|  |  |
| --- | --- |
| watermark-large | **VOLUME II:**  Pre-Qualification Questionnaire |

|  |  |
| --- | --- |
| Firm Name |  |
| Team Leader |  |
| Email |  |
| Phone |  |

This Pre-Qualification Questionnaire (PQQ) calls for any natural or legal person eligible to respond.

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# Instructions Checklist

|  |
| --- |
| This Pre-Qualification Questionnaire shall replace any need to create a free-form proposal. Please complete the attached form fields to the fullest extent. All areas requiring your response are marked by answer blocks. You may also refer to attachments by noting so in the Attachments section of each answer block (e.g., Refers to “Criteria 1.1.3 Managerial Systems”).  **Please note that this document is available as a downloadable Word file for your input and submission**.  Please do:   * Answer each criterion question to the best of your ability. * Include as much relevant information as necessary. * Refer to any relevant attachments. * Order your attachments according to their reference in the Pre-Qualification Questionnaire. * Double click the HEADER to edit the field where it says TYPE YOUR COMPANY NAME HERE so that your firm’s name appears on each page. * Right click on the Table of Contents and select Update Field>Update Entire Table prior to submitting your response. * Remove any tracked changes, comments or edits (go to the Office Button> Prepare> Inspect Document> Inspect> Comments, Revisions, Versions and Annotations> Remove All). * Save your Pre-Qualification Questionnaire and the associated attachment(s) to PDF (or the format requested) and follow the submission instructions in the Instructions of Particular Application.   Kindly do not:   * Alter the numbering or content of the criteria or their definitions. * Remove any questions from your form. * Answer a question by just referring to an attachment – you must summarize the attachment in the answer block provided or the Selection Team may not review the attachment.   General guidance:   * The form fields expand to whatever length you require. * We value quality and conciseness of answers over quantity of information. * At the end of the form there is a space for “[Other Relevant Information](#_Other_Relevant_Information)” which we will consider in our evaluation. * We will only consider information that is within the response blocks provided, or is attached to the response forms and duly noted. Be sure to list all other pertinent attachments in the last section “[Other Relevant Information](#_Other_Relevant_Information)” |

**Submission Form**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: The Secretary

Tenders Committee

National Carnival Commission

#11 St Clair Avenue

Cor. St Clair and Gray Street

St Clair, Trinidad and Tobago, W.I.

**RE: Submission Form for (RFP Ref. No.)**

Dear Sir /Madam,

Being duly authorized to represent and act on behalf of (the Responding firm), I hereby confirm that (the Responding firm) wishes to submit a response to the above Pre-Qualification Questionnaire, including without limitation the confidentiality undertakings.

In submitting our response to NCC, we will agree to comply with all of the requirements of the PQQ documents, and in particular:

* To keep our response open for acceptance for one hundred and twenty (120) days after the due date for submission without unilaterally varying or amending its terms;
* That NCC is not bound to accept any response it may receive;
* That any and all costs and expenses incurred by us in preparing this response will be borne solely by us;
* That NCC will not be responsible for any errors or omissions in this Request for Expressions of Interest; and
* That this response shall be governed by the laws of The Republic of Trinidad and Tobago.

By: [Signature]

[Printed name of authorized representative of Respondent]

[Title]

[Respondent Represented] [Corporate Stamp or Seal]

# Conformance Checklist

Prior to submission, please review and confirm that each one of the below conformance requirements is included. Failure to provide any of the below items shall result in rejection of your submission due to non-conformance.

