



SUPPORT AGENCY FOR RURAL AND HUMAN ASSOCIATION'S DEVELOPMENT (SARHAD)

Pre-Qualification Document



MARCH 4, 2022

SARHAD INVITES PRE-QUALIFICATION OF FIRMS, SUPPLIERS, SERVICE PROVIDERS, VENDORS COMPANIES, DISTRIBUTORS, MANUFACTURERS AND GENERAL ORDER SUPPLIERS

Deadline: 28th March 2022

1. INTRODUCTION:

Support Agency for Rural and Human Association's Development (SARHAD) a nonprofit and non-government organization registered under society's act 1860 on July 28, 2003. SARHAD from its inception has undertaken several research, relief and developmental projects at Punjab, Khyber Pakhtunkhwa Provinces including NMDs and Northern Areas with an ultimate objective to enhance the life standards of poor and under privileged communities. SARHAD has more than 18 years extensive experience and history of work in the sectors of Primary & Reproductive Health Care, drinking water supply, environmental sanitation, Hygiene Promotion, and non-formal education and Human & Institutional Development as carpet theme since 2003, due to its close association with different national and international programs like Family Health International, Abt Associates Inc. AUSAID, NRC, UNICEF, UNOCHA, Community World Services (CWS), Provincial Health Services Academy (PHSA) Khyber Pakhtunkhwa etc. SARHAD has been honored by President of PAKISTAN for its efforts and services during and after floods in 2009.

SARHAD invites sealed prequalification documents/applications from interested firms, suppliers, service providers, vendors companies, distributors, manufacturers and general order suppliers involved in the business of Medicines, Medical equipment, Construction work, Stationary, printing, Transport, food items and non-food items, under various Projects;

Pre-qualification (Two Stages Two envelops Process)

1.1. Stage First

SARHAD in the first stage shall pre-qualify bidders based on below criteria.

- 1.1.1. Proof of valid relevant registration;
- 1.1.2. Proof of being active taxpayer;
- 1.1.3. Organizational profile, relevant experience, past performance, list of clients and references;
- 1.1.4. Existing capabilities with respect to technical personnel, vehicles, equipment, and machinery as may be the case;
- 1.1.5. Financial position for the last one years including bank statements and audited reports by an external auditor;
- 1.1.6. Proof of possessing appropriate managerial capability.

1.2. Stage Second

In the second stage, SARHAD will ask the prequalified firms, suppliers, service providers, vendors companies, distributors, manufacturers and general order suppliers to submit their bids/quotes on prescribed format with any other information required to the organization. Bidding shall be limited to pre-qualified firms only.

2. Nature of agreement

SARHAD will sign a framework agreement for the project mentioned above for need base supplies and services. SARHAD can base/use this process without any restriction for the procurement of goods/supplies and services of Head Office and its other future projects (funded by donor/partner) to be implemented anywhere in the jurisdiction of KPK.

Note: This document is not a contract or an offer of contract, but is a formal invitation to interested firms, suppliers, service providers, vendors companies, distributors, manufacturers and general order suppliers. Bidders must read, sign/stamp on each page of this document for compliance of terms and conditions given below.

3. Mandatory Documents

- 3.1. Brief profile of the company having current list of clients (beside other things including year of establishment, Organizational hierarchy, details of staff (Technical, Support & others), equipment, number & locations of office(s) etc.)
- 3.2. Copy of National Income Tax registration certificate or authentic tax exemption certificate in the name of company
- 3.3. Copy of STRN registration certificate if applicable.
- 3.4. Bank statement(s) for the last one year in the name business
- 3.5. Undertaking attested by notary public on at least RS. 50/- stamped paper as per sample given in Annex - A.

4. Others

- 4.1. Goods/Services which the firm can provide.
- 4.2. Complete details of pending court cases with nature, if any.
- 4.3. Details of the experience in the field & any specific expertise.
- 4.4. Current client list with name of contact number of the person.
- 4.5. List of orders/contract executed in the last three years.
- 4.6. Photocopies of pre-qualification certificates of other companies if registered.
- 4.7. Copy of certificate of membership with chamber of Trade and Industry if any.
- 4.8. Details of tax paid (copy of Income tax Return) during the last financial year.

5. Payment

SARHAD processing payments through crossed cheques in the name of firm/company upon receipts of good/services or any other terms agreed in the contract agreement.

6. Taxes

SARHAD works with firms having registration of NTN and STRN Numbers and active tax payer. Firms claim to be tax exempted must provide authentic and valid tax exemption certificate. All applied taxes will be deducted at source as per Government Policy.

