



PROCUREMENT OF GOODS & SERVICES **EVALUATION QUESTIONNAIRE**

Name of Company

Please submit this completed Questionnaire to:

The Chief Executive Officer
National Entrepreneurship Development Company,
38, New Street, Port of Spain



**EXPRESSION OF INTEREST FOR THE PROCUREMENT OF GOODS AND SERVICES
APPLICANT DATA SHEET**

COMPANY NAME:
ADDRESS:
TELEPHONE CONTACT /MOBILE:
FAX:
EMAIL:
CONTACT PERSON:
CONTACT PERSON'S JOB TITLE:
PERSON COLLECTING DOCUMENTS:
CONTACT PERSON'S CONTACT DETAILS:(IF DIFFERENT FROM ABOVE)
NAME: (BLOCK LETTERS)
SIGNATURE:
DATE:

INFORMATION TO APPLICANTS

READ CAREFULLY ALL INFORMATION STATED IN THIS SECTION, BEFORE COMPLETING THIS QUESTIONNAIRE

1. Companies wishing to register on the National Entrepreneurship Development Company (NEDCO) Database for provision of goods and services may apply by filling out this questionnaire.
2. Responses are not limited to the spaces provided in the Questionnaire; as such separate sheets can be attached to the completed Questionnaire documents.
3. Please affix the name of your company on the cover page of this Questionnaire.
4. Applicants must submit an official company letter to inform NEDCO of any change(s) of Business Name, Address, Telephone Number or other relevant information. The notification of change of Business Name must be accompanied by a new Certificate of Incorporation and other relevant information, as necessary.
5. Expressions of Interest will contain the following:
 - (i) Background of the organization.
 - (ii) Resources – Technical and Equipment, where applicable
 - (iii) Work Experience
 - (iv) HSE Policies
 - (v) Financial Capability
 - (vi) Statutory requirements (NIS, BIR, VAT certificate)
 - (vii) Indicative Price Lists (Open to negotiation, as appropriate)
 - (viii) Client References / Testimonials (at least three)
6. **All** copies of certificates are to be attached to your completed document.
7. The Procurement Evaluation Process may include a visit to your company and an interview where applicable.
8. Applicants are requested to identify in which geographic location they are capable of supplying goods and performing services within Trinidad and Tobago.
9. The questionnaire must be signed by a duly authorized officer of the applicant's organization.
10. Please utilize the Procurement Evaluation Checklist to ensure that all supporting documents are duly submitted.

**NATIONAL ENTREPRENEURSHIP DEVELOPMENT COMPANY
PROCUREMENT EVALUATION QUESTIONNAIRE**

11. Submit the completed questionnaire and address all queries to:

**Procurement Evaluation Form
The Chief Executive Officer
National Entrepreneurship Development Company
38 New Street, Port of Spain**

Or

Email: EOI@nedco.gov.tt

12. Applications submitted via facsimile will not be accepted

13. NEDCO will not be responsible for any costs incurred by any applicant in preparation of the Procurement Evaluation Questionnaire.

14. Applicants will be evaluated on suitability for the award of contracts.

15. The information submitted with the application shall be held in strict confidentiality and shall be used solely for the use of NEDCO.

16. NEDCO reserves the right to cancel or reject any application, if any information is found to be misrepresented.

17. **Failure to comply with requirements may result in your application not being considered.**

PROCUREMENT EVALUATION QUESTIONNAIRE CHECKLIST

Please tick (√) the items below which are submitted with this package:

- () Copies of Certificate of Registration and Continuance
- () Copies of Income Tax, BIR, NIS Registration certificates and VAT (if applicable)
- () **Audited** Financial Statements for the last financial year **OR** Banker's Statement
- () Organization Chart (if applicable)
- () Signature on questionnaire
- () Client references (at least three) with contact information
- () Profile of the key personnel
- () Contracts listing (*if applicable*)

PLEASE ANSWER ALL QUESTIONS

1.0 GENERAL INFORMATION

1.1 TYPE OF ORGANIZATION

(Indicate by using a tick to mark the type of Organization)

- Sole Proprietor
- Partnership
- Public Limited Liability Company
- Private Limited Liability Company
- Other, Please Specify: _____

1.2 DOES THE COMPANY HAVE A BOARD OF DIRECTORS?

Yes No

1.3 CORPORATE STRUCTURE

Please provide an Organizational Chart illustrating the Firm's management structure including its Board of Directors and senior personnel.

Please provide the names and address of each affiliated and/or/subsidiary company.