| **Conformance Requirement** | **Yes or No** | **Explanation for non-conformance** |
| --- | --- | --- |
| It is received by the submission due date/time, including any extensions. |  |  |
| It includes a signed Statement of Power of Attorney, where necessary. |  |  |
| It includes a valid Income Tax Certificate, VAT certificate, and NIS certificate issued by the Board of Inland Revenue and dated not more than six (6) months prior to the closing date of the Tender. |  |  |
| It includes a Certificate of Incorporation and a copy of last Annual Return. These must state the date of incorporation, place of registration and principal place of business. |  |  |
| It includes audited financial statements for the last three years of operations, if applicable. |  |  |
| It includes appropriate customer references as is required by this invitation. |  |  |
| It includes a Declaration of Pending Litigation signed by your corporate attorney or senior executive officer. |  |  |
| **Conformance Requirement** | **Yes or No** | **Explanation for non-conformance** |
| It demonstrates your experience with projects of a similar size and nature. |  |  |
| It is signed, sealed and marked as stipulated by this invitation. |  |  |
| It contains all the information and documents requested by this invitation. |  |  |
| It provides information in reasonable detail. |  |  |
| It includes appropriate licensing and registration as is required by this invitation. |  |  |
| There are no inconsistencies between the submission and the supporting documents. |  |  |
| Evidence of public liability and/or professional indemnity insurance. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Particulars of the Firm | |  |  |
| 1. Is it incorporated under “The Companies Ordinances   Chapter 31 No.1 (Laws of Trinidad and Tobago)”? | | Yes { } | No { } |
| 1. If a foreign company, state where incorporated and date of incorporation: | | |  |
| Please attach a copy of the following: | |  |  |
| Certificate of Incorporation and copy of Annual Return | | Yes { } | No { } |
| **For Business (other than Company) In Trinidad and Tobago** | | | |
| State the date of registration under the Registration of Business Name Act Chapter 82:25, Laws of the Republic of Trinidad and Tobago and attach copy of Certificate | |  | |
| Yes { } | No { } |
| **For Partnership, Joint Venture or Consortium** | | | |
| Is there an Agreement between Parties? | …………………….. | Yes { } | No { } |
| If so, provide a statement of said agreement signed by appropriate officers of each party | …………………….. |  | |
| For each party please include a copy of the following, where applicable: | | | |
| Certificate of Incorporation and copy of Annual Return | …………………….. | Yes { } | No { } |
| For a foreign legal entity please include the relevant documents required in the foreign jurisdiction for its registration. | | Yes { } | No { } |

# List of Addenda

Respondents are required to copy the list of addenda from the response website and paste them here to constitute part of their submission. No alteration in the addenda text shall be permitted.

# General Information

### Submitting Organization:

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** |  | | |
| **Organization Address** |  | | |
| **Organization Phone** |  | | |
| **Organization Website** |  | | |
| **Organization Fax** |  | | |
| **Organization Registration No.** |  | **Country** |  |
| **Organization Date of Registration** |  | | |
| **Organization Registered Address** |  | | |

### Team Leader Information

The Team Leader should be a person capable of legally binding your organization to the terms of this PQQ and subsequent ITT.

|  |  |
| --- | --- |
| **Team Leader Name** |  |
| **Team Leader Title** |  |
| **Team Leader Phone** |  |
| **Team Leader Email** |  |
| Is the Team Leader a legal representative of your firm, able to bind the firm to the terms of this PQQ?   * Tick One: YES ( ) NO ( ) | |

### Type of Business

(Check one)

|  |  |
| --- | --- |
| **a public limited liability company** |  |
| **a private limited liability company** |  |
| **a sole trader** |  |
| **a partnership** |  |

### Organization’s Formation

Describe your organization’s formation, to include the year founded, country where founded, business purpose and partners/directors of the firm.

|  |  |
| --- | --- |
| **Organization Year Founded** |  |
| **Organization Country Founded** |  |
| **Organization Business Purpose** |  |
| **Organization Partners/Directors/JV Members** |  |

### Organizational Affiliations

Is your Organization affiliated with or associated with any other organization in a Joint Venture or Consortium? If so, provide the name and registered office address of the affiliated organizations (repeat it for additional organizations if necessary).