7. Security Deposit

SARHAD will ask the pre-qualified Firms/suppliers to submit bid security with their bid documents. Bid security can be fixed in percentage or lump sum based on the nature of procurement. If a firm/vendor submitted quotation far below the market rate or budget, SARHAD can ask the supplier(s) to submit an additional call deposit in percentage of total quoted rate or fix an amount to minimize its risks.

8. Submission of Documents:

Interested firms should send their documents in sealed envelopes (bind with glue signed and stamped) marked with “Vendors Prequalification and (Category Name with number)” latest by **28th March 2022 COB** by post/courier on the following address.

SARHAD Postal Address: H. No F 27/A, Khushal Khan Khattak Road, University Town, Peshawar. Contact No. 091-5700989

Opening of Documents

SARHAD will categorize the opening of the documents based on the need and urgency of good/supplies and services. Request for Quotation (RFQ Form) shall be issued to qualified vendors only.

9. Verification/inspection

SARHAD procurement Committee or authorized members can visit the office of firm/business prior prequalification announcement to verify the data/information provided to SARHAD in the prequalification documents. In case it found that information furnished on form are false or fraudulent the firm can be rejected/blacklisted for current and future business.

SARHAD Pre-qualification Form

1. Name of Applicant Firm:

2. CNIC No:

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3. Business Address:

4. Email Address: _____

5. Mobile: _____

6. Phone No. (Office): _____

7. Fax No: _____

8. Addresses of the branch offices (with Phone Numbers):

a) _____

b) _____

9. Business Name: _____

10. Principal Business Activity: Manufacturer Services Supplier
 Others

11. Brief Business Description:

12. Corporate Status: Sole Proprietorship Partnership Limited Company

Other (write detail) _____

13. Established in Year: _____

14. Please list down the firms with whom you are working as Authorized Agent or otherwise dealing with their products. (Authorized Agent/ Dealer/ Distributor/ Seller)

a.

b.

c.

d.

15. Duration of Association with Principals _____ years

16. Status of Association:

a) Authorized Agent _____

b) Distributor _____

c) Dealer _____

d) Re-Seller _____ (Attach proof of status)

17. Particulars of Partners (Names, CNIC No. & Contact No.)

i) _____ ii) _____

iii) _____

18. Bank Account/IBAN in the name of Business (Yes/No) _____

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19. NTN #.

20. STRN #.

21. References of other NGOS/INGOs you have done work with.

<i>Organization 1</i>			
<i>Name of the Organization:</i>			
<i>Address</i>			
<i>Contact Name</i>		<i>Email</i>	<i>Phone/cell</i>
<i>Organization 2</i>			
<i>Name of the Organization:</i>			
<i>Address</i>			
<i>Contact Name</i>		<i>Email</i>	<i>Phone/cell</i>

The information given above is true to the best of our knowledge; we undertake to inform SARHAD of any changes that may take place later in the status of company in business / agency or the management.

The terms and conditions attached have also been read and certificate signed.

Authorized Signature:

Name & Signature: _____

Designation: _____

Date: _____

Please mark the relevant category of your interest given below. If your business deals in more than one category then submit separate set of documents for each category of your interest.

<p>1. Medicines as per MMC Approved List</p>	<p>2. Medical Equipment for Hospital</p>	<p>3. Construction Work</p>	<p>4. Stationary Items</p> <ul style="list-style-type: none"> • Office Stationery <input type="checkbox"/> Schools' books/Notebooks • Others 	<p>5. Printing Press</p> <ul style="list-style-type: none"> • Printing of Books/registers, Manuals, Cards, Handouts, Brochure, Charts, Calendar, copies etc. • Printing of Banner, sign boards • Others Printing materials 	<p>6. Carriage/Transport Services.</p> <p><input type="checkbox"/> Carriage of training materials/stationary /Banners/refreshments/goods from SARHAD office to training venue.</p>	<p>7. Food Items</p> <ul style="list-style-type: none"> • Food Items • Cold drinks/Juices • Biscuits • Sweets 	<p>8. Non-Food Items</p> <ul style="list-style-type: none"> • Hygiene Kits • Masks & Sanitizers • Complete Tents • Tarpaulin Sheet • Corrugated sheets • Polythene Sheet • Nylon Rope • Bamboo • First Aid Kit • Hygiene Kit • Wash Kit • Kitchen Set • Winterization Quilts • Mattress • Life Jacket • Pillow • Sweater • Socks • Soaps <ul style="list-style-type: none"> o Anti-Bacterial o Washing • Nail Clippers • Combs • Women Hygiene Kits • Utensils • Fans <ul style="list-style-type: none"> o Ceiling o Pedestal o Bracket 	<p>9. EMR System for Hospital</p> <p>include diagnoses, allergies, medical histories, immunization dates, lab results, medications and physicians' notes etc.</p>
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							<ul style="list-style-type: none">• <i>Beds</i><ul style="list-style-type: none">◦ <i>Iron Single</i>◦ <i>Wooden Single</i>◦ <i>Hospital Beds</i>• <i>Office Tables</i>• <i>Office Chairs</i>• <i>Racks</i>• <i>Patients Examine Chairs</i>• <i>Computers</i>• <i>Laptops</i>• <i>Hospital Uniforms</i>• <i>Others</i>	
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TO WHOM IT MAY CONCERN

