



Government of the Republic of Trinidad and Tobago

Ministry of Social Development and Family Services

CONTRACTORS PRE-QUALIFICATION QUESTIONNAIRE

Ministry of Social Development and Family Services
CONTRACTOR PREQUALIFICATION QUESTIONNAIRE (2022)

INSTRUCTIONS

The Pre-Qualification Questionnaire is to be completed by Contractors who are interested in applying/providing goods, works or services to the Ministry of Social Development and Family Services. All costs incurred in preparing and submitting this prequalification submission are for the account of the Contractor.

- (1) The Contractor is asked to provide as much details as possible in respect of the information requested. This would facilitate the timely processing of the application.
- (2) **All sections of the form must be completed in their entirety.** In circumstances where the space provided within the Questionnaire is inadequate, the Contractor is asked to prepare schedules in the format indicated and attach same.
- (3) Provide copies of all documents required to support statements made in the application.
- (4) Provide a list of key personnel on Schedule I attached.
- (5) Provide detailed information on the list of all contracts entered into over the past five (5) years in Schedule II attached. **Copies of performance evaluation of the contract** by Clients are required.
- (6) Provide a list relevant tools, equipment, hardware and software owned by Contractor and available for use to service contract obligations on Schedule III attached. Proof of ownership by certified copies and/or receipts will be required. **If arrangements are being made with an equipment supplier, a commitment letter from the supplier with the list of equipment and ownership documentation will be required.**
- (7) Complete Safety Questionnaire, Schedule 6 attached.
- (8) Contractors that satisfy the prequalification requirements shall be advised in writing.
- (9) Contractors shall be classified for works/services in the following categories:

Micro Contractors	-	Up to \$99,999 TTD
Small Contractors	-	Between \$ 100,000 TTD and \$499,999 TTD
Medium Contractors	-	Between \$500,000TTD and \$999,999 TTD
Large Contractors	-	Over \$1,000,000.00 TTD
- (10) The information collected herein is confidential and solely for the use of the Ministry. However, all information is subject to the Freedom of Information Act and may be required to be disclosed under this or other law.

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- (11) The completed Questionnaire shall be addressed to the **Procurement Unit** at Procurement@social.gov.tt **Ministry of Social Development and Family Services**.
- (12) Ministry of Social Development and Family Services reserves the right to visit the premises of Contractors and request the payroll records of the Company specific to labour rates. Ministry of Social Development and Family Services also reserves the right to make reasonable inquiries of clients and persons indicated in this submission so as to establish performance levels and capabilities. We advise that all information received will be considered confidential and will be maintained accordingly, subject always to the requirements of law.
- (13) It is the responsibility of the Contractors to inform the Ministry of Social Development and Family Services of any change of address, phone number(s) or other relevant information.
- (14) Criteria for evaluation of submission:

CRITERIA	MAXIMUM POINTS	MINIMUM QUALIFYING POINTS
a) Statutory Requirements	10	7
b) Key Personnel	10	7
c) Previous Experience	20	13
d) Equipment Owned	15	10
e) Financial Statements and Credit worthiness	25	15
f) Client References	5	3
g) Insurances	5	3
h) Environmental & Safety Policies	10	7
TOTAL	100	65

Please proceed to the Questionnaire on next page

QUESTIONNAIRE

SCHEDULE 1 - GENERAL BACKGROUND AND ORGANIZATION

(1) REGISTERED BUSINESS NAME

.....

(2) REGISTERED ADDRESS OF COMPANY

.....

.....

.....

(3) OTHER OPERATING/MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

.....

.....

(4) CONTACT INFORMATION

TEL.....

CELL.....

FAX.....

EMAIL ADDRESS

(5) TYPE OF ORGANIZATION

Public Limited Liability Company

Private Limited Liability Company

Partnership

Joint Venture

Sole Proprietorship

Other (*please specify*)

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(6) DATE AND REGISTERED NUMBER OF COMPANY

(Attach as Doc 1: Certificates of Registration and Continuance)

.....

