

# **NATIONAL BIOSAFETY AUTHORITY**



**P.O. BOX 28251 - 00100  
NAIROBI**

**TEL: (020) – 2678667/2642920**

**EMAIL: [procurement@biosafetykenya.go.ke](mailto:procurement@biosafetykenya.go.ke)**

**OR**

**[info@biosafetykenya.go.ke](mailto:info@biosafetykenya.go.ke)**

**WEBSITE: [www.biosafetykenya.go.ke](http://www.biosafetykenya.go.ke)**

**PRE-QUALIFICATION OF SUPPLIERS  
FOR VARIOUS GOODS AND SERVICES  
FOR FINANCIAL YEARS 2013/2014 AND  
2014/2015**

**CLOSING DATE: THURSDAY 16<sup>th</sup> MAY 2013  
AT 12 NOON**

PRE-QUALIFICATION OF SUPPLIERS FOR VARIOUS GOODS AND SERVICES FOR FINANCIAL YEARS 2013-2015

**INVITATION**

The National Biosafety Authority invites applications for prequalification/registration of Suppliers from interested eligible bidders for the supply of one or a combination of the under listed goods and services for the year 2013/2014 and 2014/2015 financial year.

**A) SUPPLY OF GOODS**

<b>CATEGORY NO.</b>	<b>ITEM DESCRIPTION</b>
NBA001/2013-2015	Supply of General office stationery, computer consumables accessories
NBA002/2013-2015	Supply and maintenance of office Furniture, furnishings and fittings
NBA003/2013-2015	Supply of computers, printers, UPS, LCD projectors, photocopiers and office equipment and fitting
NBA004/2013-2015	Supply of office furniture
NBA005/2013-2015	Supply of staff uniforms and protective clothing
NBA006/2013-2015	Supply and installation of firefighting equipment
NBA007/2013-2015	Supply of electrical equipments and appliances
NBA008/2013-2015	Supply of drinking water and fresh milk
NBA009/2013-2015	Supply of motor vehicle tyres, tubes & batteries
NBA010/2013-2015	Supply of calling and scratch cards
NBA011/2013-2015	Supply of newspapers and magazines
NBA/12/2013-2015	Supply of laboratory equipments and reagents, laboratory consumables
NBA/013/2013-2015	Supply of branded promotional items

**B) PROVISION OF SERVICES**

<b>CATEGORY NO.</b>	<b>ITEM DESCRIPTION</b>
NBA014/2013-2015	Provision of legal services
NBA015/2013-2015	Provision of design and printing of calenders, diaries, banners and publication services
NBA016/2013-2015	Provision of insurance and brokerage services
NBA017/2013-2015	Provision of hotel accommodation and conference facilities
NBA018/2013-2015	Provision of repairs and maintenance of computers, printers and UPS
NBA019/2013-2015	Provision of transport and hire services (taxis and mini buses)
NBA020/2013-2015	Provision of cleaning, sanitary and related services
NBA021/2013-2015	Provision of air travel agency services (must be registered with

	IATA)
NBA022/2013-2015	Provision of plumbing materials and services
NBA023/2013-2015	Provision of internet services
NBA024/2013-2015	Provision of web hosting
NBA025/2013-2015	Provision of Minor construction works, partitioning, repairs and building offices and structures, minor plumbing drainage and sewerage services
NBA026/2013-2015	Provision of minor repairs and maintenance of electrical appliances
NBA027/2013-2015	Provision of garages for repair and maintenance of Motor Vehicles
NBA028/2013-2015	Provision of Consultancy Services (customer satisfaction
NBA029/2013-2015	Provision of Consultancy Services(Work Environment and employee satisfaction)
NBA030/2013-2015	Provision of Consultancy services on training and capacity building
NBA031/2013-2015	Provision of Courier Services
NBA032/2013-2015	Provision of Services on Enviromental impact Assessment/Audit Occupational health and safety

Interested tenderers should obtain Pre-qualification/Registration of suppliers' documents from **Supply Chain Management Office, National Biosafety Authority, Commission For University Education, Redhill Road** (Route 108), **off Limuru Road** during working hours (8.00am to 4.00pm) upon payment of a non-refundable fee of Kshs. **2,000.00 (Two thousand only)** per category in form of cash or bankers cheque payable to the **National Biosafety Authority**.