I, the undersigned representative of M/s _____ having its office at _____

Do hereby affirms that our company/firm/organization is eligible because we:

1. Are registered company/firm/organization.
2. Are not bankrupt or in the process of going bankrupt.
3. Have not been convicted for an offense concerning professional conduct.
4. Have not been guilty of grave professional misconduct (proven by any means which the contracting authorities can justify).
5. Have fulfilled obligations related to payment of taxes.
6. Are not guilty of serious misinterpretation in supplying information.
7. Are not in situations of conflict of interest (with prior relationship to project or family or business relationship to parties in SARHAD)
8. We're not declared at serious fault of implementation owing to a breach of their contractual obligations
9. Have no relation, direct or indirect, with any terrorist or banned organizations.
10. Are not on any list of sanctioned parties issued by the Pakistan Government, UN Agencies.
11. Are not blacklisted by any Local/International organization, Government/semi Government department, NGO or any other company/organization.
12. Have not been reported for/under litigation for child abuse.

Declared:

Name:

Signature:

Designation:

Date:

CNIC:

Witness by:

Name:

Signature:

CNIC:

Date

**CONFLICT OF INTEREST DISCLOSURE FORM
(BUSINESS PURPOSES)**

FULL NAME _____
(Name of applicant interested in business with SARHAD)

CNIC #: _____
(Please attached CNIC copy)

NAME OF COMPANY: _____
(Legal Name of company/firm/individual interested in business with SARHAD)

ADDRESS: _____
(Office/home permanent or Postal Address)

Please describe below any business/personal relationships, transactions, positions you hold (volunteer or otherwise), or circumstances i.e. Your close/blood relative that you believe could contribute to a conflict of interest between SARHAD and your Firm, individual, personal, financial or otherwise:

_____ I have no conflict of interest to report. (Please mark with “”)

_____ I have the following conflict of interest to report: (Please mark with “”)

(Please specify conflict of interest between you, your firm and SARHAD and/or its employees)

Name	Title/ Position	Business/personal Relationship of applicant with SARHAD Office bearers/Employees

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I understand that any misrepresentation or false information provided on this form renders me to immediate dismissal of my business relationship.

I am aware as well that I am further responsible for updating this form. I acknowledge that failure to do this result in termination of my current business agreement and black listing for future business and official relationship with SARHAD.

I have reviewed, and agree to abide by, the Policy of Conflict of Interest of SARHAD.

Date:

Authorized Signature & Stamp

Evaluation Criteria		
EVALUATION CRITERIA	Description	Weight (%)
Vendors Information Form	Only 100% completed vendor information form will be acceptable. Missing information about the vendors on the forms will not be acceptable.	15%
Registrations	Proof of registration with relevant government authority (business registration/NTN/GST and SECP/copy registration) copies.	20%
Past experience	Refers to the category of vendor's ability to demonstrate relevant experience and technical knowledge of the goods and services Required, experience working with Govt. Departments, UN bodies and other INGOs. Past experience in the relevant field is mandatory.	45%
Capacity	Please provide info Available vehicles & Equipment (if any?), Staff List, Annual Turnover and Office Space/Location available	20%
Total weightage		100%

For Office Use Only

Name of Firm/applicant: _____

Deals in: _____

Score: _____

Committee members Recommendations:

1. _____ Recommended Not Recommended
(Name and signature)

2. _____ Recommended Not Recommended
(Name and signature)

3. _____ Recommended Not Recommended
(Name and signature)

4. _____ Recommended Not Recommended

(Name and signature)

5. _____ Recommended Not Recommended

(Name and signature)

Remarks/Notes (if Any):

Approved By:

_____ Approved Not Approved

(Name and signature)