(7) V.A.T. REGISTRATION NUMBER

(Attach as Doc 2: Certificate of Registration and Clearance Certificate not more than 6 months old. Contractors who do not meet VAT requirements at this time must provide a VAT exemption letter from the VAT Office.)

.....

(8) INCOME TAX REGISTRATION NUMBER

(Attach as Doc 3: Income Tax Registration Certificate & BIR Clearance Certificate not more than 6 months old)

.....

(9) NIB REGISTRATION NUMBER

(Attach as Doc 4: Certificate of Registration and Clearance Certificate not more than 6 months old)

.....

(10) LIST OF SHAREHOLDERS/PARTNERS

1).....

2).....

3).....

4).....

5).....

(11) LIST OF DIRECTORS

1).....

2).....

3).....

4).....

5).....

6).....

(12) SERVICE OFFERED

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DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
1. General building works/services	
<i>Air Conditioning and Refrigeration (installation/maintenance)</i>	
<i>Building Plumbing (Installation/Maintenance)</i>	
<i>Electrical (Installation/Maintenance)</i>	
<i>Data Cable (Copper/Fiber etc) (Installation/Maintenance)</i>	
<i>Welding and Fabrication</i>	
<i>Locksmith Services</i>	
<i>Elevator installation/maintenance</i>	
<i>Flooring/Tiling (Installation)</i>	
<i>Fire Suppression and Detection System Installation / Maintenance</i>	
<i>Standby Generator/Automatic Transfer Switch (Repair/Maintenance including refueling)</i>	
<i>Water Pumps (Repair and Maintenance)</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
2. Civil Works	
<i>Carpentry & Joinery</i>	

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<i>Civil Infrastructure Works (Roads, Drainage, Sewerage and Tanks, Water Lines, etc.)</i>	
<i>Roofing Installation and Repairs</i>	
<i>Earthworks and Site Preparation</i>	
<i>Structural Steel</i>	
<i>Masonry</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
3. Supplies (Stationery & Furniture)	
<i>Bottled water (5Gal, 350ml etc.)</i>	
<i>Office Stationery (Pens, Pencil, Notepads etc.)</i>	
<i>Grocery Items (Tea, Sugar, Crackers etc.)</i>	
<i>Medical Supplies</i>	
<i>Ink Toners and Cartridges</i>	
<i>Printing Chemicals</i>	
<i>Copying Paper</i>	
<i>Bookbinding Material</i>	
<i>Travelling and Desk Diaries</i>	
<i>Cleaning Products (Dishwashing Liquid, Lysol etc.)</i>	
<i>Interfold Hand-towels</i>	
<i>Toilet Tissue</i>	
<i>Fireproof Cabinets, Task Chairs</i>	
<i>Household Appliances / Furniture</i>	

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<i>(Stoves, Washing Machines, Chairs, Curtains, Lamps etc.)</i>	
<i>Printing and Artwork</i> <i>(File Jackets etc)</i>	
<i>Health and safety equipment</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
4. Ground maintenance	
<i>Landscaping</i> <i>(Lawn Mowing, Pruning, Repotting, Trimming, Edging etc.)</i>	
<i>Provision and Maintenance of Plants</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
5. Janitorial & Hygienic	
<i>Sanitary Bins</i> <i>(Installation and Maintenance)</i>	
<i>Washroom Consumables</i> <i>(Soap Dispensers, Air Fresheners and its Maintenance)</i>	
<i>Maid Services</i> <i>(Laundry services, Household Cleaning etc.)</i>	
<i>General Cleaning Services</i> <i>(General Office, Toilet Areas, Kitchen and Ground Areas)</i>	
<i>Waste Management/Disposal</i>	

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<i>Laundry Services</i>	
<i>Pest Control Services</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
6. Security	
<i>Sentry Officers and Patrol Officer</i>	
<i>Armed and Unarmed</i>	
<i>Cash in Transit</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
7. Vehicle maintenance	
<i>Vehicle Servicing</i>	
<i>Provision of Items (Battery, Tires, Windscreen)</i>	
<i>Branding of Ministry's Official Logos and other stickers.</i>	
<i>Washing and Detailing</i>	
<i>Body Works (Painting, Buffing etc.)</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED

