KMTC/QP-17/PQ



KENYA MEDICAL TRAINING COLLEGE

REGISTRATION OF SUPPLIERS FOR SUPPLY OF MEDICAL

LIBRARY BOOKS AND JOURNALS

TENDER NUMBER: KMTC/REG/7/2024 -2025 FOR THE FINANCIAL YEARS 2024/2025 TO 2025/2026.

SUBMISSION DATE: 7TH JANUARY, 2025

AT 10.00 A.M.

PRE-QUALIFICATION/REGISTRATION NOTICE INVITATION DATE:17TH DECEMBER 2024

FOR PREGISTRATION OF SUPPLIERS FOR GOODS, WORKS AND SERVICES FOR THE PERIOD 2024 – 2025 AND 2025 – 2026 FINANCIAL YEARS.

Kenya Medical Training College invites eligible firms for pre-qualification/registration of suppliers as described in the table below for provision of goods, works and services for the financial years 2024 – 2025 and 2025 – 2026.

Interested and competent firms specializing in the provision of goods works & services mentioned below are invited to apply.

LIST OF GOODS, WORKS & SERVICES TO BE PROCURED IN THE FINANCIAL YEARS 2024 – 2025 AND 2025 – 2026.

1. REGISTRATION OF SUPPLIERS.					
TENDER NUMBER	TARGETED CATEGORY				
	SERVICES				
KMTC/REG/1/2024- 2025	Supply of Staff Uniforms	Youth, PWD & Women			
KMTC/REG/2/2024- 2025	Supply of Airtime for mobile phones	Youth, PWD & Women			
KMTC/REG/3/2024- 2025	Supply of general and printed stationery items	Youth, PWD & Women			
KMTC/REG/4/2024- 2025	Supply of Furniture and Office Equipment	General			
KMTC/REG/5/2024- 2025	Supply of Computers and Computer Consumables	Youth, PWD & Women			
KMTC/REG/6/2024-2025	Supply of Cleansing items	Youth, PWD & Women			
KMTC/REG/7/2024- 2025	Supply of medical library books and journals	General			
KMTC/REG/8/2024- 2025	Supply of Hardware items	Youth, PWD & Women			
KMTC/REG/9/2024- 2025	Supply of Electrical items	Youth, PWD & Women			
2. PRE- QUALIFICATION	OF SUPPLIERS.				
2.1 TEACHING AND LEARI	NING MATERIALS/ITEMS				
KMTC/PRQ/10/2024-2025	Supply of Dental items	General			
KMTC/PRQ/11/2024- 2025	Supply of Medical Laboratory Sciences items	General			
KMTC/PRQ/12/2024-2025	Supply of Physiotherapy items	General			
KMTC/PRQ/13/2024-2025	Supply of Occupational Therapy items	General			
KMTC/PRQ/14/2024-2025	Supply of Orthopedic items	General			
KMTC/PRQ/15/2024-2025	Supply of Medical Engineering items	General			
KMTC/PRQ/16/2024-2025	Supply Orthopedic and Trauma Medicine General items				
KMTC/PRQ/17/2024-2025	Supply of skills lab items	General			
KMTC/PRQ/18/2024-2025	Supply of Emergency Medicine Technology items	General			

Supply of Pharmacy and Pharmaceutical	General
RVICES.	
Provision of Legal Services	General
Provision of Land Surveying Services	General
Provision of Assets Valuation and	General
Management Related Services	
Provision of Architectural Services	General
RVICES.	
Provision of Renovations and Repairs for	General
Buildings and other Infrastructures	
Provision of Constructions and Building	General
Works	
Provision of repairs and service for motor	General
vehicles	
Provision of ICT Services	Youth, PWD & Women
Repairs, Services and Maintenance of	Youth, PWD & Women
Office Equipment, Fax Machines, Printers	
and Computers	
Provision of Air Travel Ticketing Services	Youth, PWD & Women
Provision of Courier Services	General
Provision of cleaning services	Youth, PWD & Women
Provision of Hotel & Conference Services	General
Provision of Catering services	Youth, PWD & Women
Provision of Sanitary Bins services	Youth, PWD & Women
Provision of Laundry services	Youth, PWD & Women
Provision of refuse collection services	Youth, PWD & Women
Provision of Decoration services	Youth, PWD & Women
	related items RVICES. Provision of Legal Services Provision of Land Surveying Services Provision of Assets Valuation and Management Related Services Provision of Architectural Services RVICES. Provision of Renovations and Repairs for Buildings and other Infrastructures Provision of Constructions and Building Works Provision of repairs and service for motor vehicles Provision of ICT Services Repairs, Services and Maintenance of Office Equipment, Fax Machines, Printers and Computers Provision of Courier Services Provision of Catering services Provision of Sanitary Bins services Provision of Laundry services Provision of refuse collection services

It is expected that invitation to bid for the goods & services will be soon after the prequalification evaluation is completed.