Classification	Professional	Administration	Total

Affiliated/ Subsidiary Company

Names	Address	Contact

1.4 INFORMATION ON KEY PERSONNEL

(i) List Key Personnel in **Schedule I**

(ii) Are you or any of the company's directors or employees related to any director/member or employee of the National Entrepreneurship Development Company?

Yes No

(iii) If yes, please specify the relationship and the nature of the relationship:

1.5 TYPES OF SERVICES/ WORKS

Please specify / itemize ALL GOODS AND / OR PROVISION OF WORKS AND SERVICES, which your company provides along with your indicative pricing (*if possible*). **Provide as an appendix where necessary (Catalogues are accepted).**

1.6 STATE IN WHICH LOCATION YOU ARE CAPABLE OF SUPPLYING GOODS OR PERFORMING WORKS AND SERVICES

North Trinidad South Trinidad East Trinidad
Central Trinidad Tobago Trinidad and Tobago

1.7 EXPERIENCE

a) State the number of years you have been conducting business. _____

b) Do you now or have you ever supplied to or conducted services for NEDCO?

Yes No

c) List the major contract(s) / job(s) executed over the past three (3) years including current contracts in **Schedule II**.

1.8 REGISTRATION DOCUMENTS

The following applicable certificates must be submitted:

- | | | |
|--|--------------------------------------|-----------------------------|
| I. BIR Registration Number | <input type="checkbox"/> Yes # _____ | <input type="checkbox"/> No |
| II. NIS Registration Number | <input type="checkbox"/> Yes # _____ | <input type="checkbox"/> No |
| III. VAT Registration Number | <input type="checkbox"/> Yes # _____ | <input type="checkbox"/> No |
| IV. Certificate of Registration/ Incorporation | <input type="checkbox"/> Yes # _____ | <input type="checkbox"/> No |
| V. Certificate of Continuance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

a. If any of the documents required above are missing, please specify why:

b. List any additional registrations, licenses or certificates achieved in **Schedule III**

1.9 ENVIRONMENTAL CODE OF PRACTICE

Do you have / adhere to a code of environmental practice? Yes No

1.10 HEALTH SAFETY AND ENVIRONMENTAL POLICY

Do you have / adhere to a written Health and Safety Policy? Yes No

1.11 PROTECTIVE CLOTHING

Does your work / service require protective clothing?

Yes No

Do you provide protective clothing and devices for your members of staff?

Yes No

1.12 OCCUPATIONAL HEALTH AND SAFETY ACT

Are you compliant with the Occupational Health and Safety Act? Yes No

2.0 FINANCIAL INFORMATION

2.1 BREACH OF CONTRACT

Has the applicant or any of its affiliates ever been liable for Breach of Contract?

Yes No

c. If yes, please specify and provide details:

2.2 JUDGMENTS / LIENS

Do you have any judgments or liens currently outstanding against the company and/ or the principal officers or directors?

Yes No

d. If yes, please specify and provide details:

2.3 FINANCIAL CAPACITY

Please provide one of the following:

- I. Please provide Audited Financial Statements for the past financial year.
OR
- II. If audited financial statements cannot be provided, please attach bank statements for the last three (3) quarters of operation

3.0 STATEMENT OF SUBMISSION

I hereby certify that the information submitted in this Pre-qualification Form is true and correct to the best of my knowledge and belief. I understand and agree that, if any of the information provided herein is found to be false or misleading, the contractor/ supplier/ consultant may be disqualified or suspended.

This information will be used to pre-qualify this company with the National Entrepreneurship Development Company. I understand that Registration of a supplier on the pre-qualified list does not guarantee work or contracts from NEDCO.

Name in Block Letters: _____

Signature: _____

Position in Company: _____

Date: _____

Affix Company Seal or Stamp here:

Schedule I

4.0 KEY PERSONNEL (RESUMES MUST BE SUBMITTED WITH THIS QUESTIONNAIRE)

<i>NAME</i>	<i>QUALIFICATIONS</i>	<i>POSITION</i>	<i>RELEVANT EXPERIENCE</i>	<i>PERIOD OF EMPLOYMENT WITH FIRM</i>

Schedule II

5.0 CONTRACT EXPERIENCE

Using the format, list the major contract(s) executed over the past three (3) years including current contracts.

Brief Description of Works	Contract Date	Contract Period	Contract Value \$	Percentage (%) Completion	Client	Reference Name & Telephone No.

Schedule III

6.0 REGISTRATIONS / LICENSES / CERTIFICATES / AFFILIATIONS

Using the format, list additional accolades achieved

License / Certificate / Affiliation	Institution	Year achieved	Registration number