|  |  |
| --- | --- |
| **Organization1 Name** |  |
| **Organization1 Address** |  |
| **Organization1 Phone** |  |
| **Organization1 Website** |  |
|  |  |
| **Organization2 Name** |  |
| **Organization2 Address** |  |
| **Organization2 Phone** |  |
| **Organization2 Website** |  |

### Local Partnership and Local Work (only applicable to foreign firms)

To be selected, a foreign firm will need to work with local partners in Trinidad and Tobago. In that context, describe how your firm would accomplish that.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachment File Names: |

# Selection Criteria

Goal: Determine Qualified Firms

To determine which respondent is suitably qualified to perform the works as specified in the Request For Proposal (RFP).

Executive Summary

In the following block please provide an Executive Summary of your submission, to include:

* Your firm’s unique value for provision of these works and services;
* A summary of your work experience.

|  |
| --- |
| **Your Response**: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments:   * Refers to Criteria 1.1.1 Summary of work experience. |

1. Organizational Health

The overall competence and resources of the firm to execute the works and services successfully.

* 1. Structure of Local Partnerships and Local Work (only applicable to foreign firms)

Describe your firm’s local presence in Trinidad and Tobago. Indicate any partnerships in the region, including the larger Caribbean, and how they may lend themselves to your ability to accomplish the Project.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |

* 1. Quality Assurance Accreditations and Methodology

Describe your firm's quality control accreditations, systems and personnel that will contribute to your firm's ability to effectively deliver the Project on time, on budget and in scope. In addition, attach your firm’s QA/QC methodology.

|  |
| --- |
| You’re Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments:   * Refers to “Criteria 1.2.1 QA/QC methodology |

* 1. Project Management Methodology and Systems

Describe your firm’s approach to project management. If you use a particular methodology or tool set include that in your description.

|  |
| --- |
| **Your Response**: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments:   * Include Gantt chart, WBS, etc. to illustrate the methodological approach |

* 1. Pending or Current Litigation

Using the following form, describe any pending or actual litigation or arbitration in which your firm is engaged. If your firm is engaged in litigation, describe how it will and/or will not affect the successful execution of the Project. In addition, provide details of any arbitration or litigation cases in which you have been involved over the past five years.

# Legal Claims Description

|  |  |  |  |
| --- | --- | --- | --- |
| Over the past five years, has the firm or any constituent part ever been involved in any litigation and/or arbitration for failing to fulfill or to comply with the terms of a contract | | Yes { } | No { } |
| If yes, give brief explanation. | |  |  |
|  | |  |  |
|  | |  |  |
| Is the firm involved in any litigation and/or arbitration proceeding at present? | | Yes { } | No { } |
|  | |  |  |
|  | |  |  |
| **Claims For:** | | Value (TTD) | N/A |
|  | |  |  |
|  | |  |  |
| **Claims Against:** |  | Value (TTD) | N/A |
|  | |  |  |
|  | |  |  |
|  |  |  |  |

# Declaration of Pending Litigation

I, (*Name or Respondent)* (*Position*) of (“the company”) hereby certify that no litigation, legal action, proceeding, conciliation, mediation or arbitration of any nature is pending or threatened against the company in any jurisdiction locally or internationally.

I hereby also certify that there is no bankruptcy action or proceeding of any nature pending or threatened against the company in any jurisdiction locally or internationally that may negatively or otherwise affect the business affairs or operations of the company.

I hereby further certify that there is no existing judgment made or registered against the company in any jurisdiction locally or internationally that may negatively or otherwise affect the business affairs or operations of the company.

The facts stated herein are true and correct to the best of my knowledge, information and belief. I am duly authorised and competent to make this certificate on behalf of the company.

*...……..…………….………Signature*

*............................…Designation*

*.......................................…..Date*

*(Company Seal)*

(This certificate should be made by the Executive Director of the company or an Attorney at Law retained by the company.)