Eligible applicants may obtain the prequalification/registration documents from Supplies Department, KMTC Nairobi Campus upon payment of a non-refundable fee of **Kenya Shillings Five hundred only Kshs.500.00** Per set of document payable to the Director, Kenya Medical Training College Nairobi, through Bankers cheque or you may download from the KMTC website <u>www.kmtc.ac.ke</u> or <u>http://tenders.go.ke</u> at no cost. Bidders who download documents from the website should register their tenders at KMTC Headquarters Procurement office during normal working hours, and before the closing date and time.

Requirements for prequalification/registration are set in the prequalification/registration document. Submissions of application for prequalification/registration must be received in sealed plain envelopes and must be dropped in the Tender Box situated at the entrance of the KMTC Administration Block

and be addressed to: -

The Chief Executive Officer, Kenya Medical Training College, P. O. Box 30195-00100, **NAIROBI.**

so as to reach him on or before **7th January**, **2025** at **10.00am**. The envelopes must not bear the name of the applicant but should be clearly marked with the details of pre-qualification/registration number as follows: -

The prequalification/registration documents shall be opened immediately thereafter in the Boardroom in the presence of applicants or their representatives who choose to attend and witness the opening.

The college reserves the right to accept or reject any application either in part or in whole and is not bound to give reasons for the decision taken.

Chief Executive Officer

1. SCOPE OF TENDER

1.1 The KMTC intends to prequalify/register suppliers for the supply and delivery of goods, works and services for various categories. It is expected that prequalification/registration applications will be submitted and be received by KMTC not later than **7**th **January**, **2025** at **10.00am**.

2. SUBMISSION OF APPLICATION

2.1 Applications for prequalification/registration shall be submitted in plain sealed envelopes clearly marked with the tender category name and code number and be deposited in the tender box situated at the KMTC Administration Block, Nairobi, so as to be received on or before **7th January**, **2025** at **10.00am**

2.2 Incorrectly addressed envelopes will not be opened. Late submissions will also not be accepted.

2.3 All the information requested for shall be provided in English Language. Failure to provide information that is essential for effective evaluation of the applicant's qualification, or provision of false information and documentation, will result in the application being disqualified.

3. ELIGIBLE CANDIDATES

- 3.1 This invitation for pre-qualification/registration is open to all candidates who are eligible as defined in Kenya's Public Procurement Law and as indicated in the tender document.
- 3.2 The KMTC employees, committee members, board members and their relatives (spouse and children) are not eligible to participate in the tender

3.3 All Applicants found capable of performing the contract satisfactorily in accordance to the set prequalification/registration criteria shall be prequalified/registered.

4. QUALIFICATION CRITERIA

- 4.1 Pre-qualification/registration will be based on meeting the minimum requirements to pass in the criteria set in this document. The declaration will either pass or fail based on the applicant's letter of application mandatory requirements, company information, capability and litigation history.
- 4.2 KMTC requires that tenderers observe highest standards of ethics d u r i n g the selection and execution of contracts.
 - The following rules will apply:
 - a. KMTC will reject a tender for prequalification/registration if it determines that a tenderer has engaged in corrupt or fraudulent activities in competing for the contract in question.
 - b. We will have the right to inspect the business premises of the tenderer.

- c. We will declare the tender ineligible for pre-qualification/registration if at any time KMTC determines that the tenderer is related to an employee of the KMTC unless otherwise pre-declared to avoid conflict of interest.
- d. We will declare a tender ineligible for prequalification/registration if at any time, it determines that the tenderer has committed an offence relating to procurement, has breached regulations for procurement before in another public entity, has in procurement proceedings given false information about its actions and has been debarred or been blacklisted before by another public entity.

4.3 **OBJECTIVE OF THE ASSIGNMENT**

The main objective of pre-qualification/registration of suppliers and service providers is to have a standby list of suppliers'/service providers for the years 2024-2026, for provision of Goods, works and Services for the operations at KMTC.

5. CLARIFICATIONS

5.1 Applicant may request for clarification on the prequalification/registration document up to three days before submission date. Any request for clarification must be sent in writing by mail, to the KMTC HQRs- Nairobi.

