supply. For purpose of pre-qualification process close relative refers to parents, siblings, spouse or children	
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ANNEX II: VENDOR CERTIFICATIONS AND REPRESENTATIONS

A. TERRORIST FINANCING PROHIBITION/EXECUTIVE ORDER 13224

The applicant (including its employees, consultants and agents) certifies that it does not engage, support or finance individuals and/or organizations associated with terrorism. The applicant is reminded that U.S. Executive Orders and U.S. law prohibits transactions with, and the provision of resources and support to, individuals and organizations associated with terrorism. A list of entities and individuals subject to restrictions, prohibitions and sanctions can be found at the web site of the Department of Treasury’s Office of Foreign Assets Control (OFAC), at <http://treasury.gov/ofac>. It is the legal responsibility of the applicant to ensure compliance with the Executive Order 13224 and other U.S. laws prohibiting terrorist financing.

B. RESTRICTIONS ON CERTAIN FOREIGN PURCHASE (FAR 52.225-13)

Except as authorized by the Department of Treasury’s Office of Foreign Assets Control (OFAC), the applicant shall not acquire for its use in the performance of this subcontract, any supplies or services if any proclamation, U.S. Executive Order, U.S. statute, or OFAC’s implementing regulations (31 CFR Chapter V), would prohibit such a transaction by a U.S. person, as defined by law. Except as authorized by OFAC, most transactions involving Cuba, Iran, and North Korea are prohibited, including importing/exporting to/from the United States, engaging in financial transactions, or facilitating any prohibited transactions by third parties. Lists of entities and individuals subject to economic sanctions which are updated routinely are included in OFAC’s List of Specially Designated Nationals and Blocked Persons at <http://www.treas.gov/offices/enforcement/ofac/sdn>. It is the applicant’s responsibility to remain informed as to sanctioned parties and to ensure compliance with all relevant U.S. sanctions and trade restrictions. More information about these restrictions, as well as updates, is available in the OFAC’s regulations at 31 CFR

Chapter V and/or on OFAC's website at <http://www.treas.gov/offices/enforcement/ofac>. This is a flow down clause.

C. CONFLICT OF INTEREST

The applicant or its personnel shall not engage in any activity that may potentially result into a conflict of interest. If the applicant becomes aware of such potential conflict that may impair the applicant's objectivity, communication must be made in writing to MEDS immediately.

D. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The Applicant certifies, to the best of its knowledge and belief, that it and its principals:

- i. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from performing this Agreement by any U.S. Federal department or agency;
- ii. have not within a three-year period preceding this Agreement been convicted of or had a civil judgment rendered against it or them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of U.S. Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
- iii. are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated above; and
- iv. have not within a three-year period preceding this subcontract had one or more public transactions (Federal, State, or local) terminated for cause or default.

E. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The organization has not been convicted of a narcotics offense or has not have been engaged in drug trafficking as defined in 22 CFR Part 140.

F. FAR 52.222-50 COMBATING TRAFFICKING IN PERSONS

The firm shall comply with the provisions of FAR 52.222-50 for any individual, including a director, an officer, an employee, or an independent contractor, authorized to act on behalf of the organization.

Certified by an Authorized official _____

Date: _____

G. Vendors Commitment to Refund VAT Funds to MEDS

I/We, _____ hereby certify that:

(Name of Vendor)

I/We understand that MEDS will pay my/our invoice(s) inclusive of VAT and apply for a waiver of the VAT by submitting a DAI form to the Commissioner of Value Added Tax. On receipt of the duly approved DAI form, I/We undertake to refund the relevant VAT amount to **MEDS** within **TWO WEEKS**.

Name: _____ Sign:

Title: _____ Date:

ANNEX III – HOW TO REGISTER FOR UNIQUE ENTITY IDENTIFIER (UEI) NUMBERING SYSTEM.

I. PURPOSE

A Unique Entity Identifier number is a unique number that identifies your organization to the US government. It is a tool of the US government to track how federal money is distributed. In order to receive funds from the US government an organization is required to have a Unique Entity Identifier.

II. PREPARATION

A. Checking for an existing Unique Entity Identifier number

If you are not sure if your organization has a Unique Entity Identifier number, you can search by organization here:

<https://sam.gov/content/duns-uei>

B. Timeframe

Web form requests for Unique Entity Identifier number take 1 to 2 business days.

C. Cost

Requesting a Unique Entity Identifier number is free of charge.

NOTE: Obtaining a Unique Entity Identifier number of places your organization on a marketing list that is sold to other companies. You can request not to be added to this list during your application.

D. Getting information ready

Before beginning this process, please be sure you have the following information ready:

1. Recipient's name.
2. Recipient's address.
3. Recipient's telephone number.
4. Line of business.
5. Chief executive officer/key manager.
6. Date the organization was started.
7. Number of people employed by the recipient.
8. Company affiliation.
9. Email address to receive communications from USG.

10. Standard Industry Code (SIC)

III. REQUESTING UNIQUE ENTITY IDENTIFIER NUMBER

You can request a Unique Entity Identifier number at the following website:

The below resources, also linked in the attached, will aid you in navigating the new UEI requirement:

- [U.S. General Services Administration UEI transition announcement](#)
- [GSA video on how to obtain a UEI from SAM](#)
- [Guidance for obtaining an UEI without undergoing the full entity registration process](#)

IV. HELPFUL TIPS

A. Email address to receive communications from USG

The Unique Entity Identifier number will be sent to the email address submitted so it is important that this email address be accessible and the person monitoring the incoming emails be informed of this incoming information.

B. Standard Industry Code (SIC)

A Standard Industry Code (SIC) is used by the US government to identify the primary business of your organization. You will need to choose a code that applies to your organization's primary business. Below is a link to the OSHA site where you can look for SIC codes either by searching for some key words like "education" or "research" or "hospital" or by clicking "examine the manual structure."

<http://www.osha.gov/pls/imis/sicsearch.htm>

Declaration

I declare that to the best of my knowledge the answers submitted in this prequalification questionnaire (and any supporting documentation) are correct. I understand that any misrepresentation will render my organization ineligible to participate in any future business activities with MEDS.

FORM COMPLETED BY	
Name:	
Position (Job Title):	
Date:	
Telephone number:	
Email:	
Signature:	
Stamp/Seal	

FORM WITNESSED BY	
Name:	
Position (Job Title):	
Date:	
Telephone number:	
Email:	
Signature:	
Stamp/Seal	