* 1. Financial Health

Please provide the following documents:

* Your firm's financial standing and audited balance sheet for the years 2012, 2013 and 2014;
* Your annual turnover for the years 2013-2014 and your currently projected workload for the years 2015-2016 (TTD millions);
* Confirmation of your access to credit in the form of a letter from your bankers stating that, in the event that you enter into a contract with NCC for this project, credits lines up to a stated value will be available to you solely for the purposes of this project.

Please provide the following financial data from your annual audited accounts in TTD. If audited figures are not yet available, please provide your latest estimates, clearly identifying estimated figures. Figures in all columns must be on the same basis to allow a direct, year-on-year comparison to be made (or, if the basis has changed, an explanation of the change must be provided as a footnote to the table). (To convert to TTD from USD multiply by 6.3) (USD1.00 = TTD6.30). If your Organization is part of a group, provide figures for both your own Organization and the group.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Financial data** | **2012** | **2013** | **2014** |
| Leader \* | Annual turnover (TTD) |  |  |  |
|  | Annual operating profit (TTD) |  |  |  |
|  | Debt : Equity ratio (total debt / equity) |  |  |  |
| Partner 2 \* | Annual turnover (TTD) |  |  |  |
|  | Annual operating profit (TTD) |  |  |  |
|  | Debt : Equity ratio (total debt / equity) |  |  |  |
| Etc … |  |  |  |  |

\* insert the name of the candidate in the first column, adding / delete additional lines for partners as appropriate. If this application is being submitted by an individual candidate, the name of the candidate should be entered as 'Leader' (and all other lines should be deleted)

# Financial Information

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Auditor’s Report** |  | | |  | **Reports attached for the past ( ) year(s)** | | | |
| Attach copies of Auditor’s Report together  with audited statements made in accordance with approved standards for the last three (3) Years, where applicable. | | | | (1) | Yes { } | | No { } | |
| (2) | Yes { } | | No { } | |
| (3) | Yes { } | | No { } | |
|  |  | |  | |
| If Auditor’s Reports are not available please declare the following: | | | | | | | | |
| **Fixed Assets** |  | | |  | **Value ($)** | |  | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Current Assets** | |  |  | | | **Current Liabilities ($)** | |  |
|  | | | | | | | | |
|  | | | | | | | | |
| **Share holdings or interest in other Companies or Partnerships** | | | | | | | | |
| **Name of Shareholder** | | **Company/Partnership** | | | |  | | **Value ($)** |
|  | | | | | | | | |

* 1. Organizational Structure

Describe your firm's organizational structure and how it contributes to your unique abilities to deliver value on this Project. Describe where your Project team fits within the overall structure of the organization. Describe any specializations your firm has, and identify the number of professional and technical staff and administrative employees, affiliated companies and subsidiaries.

|  |
| --- |
| **Your Response:** |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |

* 1. Health and Safety Policies and Systems

Describe your firm's Health & Safety policies and systems that will contribute to your firm's ability to effectively deliver the Project on time, within budget and in scope. In addition, attach your firm’s Health & Safety Plan, if available.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments:   * Refers to Criteria 1.7.1 Health and Safety Policies and Systems |

* 1. Performance Monitoring and Evaluation Systems

Describe your firm's performance monitoring and evaluation systems that will ensure the Project is delivered on time, within budget and within scope.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |

1. Team Experience
   1. Work Experience and Qualifications of Team Members

Details (including CV) are required of the person who will be responsible for the successful delivery of the Works and Services. This individual should be based full time in Trinidad and Tobago while leading the Works and Services. Provide indicative Curriculum Vitae for each of the other key members of your project team. Note their proposed role in the header of the CV.