5.2 PREPARATIONS OF REGISTRATION DOCUMENTS

- 5.3 Applicants are requested to submit an application written in English language
- 5.4 Applicants are expected to examine the documents comprising this request

for registration in detail. Material deficiencies in providing the

information requested will result in rejection of the application.

5.5 Applicants are required to meet the qualification criteria stipulated in the document. Those who do not meet requirements need not to submit the applications. Only applicants who fulfill these requirements will be pre-qualified/registered.

5.6 The registration documents shall not include any financial information other than over registered.

5.7 **Period of Validity**

The request for registration must remain valid from the date of submission and candidates shall be pre-qualified/registered for a period of two years.

6 SUBMISSION, RECEIPT AND OPENING OF APPLICATIONS

6.1 The original prequalification/registration documents shall be prepared in indelible ink. It shall contain no interlineations or overwriting, except

as

necessary to correct errors made by the applicant. Any such corrections must be initialed by the person who sign(s) the registration document.

6.2 The prequalification/registration documents should be prepared and submitted in one original and one (1) copy in a plain sealed envelope clearly marked with the Tender No. and the category so as to be received on or by **7**th January, 2025 at 10.00am

Completed prequalification/registration document should be deposited in the Tender Box provided at the entrance of the KMTC Administration Block Nairobi or be addressed and posted to:

The Chief Executive Officer Kenya Medical Training College P.O Box 30195-00100 Nairobi.

6.3 Deadline for submission

The	closing			for	submission	of	the
	prequalif		ion		Document		shall be
7 th January,	2025 at 1	0.00am					

6.4 Late Applications

Any prequalification/registration documents received after the deadline Shall be rejected as a late application and shall not be considered.

6.5 Opening of Applications

The KMTC Tender Opening Committee shall open immediately after the closing time for submissions of the prequalification/registration documents in the presence of applicant's representatives who choose to attend.

6.6 Litigation History

The applicant should provide accurate information on any litigation or Arbitration resulting from contracts completed or under its execution Over the last five years.

EVALUATION CRITERIA – FOR AGPO CATEGORY

N/S	MANDATORY REQUIREMENTS	MARKS %
1.	Certificate of Registration/Incorporation.	10
2.	PIN Certificate.	10
3.	Valid tax compliance certificate from KRA.	10
4.	Valid trade license.	10
5.	Reference/recommendation letter from an existing public medical training institution.	10
6.	Past experience in supply of medical library books and journals to public medical training institutions (attach 3 contracts/LPO's)	10
7.	Dully filled anti – Corruption and pledge Declaration Form.	5
8.	Dully filled Confidential Business Questionnaire.	10
9.	Properly serialized/paginated documents in the format 1,2,3,,n	5
10	Original and copy of the tender document	10
11.	Dully filled Letter of Application	10
	Total/Maximum Score	100 %

N/B: BIDDERS MUST SCORE 100% TO BE CONSIDERED FOR REGISTRATION

PART II CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are requested to give the particulars indicated in Part 1 and Either Part

2(a),2 (b) or 2 (c) whichever applied to your type of business.

Part 1 General

Business name	
Location of business premises (a MUST)
Plot No.,(a MUST)	.Street/Road(a MUST)
Postal Address (MUST)	.Tel No (s) (a MUST)
Fax	Email (a MUST)
Nature of Business	
Registration Certificate No	
Maximum value of business which you ca	an handle at any one time-Kshs
Name of your bankers	
Branch	
Note: AMUST) is a requirement for every	y purpose of easy location and all communications.

Part 2 (a) Sole Proprietor

Your name in full	Age
Nationality	country of Origin
Citizenship details	
Youth/Woman/Person with Disability (indicate)	
Citizen contactor(indicate)	

Part 2 (b) Partnership						
Give details	Give details of partners as follows					
Name	Nationality	Citizen details	Shares			
1						
2						
3						
4						
Youth/Woman/Person with Disability (indicate)						
Citizen con	Citizen contactor(indicate)					

Part 2 (c) Registered company

Private or Public State the nominal and issued capital of company Nominal Kshs.

Issued Kshs.

give deta Name	ails of all directors as follows Nationality	Citizenship Details	Shares
1	·····	•	
3			
Youth/Woma	n/Person with Disability (indica	.te)	
Citizen conta	ctor(indicate)		

Certification

I ,the undersigned, certify that these data correctly describe my qualifications, and my experience.