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8. Equipment – Office and Minor	
<i>Shredders, Photocopiers, Printers, Multi-function Printers etc</i>	
<i>ICT Equipment (Computers, Keyboards, Projectors, Routers, Network Switches etc)</i>	
<i>Telephones</i>	
<i>Household Appliances (Stoves, Washing Machines, Chairs, Dryers)</i>	
<i>Other:</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
9. ICT Services	
<i>Data, Video, Voice (WAN, Broadband, Telecommunications etc)</i>	
<i>Internet</i>	
<i>Cable (TV)</i>	
<i>Cloud Computing (IaaS, PaaS, SaaS, DRaaS, etc)</i>	
<i>Solutions/Systems Design and Development (Application Systems etc)</i>	
<i>Technical Support</i>	
9. Miscellaneous Services	
<i>Travel (Air, Sea and Ground Transport)</i>	
<i>Catering</i>	
<i>Hotel Accommodation</i>	

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<i>Training</i>	
<i>Courier Services</i>	
<i>Conference Services and Events Management</i>	
<i>Cable and Internet Services</i>	
<i>Speech Writing</i>	
<i>Engraving</i>	
<i>Photography and Videography</i>	
<i>Other</i>	
DESCRIPTION OF SERVICE	AVERAGE VALUE OF PROJECTS EXECUTED
10. Rental Services	
<i>Printers, Photocopiers, Multi-function Printers</i>	
<i>Office Accommodation and Storage</i>	
<i>Water Dispensing Machines</i>	
<i>Banner Rentals</i>	
<i>Tents, Chairs and Tables</i>	
<i>ICT Equipment (Computers, Keyboards, Projectors, Routers, Network Switches)</i>	

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SCHEDULE 2 - FINANCIAL CAPABILITY

(14) INSURANCE COVERAGE

a) Can your company provide insurance as required?

YES (*Attach as Doc 6: The Contractor is requested to outline, by way of a prepared schedule, the types of Insurance cover maintained and copies of Insurance Policies in force.*)

TYPE OF INSURANCE COVERAGE	NAME OF FIRM AND ADDRESS

(Please note Contractors are required to provide relevant insurance if considered for a contract.)

NO

b) **If No, is a commitment letter from a certified Broker or Insurance Firm attached?** YES NO
(Attach Document 6: Where no insurance arrangements are in place, a commitment letter from a certified Broker or Insurance Firm must be submitted.)

(15) Please select which category your organization is capable of providing goods, works and/or services for, financially.

- Micro Contractors - Up to \$99,999 TTD
- Small Contractors - Between \$100,000 TTD and \$499,999 TTD
- Medium Contractors - Between \$500,000 TTD and \$999,999 TTD
- Large Contractors - Over \$1,000,000 TTD

(16) Gross Annual Revenue

2018: \$..... (TTD)
 2019: \$..... (TTD)
 2020: \$..... (TTD)

(17) AUDITED FINANCIAL STATEMENTS

a) Has your company been in operation for over one (1) year?

- YES (*Please Proceed*)
- NO (*Attach as Doc 7: Newly registered companies must submit a Statement of Affairs showing all Assets, liabilities and projected operational income and expenses within the first year*)

EITHER

b) **For Medium and Large Contractors ONLY:** Does your company have, available, **Audited** Financial Statements for the last three (3) years, i.e. 2020, 2019, 2018?

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- YES (*Attach as Doc 7: Copies of Audited Financial Statements for the last three (3) years*)
 NO (*Please indicate why*).....

OR

c) **For Micro and Small Contractors ONLY:** Does your company have, available, Management Accounts prepared by a qualified Accountant and signed by two Directors?

- YES (*Attach as Doc 7: Copies of Management Accounts*)
 NO (*Please indicate why*).....

(18) Does you or your company file annual returns?

- YES (*Attach as Doc 8: A copy of the latest Annual Return filed.*)
 NO (*Please indicate why*).....