# SAMPLE:

Curriculum Vitae: Team Member Template

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | | |
| **PROFESSION:** |  | | |
| **NUMBER OF YEARS WITH FIRM:** |  | **NATIONALITY:** |  |
| **PROPOSED POSITION ON TEAM:** |  | | |
| **Key Qualifications:**  (Under this heading, give outline of staff member’s experience and training most pertinent to assigned work on proposed team. Describe degree of responsibility held by staff member on previous assignments and give dates and locations). | | | |
| **Education:**  (Under this heading, summarize college/university and other specialized education of staff member, giving names of schools, dates attended and degrees obtained. Provide information on professional affiliations, date and category of membership, where applicable). | | | |
| **Experience:**  (Under this heading, list all positions held by staff member since graduation, giving dates, names of employing organization, title of positions held and location of assignments. For experience in last ten (10) years, also please give some indication of types of activities performed, size and cost of projects undertaken, whether projects were implemented and with what results, experience in the region). | | | |
| **References:**  (Please provide at least three (3) recent client references and give information on projects undertaken, contact person of reference, address of reference, telephone and fax to facilitate enquiries). | | | |
| **Language:**  (Indicate proficiency in speaking, reading and writing of each language by “excellent”, “good”, “fair”, or “poor”) | | | |
| **…………………………………………………………**  **Signature of Staff Member** | | **…………………………………………………………**  **Date** | |

* 1. Work Experience and Qualifications of Key Personnel

Provide resumes for the key personnel you intend to put on this team should your firm win the contract. Be sure to identify the team leader and the other key roles you envision.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |

* 1. Fields of Specialization of the Firm

Please use the table below which aims at indicating the **relevant specialisms related to this PQQ** of your team and partners, by using the names of these specialisms as the row headings and the name of the leader and partners as the column headings. Show the relevant specialism(s) of each candidate by ticking (✓) in the box corresponding to those specialisms in which the candidate has significant experience. [**Maximum 10 specialisms**]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Leader | Partner 2 | Partner 3 | Etc …ε |
| Mechanical Eng. |  |  |  |  |
| Electrical Eng. |  |  |  |  |
| Civil Eng. |  |  |  |  |
| Grounds & Facilities |  |  |  |  |
| Information Technology & Communication |  |  |  |  |
| Health & Safety |  |  |  |  |
| Quality Assurance & Control |  |  |  |  |
| Other… |  |  |  |  |
|  |  |  |  |  |

ε add / delete additional lines and/or rows as appropriate. If this application is being submitted by an individual candidate, the name of the candidate should be entered as 'Leader' (and all other columns should be deleted)

1. Corporate Experience
   1. References and Project Descriptions

Please provide client references of similar works completed within the last ten years on the following Reference Forms. These references should be for similar types of projects/works and services of the same nature and magnitude, full details of which are to be provided.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |

# SAMPLE - Reference Template

|  |  |  |  |
| --- | --- | --- | --- |
| Client’s Name: |  |  |  |
| Address: |  |  |  |
| Contact Number: |  |  |  |
| Client Representative |  |  |  |
| Representative Contact Information: | |  |  |
| Telephone: | Fax: | Email: |  |
|  |  |  |  |
| Project/Contract Name: |  | Country: |  |
| Contract Duration: |  | Year(s): |  |
| Contract Value (TTD): |  |  |  |
| Project Scope: | | | |
|  | | | |
|  | | | |
|  | | | |
| Project Highlights: | | | |
|  | | | |
|  | | | |
|  | | | |
| Project Team Members: | | | |
|  | | | |
|  | | | |
|  | | | |

* 1. Firm’s Experience with Projects of a Similar Nature, Magnitude and Complexity

Summarize your firm’s experience with projects of the type called for in this PQQ. Illustrate how that experience will help your team successfully complete the project.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |

* 1. Firm’s Experience with JV Partners and/or Local Team

Describe your firm’s experience with your Joint Venture or Consortium partners. Emphasize any work you have done with the local team members.

|  |
| --- |
| Your Response: |
| Are there any attachments at the end of this form? ( ) YES ( ) NO  List of Attachments: |