	_Date	
(signature of staff member)	-	
(<u></u>		_(Date)
(signature of authorized representative of t	he firm)	
Full name of staff		
member		
Tel		
No		
Full name of authorized		
representative		

PART II

SUPPLIER DETAILS

A.	Business Name:
	Pin No.
	VAT Reg. No.
	Electronic Tax Registration No.
(A	ttach copy registration certificate)
Lo	cation
	Business Location
	Name of Building Plot No.
	Road/Street Name
	Floor No Room No
В.	Address
	Postal Address
	Telephone Nos.
	Fax No.

PART III

COMPANY DETAILS

A. Nature of Institution

Company

Partnership

Sole Proprietorship Other (Specify)

(Tick where applicable)

B. Ownership

Details of the Directors

Names	Nationality	- · · · •	Share
		Details	

(Attach proof of citizenship e.g. ID. No. Passport)

C. <u>Registration with Registrar of Companies (where applicable in reference to the evaluation criteria)</u>

1. Date of Registration Registration No.

(Attach copy / copies of registration certificate)

2. Registration with Ministry of Roads and Public Works (for building contractors) and indication of NCA categories.

Date of Registration Registration No.

Present Category

(Attach copy / copies of current registration certificate)

- A. Registration with any other relevant body e.g. AAK, AIBK, MISK, CCK, LŚK, Commissioner of Insurance, ICPAK, ACPSK etc (where applicable in reference to the evaluation criteria)
- 1. Date of Registration Registration No.

Present Category

(Attach a copy / copy of registration certificates)

2. Current Practicing Certificates (Attach copy)

PART IV

TYPE OF BUSINESS

A. For Suppliers of goods works or services, state whether you are an importer, manufacturer, distributor, agent, service provider, or a consultant.

	<u>Goods / Services</u> <u>Provider</u>	Importer/Manufacturer/Distributor/Agent/Service
1.		
2.		
3.		
4.		
5.		
6.		
	List some specific types of goods	s you supply or speciality of services you render
1.		
2.		
3.		
R	For Contractors, state your area of sr	pecialization (Type of construction work)

B. For Contractors, state your area of specialization. (Type of construction work)

1.	
2.	
3.	
4.	
5.	

PART V

FINANCIAL INVESTMENT

A. Company's Capital 1. Authorized Shares Kshs. 2. Issued Shares Kshs B. Partnership & Sole Proprietorship:

Total Investments: Kshs.

C. Maximum value of business which you can handle at any time

/ accreditation)

PART VI

MANPOWER (AS IT MAY BE APPLICABLE)

a)	Name of Chief Executive Officer/Principal Officer
b)	Number of employees
c)	Number of Technical Staff
d)	Number of shifts
e)	Number of utility vehicles
f)	Please indicate names and attach CV's of key management, professional/technical
	personnel to carry out specialized works, services, consultancy etc.

PART VII

GENERAL INFORMATION

a)	Name and address of your Bankers
b)	Have you ever had an order/contract issued and cancelled in whole or part by the College?
	Yes/No
	If yes, give reasons for cancellation
c)	Do you have an objection in the College obtaining a confidential financial report from your
	bankers?
d)	Has your company ever been involved in litigation/arbitration with clients/consultants? If
	yes, give details
	· · · ·
e)	State terms of payment in order of preference
	i)
	ii)
	iii)

PART VIII

DECLARATION

A. Is there any person(s) working with Kenya Medical Training College who has or have interest in your firm?

Yes / No.....(Delete as necessary)

 B. Attach valid certificates of compliance with the following Acts: - KRA, Tax Compliance, NHIF, NSSF, copies of certificate of Registration / Incorporation, PIN, VAT, copy of current Trade License (if applicable).

PART IX

PAST EXPERIENCE (OPTIONAL FOR AGPO CATEGORY)

NAME OF APPLICANTS, OTHER CLIENTS AND VALUES OF CONTRACT / ORDERS IN LAST TWELVE MONTHS

1. First client (organization)

i)	Name of 1 st client (Organization)
ii)	Address of client (organization)
iii)	Telephone No. of client
iv)	Fascimile No. of client
v)	E-mail address of client
vi)	Name of contract person at the client (Organization)
vii)	Value of contract / orders

viii) Duration of ongoing contracts / orders

2. Second client (Organization)

i)	Name of 2 nd client (Organization)
ii)	Address of client (organization)
iii)	Telephone No. of client
iv)	Facsimile No. of client
V)	E-mail address of client
vi)	Name of contract person at the client (Organization)
vii)	Value of contract / orders
viii)	Duration of ongoing contracts / orders

3. Third Client (Organization)

i)	Name of 3 rd client (Organization)
ii)	Address of client (organization)
iii)	Telephone No. of client
iv)	Facsimile No. of client
v)	E-mail address of client
vi)	Name of contract person at the client (Organization)
vii)	Value of contract / orders
viii)	Duration of ongoing contracts / orders