(19) NAME AND ADDRESS OF BANKERS

NAME	ADDRESS	CONTACT PERSONNEL	CONTACT NUMBER

SCHEDULE 3 – KEY PERSONNEL

(20) KEY MANAGERIAL AND SUPERVISORY PERSONNEL

Populate the table below with the Key Managerial and Supervisory Personnel within your organization

(Attach as Doc 9: Résumé of all Key Personnel MUST be submitted inclusive of Professional License Specific to the Category/Categories selected in Question (12))

NAME	QUALIFICATIONS	POSITION (include other positions as applicable)	RELEVANT EXPERIENCE	PERIOD OF EMPLOYMENT WITH FIRM

(Additional Sheets may be submitted)

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(21) CLASSIFICATION OF WORKERS AVAILABLE TO SERVICE CONTRACTS:

CLASSIFICATION / POSITION / TITLE	NUMBER OF PERSONNEL/ WORKERS	RELEVANT EXPERIENCE (NO. of Years)

(Attach as Doc 10: The Contractor is requested to provide an organizational chart of the firm showing capability and resources for management, control and execution of projects or service delivery.)

SCHEDULE 4 - LITIGATION AND/OR RELATIONSHIP DECLARATION

(22) Is there any litigation, completed or pending, that was brought against the company and/or any of its owners, principal officers, directors or contractors over the past five (5) years?

- NO
- YES *(The Contractor shall indicate any litigation brought against the Contractor over the past five (5) years or whether the Contractor is involved in any litigation that could prevent it from fulfilling its contractual obligations)*

LITIGATION MATTER	LITIGATING PARTY	STATUS

(23) Has your company, within the past fifteen (15) years, ever been disqualified or prevented from bidding on or completing any public works for any reason?

- NO
- YES *(Please state reason and the Agency to do so)*

(24) Do you or any employee within your organization have any relationship with and/or is a relative of any Ministry of Social Development and Family Services employees or has any affiliation that would cause or perceive conflict of interest?

- NO

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YES (Please specify)

(25) Were you and/or any employees within your organization ever employed with the Government of Trinidad and Tobago?

- NO
 YES (Please specify Ministry and year of employment).....

(26) Do you or any employee within your organization have any existing relationship, business or otherwise, with Ministry of Social Development and Family Services that would cause real or perceived conflicts of interests

- NO
 YES (Please specify)

SCHEDULE 5 – WORK HISTORY AND REFERENCES

(27) Has your company ever been contracted by the Government of Trinidad and Tobago? YES No

(If yes, please state Organization name).....

(28) Has your firm ever failed to complete a contract within the authorized contract time? YES No

(29) Are you currently contracted to provide services for the Government of Trinidad and Tobago?

- NO
 YES (If yes please populate table below)

(Additional Rows can be added)

MINISTRY NAME AND DEPARTMENT	CONTRACT DATE	CONTRACT VALUE \$	CONTACT PERSONNEL	TELEPHONE NUMBER

(30) Have you selected more than one Category in Question 12? YES NO

(31) Has your company provided services over the past three years per category?

- YES
 NO (Please state why)

(32) List, per category, four (4) different companies that services were provided to within the past three (3) years.

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(Attach as Doc11: Relevant documentation supporting the existence of these services. (contract/service/delivery dates and value must be included in these documents))

CATERGORY	COMPANY NAME	CLIENT & CONTACT NAME	TELEPHONE NUMBER	CONTRACT VALUE \$	CONTRACT DATE	BRIEF DESCRIPTION OF WORKS

(33) List all current contracts/works in progress

(Attach as Doc 12: Relevant documentation or references supporting the existence of ongoing contracts (dates included))

COMPANY NAME	CLIENT & CONTACT NAME	CONTRACT DATE	CONTRACT VALUE \$	PERCENT (%) COMPLETE	TELEPHONE NUMBER	BREF DESCRIPTION OF WORKS

(34) List all tools, equipment, hardware and software.