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

Completed application forms must be enclosed in plain sealed envelopes quoting the reference number as shown in the above list should be deposited in the Tender Box located at the Authority reception, or be addressed to:

**THE CHIEF EXECUTIVE OFFICER  
NATIONAL BIOSAFETY AUTHORITY  
P. O. BOX 28251-00100, NAIROBI  
NAIROBI**

so as to reach on or before **Thursday 16<sup>th</sup> May 2013at 12noon**. Late applications will not be accepted.

The documents will be opened immediately thereafter at the Authority's boardroom, in the presence of bidders or their representatives who wish to be present.

Completed pre-qualification documents in plain sealed envelopes clearly marked on the envelope.

**PRE-QUALIFICATION OF SUPPLIERS 2013/2015**  
**CATEGORY NO.....**  
**SUPPLY OF .....**

Should be deposited in the tender box situated at the **National Biosafety Authority** reception so as to be received on or before **12noon**. Tenders will be opened immediately thereafter, on the same date **16<sup>th</sup> May 2013** in the presence of candidates' representative, who may choose to attend at 12 Noon at the **NBA Board Room**.

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

**CHIEF EXECUTIVE OFFICER**

**APPLICATION FOR PRE-QUALIFICATION OF SUPPLIERS 2013/2015**

**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: \_\_\_\_\_

**7. (For Contractors only):**

Categorization by Ministry of Public Works:

Category:..... Registration No.....

8. Physical Address: \_\_\_\_\_  
\_\_\_\_\_

9. Postal Address: \_\_\_\_\_

10. Telephone: Landline: \_\_\_\_\_ Mobile \_\_\_\_\_

11. Fax: \_\_\_\_\_

12. E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

**B. Sole Proprietor (Name/Nationality) \_\_\_\_\_**

**C. Partnership**

Names and Details of Partners:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**D. Limited Companies**

Names and Details of Directors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Share Capital: Authorized: Kshs. \_\_\_\_\_

Issued and Paid: Kshs. \_\_\_\_\_

**E. Financial Capability**

1. Name of Banker \_\_\_\_\_

Address \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Financial Information

i. Total Assets \_\_\_\_\_

ii. Current Assets \_\_\_\_\_

iii. Total liabilities \_\_\_\_\_

iv. Current liabilities \_\_\_\_\_

3. Attach Audited Accounts for the last 2 years

4. Terms of Payment (maximum credit period) \_\_\_\_\_

**F. Contact Person (s)**

NAME

DESIGNATION

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**G: Experience:** *Some organizations to which you have rendered similar Services*

**1. Name of Organization:** \_\_\_\_\_

Type of service offered: \_\_\_\_\_

Number of months/years of service to client: \_\_\_\_\_

Name of officer: \_\_\_\_\_

Designation: \_\_\_\_\_

Post Office 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: \_\_\_\_\_

Post Office 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: \_\_\_\_\_

Post Office 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: \_\_\_\_\_

Post Office 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: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email : \_\_\_\_\_

Stamp: \_\_\_\_\_

**H. 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

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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

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iii) Proof of attainment of ISO/Kenya Bureau of Standards certification/equivalent certificate will be an added advantage. *(Attach copy of proof).*

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iv) Proof of professionalism and accreditation to professional bodies for the last three years. *(Attach copies of proof).*

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

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vi) Attach Company Profile indicating qualification of key personnel *(Attach copies of their certificates).*

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

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## II. PRE-QUALIFICATION OF SUPPLIERS

### a) Categories you wish to be considered for.

*Note that a non-refundable fee of Kshs. 2,000 is payable per category*

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#### B) PROVISION OF SERVICES

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NBA031/2013-2015	Provision of Courier Services
NBA032/2013-2015	Provision of Services on Environmental impact Assessment /Audit Occupational health and safety

**b). Attach **COPIES** of the following documents when returning this questionnaire:**

- a. Payment receipt,**
- b. Certificate of Registration/Incorporation,**
- c. VAT Registration and**
- d. Current Business Permit/Practice License.**
- e. Tax Compliance Certificate**

***Note: Tenderer's business premises may be inspected by a team of officers from the National Bio-safety Authority to verify the above information. Ensure that you stamp all your documents and we encourage that you give 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** \_\_\_\_\_