PART X

SWORN STATEMENT

The undersigned having studied the prequalification invitation for the items listed on page one (1):

- a) The information furnished in our application is accurate to the best of our knowledge.
- b) That in case of being registered, we acknowledge that this does not grant us the right to participate in the submission of a tender on the basis of provisions in the tender documents to follow.
- c) When the invitation for tenders is issued, if the legal technical, financial position, or the contractual capacity of the firm changes, we commit ourselves to inform you and acknowledge your sole right to review the registration made.
- d) We enclose all the required documents and information required for the registration evaluation.

Applicant's Registered Name

PART XI

LITIGATION HISTORY: (IF APPLICABLE)

Applicants, including each of the partners of a joint venture, should provide information of any history of litigation or arbitration resulting from contracts executed in the last five years or currently under execution. A separate sheet should be used for each partner of a joint venture.

YEAR	AWARD FOR OR AGAINST APPLICANT	NAME OF CLIENT, CAUSE OF LITIGATION, AND MATTER IN DISPUTE	DISPUTED AMOUNT (CURRENT VALUE KSHS.)

PART XII

ANTI CORRUPTION DECLARATION / COMMITMENT / PLEDGE FORM

Signed byChief Executive Officer or Authorized Representative.

Name
Designation
Signature
Date

In case of sub-contracting

Signed byChief Executive Officer of the firm to be subcontracted

Name	
------	--

Designation.....

Signature

Date



PART XIII

CERTIFICATION

We certify that the above information is correct in all respects.

ull Name
ignature
fficial Position
ate
Affix Company
Stamp:

Completed application in sealed envelope stating clearly the category of Goods / Works and services and the Registration Number should be addressed to : -

The Chief Executive Officer, Kenya Medical Training College, P. O. Box 30195 – 00100, NAIROBI.

and be deposited in the Tender Box situated at the entrance of the KMTC HQRS, Administration Block, off Ngong Road, along Old Mbagathi Road, Nairobi so as to be received not later than **7**th **January**, **2025** at **10.00am**.

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APPLICATION FORMS

1. Application Submission Letter

Date:[insert day, month, and year]

To:[insert full name of Procuring Entity] We, the undersigned,

- apply to be registered for the referenced tender and declare that:
- *a)* No reservations: We have examined and have no reservations to the registration Document, including Addendum(s) No(s),
- b) No conflict of interest: YES/NO
- c) Eligibility: We (and our subcontractors) meet the eligibility requirements as stated and we have not been suspended by the Procuring Entity based on execution of a Tender/Proposal-Securing Declaration in accordance

Suspension and Debarment: We, along with any of our subcontractors, suppliers, consultants, manufacturers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the PPRA. Further, we are not ineligible under the Kenya laws or official regulations or pursuant to a decision of the United Nations Security Council;

State-owned enterprise or institution: [We are not a state- owned enterprise or institution] / [We are a state-owned enterprise or institution but meet the requirements for prequalification/registration as a supplier

(g) Commissions, gratuities, fees: We declare that the following commissions, gratuities, or fees have been paid or are to be paid with respect to the prequalification process, the corresponding Tendering process or execution of the Contract:

Name of Recipient	<u>Address</u>	<u>Reason</u>	<u>Amount</u>
[insert full name for each occurrence]	[insert street/ number/city/country]	[indicate reason]	[specify amount currency, value, exchange rate and KENYA SHILLING equivalent]
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[If no payments are made or promised, add the following statement: "No commissions or gratuities have been or are to be paid by us to agents or any third party relating to this Application]



- (h) Not bound to accept: We understand that you may cancel the registration process at any time and that you are neither bound to accept any Application that you may receive nor to invite the prequalified Applicants to Tender for the contract subject of this registration process, without incurring any liability to the Applicants.
- (i) True and correct: All information, statements and description contained in the Application are in all respect true, correct and complete to the best of our knowledge and belief.

Signed.....[insertsignature(s)ofanauthorizedrepresentative(s)oftheApplicant]
Name[insert full name of person signing the Application]
In the capacity of[insert full name of person signing the Application]
Duly authorized to sign the Application for and on behalf of: Applicant's
Name.....[insert full name of Applicant or the name of the JV]
Address[insert street number/town or city/country address]
Dated on[insert day number] day of [insert month], [insert year]

[For a joint venture, either all members shall sign or only the authorized representative, in which case the power of attorney to sign on behalf of all members shall be attached]