NAME, MAKE, REGISTRATION NUMBER AND DESCRIPTION OF EQUIPMENT/UNIT(S) (INCLUDING LABS, WORKSHOPS, KITCHENS, ETC.)	AGE	CONDITION	SERIAL NUMBER	MODEL NUMBER

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SCHEDULE 6 – ENVIRONMENTAL & SAFETY QUESTIONNAIRE
(QUESTIONS 35 – 45 FOR MEDIUM AND LARGE COMPANIES ONLY)

(35) Does your company have/adhere to a documented code of environmental practice? YES NO
(If Yes, Attach as Doc 13: Environmental Practice Document)

(36) Does your company have/adhere to a documented Health and Safety Policy? YES NO
(If Yes, Attach as Doc 14: Company's HSE Policy)

(37) Does your company have/adhere to a documented Quality Management System? YES NO
(If Yes, Attach as Doc 15: Quality Management System)

(38) Does your company log accident, incidents, first aid injuries and near misses? YES NO
(If Yes, Please fill out the following)

(a) Number of Injuries

(b) Number of Illnesses

(c) Number of Lost Workday cases

(d) Number of Restricted Workday cases

(e) Number of cases with medical attention only

(f) Number of Fatalities

(39) Are these accident reports and report summaries sent to the following? How often?
(Please populate the table below, if No, tick No.)

	YES	NO	MONTHLY	QUARTERLY	ANNUALLY
SUPERVISOR					
MANAGER					
CEO/MANAGING DIRECTOR					

(40) a) Does your company hold safety meetings for Employees, Field Construction Employees and/or Field Supervisors? YES NO

b) How often?

Weekly Bi-Weekly

Monthly Less often, as needed

(41) Is there a Key HSE personnel (Certified by an authorized HSE Agent) in your organization?

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YES NO

(If Yes, Please populate the table below and include Personnel's Certificate/Resume in Attached Doc 8: Résumé of all Key Personnel)

NAME	POSITION	CONTACT NO.	EMAIL ADDRESS

(42) Does your company conduct project safety, environmental safety and/or sanitary inspections?

YES NO

(b) If yes, who conducts this inspection (give job title)?

.....

(c) And how often.....

(42) Does your company conduct environmental audit inspection?

YES NO

(43) How are accident records and accident summaries kept? How often are they reported? YES NO

(If yes please populate table below)

	YES	NO	MONTHLY	ANNUALLY
COSTS TOTALLED FOR ENTIRE COMPANY				
ACCIDENTS TOTALLED BY PROJECT				
• SUBTOTALLED BY SUPERINTENDENT				
• SUBTOTALLED BY FOREMAN				

(44) How are the costs of individual accidents kept? How often are they reported?

YES NO

(If yes please populate table below)

	YES	NO	MONTHLY	ANNUALLY
COSTS TOTALLED FOR ENTIRE COMPANY				
ACCIDENTS TOTALLED BY PROJECT				
SUBTOTALLED BY SUPERINTENDENT				
SUBTOTALLED BY FOREMAN				

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(45) Does a training program exists for all personnel and new hires? YES NO
(If yes please state different types of programs offered)

		YES	NO
(a)	Environmental considerations		
(b)	Personal protective equipment		
(c)	Confined space		
(d)	Welding and cutting		
(e)	Safety belts and lifelines		
(f)	Scaffolding		
(g)	Perimeter		
(h)	Chemical safety		
(i)	Housekeeping		
(j)	Flammable liquid/gas		
(k)	Fire protection		
(l)	First aid facilities		
(m)	Emergency Procedures		
(n)	Toxic substances		
(o)	Trenching and excavation		
(p)	Signs, barricades, flagging		
(q)	Electrical safety		
(r)	Rigging and crane safety		
(s)	Quality Customer Service		
(t)	Health and Safety		
(u)	Other <i>(Please state)</i>		

(QUESTIONS 46 to 52 FOR MIRCO AND SMALL COMPANIES ONLY)

(46) Does your company have/adhere to a documented Health and Safety Policy? YES NO
(If Yes, Attach as Doc 14: Company's HSE Policy)

(47) Does your company have/adhere to a documented Quality Management System? YES NO
(If Yes, Attach as Doc 15: Quality Management System)

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(48) Does your company log accident, incidents, first aid injuries and near misses? YES NO
(If Yes, Please fill out the following)

- (a) Number of Injuries
- (b) Number of Illnesses
- (c) Number of Lost Workday cases
- (d) Number of Restricted Workday cases
- (e) Number of cases with medical attention only
- (f) Number of Fatalities

(49) Is there a Key HSE personnel (Certified by an authorized HSE Agent) in your organization? YES NO

(If Yes, Please populate the table below and include Personnel's Certificate/Resume in Attached Doc 8: Résumé of all Key Personnel)

NAME	POSITION	CONTACT NO.	EMAIL ADDRESS

(50) Can your company satisfy Jobs/Projects involving strict time durations? YES No

(51) Does a training program exists for all personnel and new hires? YES NO

(If yes please state different types offered)

(52) Does your company conduct project safety, environmental safety and/or sanitary inspections? YES NO

(b) If yes, who conducts this inspection (give job title)?

(c) And how often.....

Please proceed to the Acknowledgement and Checklist sections

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CONTRACTOR'S ACKNOWLEDGEMENT AND SIGNATURE

We/I hereby accept that if this application is not properly completed, it will NOT be processed and will be returned for completion with a defects list.

We/I accept that the Ministry of Social Development and Family Services reserves the right to make reasonable inquiries of clients and suppliers indicated in this submission so as to establish performance levels and performance capacities of the Contractor.

We/I accept that if these inquiries indicate poor performance or questionable conduct, the Ministry of Social Development and Family Services retains the discretionary authority to disqualify the questionnaire from further consideration and may remove the name of the Contractor from any pre-qualified list the Ministry may maintain.

We/I understand that all sections of this Questionnaire must be completed and all documents requested must be supplied, and that Questionnaires not fully completed will not be considered.

We/I understand that pre-qualification does not guarantee an award of contract.

We/I further acknowledge that the Ministry will not be held liable for all and any costs incurred by us whilst procuring documents and preparing this pre-qualification submission.

We/I understand that Contractors are required to disclose existing relationships with the Ministry of Social Development and Family Services and/or any of its employees, and that failure to disclose will result in disqualification of my submission.

We/I the undersigned state that we/I have no conflict of interest in relation to this pre-qualification exercise.

SIGNED :.....

POSITION :.....

**NATIONAL ID/
PP/DP NUMBER:**

DATE :.....

(Place Company's Stamp or Seal)

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PRE-QUALIFICATION CHECKLIST (√)

Ensure that you have submitted the following documents, and that your Questionnaire is signed.

- () Copies of Certificate of Incorporation/Registration and Continuance/ Company by-laws/ Board Resolution/ Principals registered Power of Attorney/ Notice of Directors/Affidavit/ Return of beneficial Interest in the shares of a company form.**
- () Copies of Income Tax, VAT and NIS Registration certificates.**
- () VAT clearance letter or Letter of Exemption**
- () Audited Financial Statements or Management Accounts for the last three (3) years**
- () Official letter from Bank/Credit Union and Banker's Credit Reference**
- () Company Organization Chart, showing subsidiary/affiliates if applicable**
- () Résumés of key personnel**
- () Documented evidence of previous contracts**
- () Copies of professional license relevant to category of service**
- () Letters of recommendations from 3 clients**
- () Police Certificate of Good Character**
- () Tools, equipment hardware and software Listing**
- () Portfolio of Projects, Copies of Work Orders, Completion Certificates or other documents in support of work done**
- () Company's Profile and Health and Safety policy**
- () Insurances (Workmen's Compensation, Public Liability)**

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- () **Industry Standards Relevant for the Provision of Goods and Services:**
- *Licenses (e.g. Wireman, Plumbing, Firearm User, Food handlers badge etc.)
 - *ISO / STOW Certifications
 - *Professional Membership

END OF DOCUMENT