



IGAD is in the process of pre-qualifying suppliers of various goods and services. Interested suppliers should apply for pre-qualification, indicating the category & description of goods and/or services that they can supply. **Existing suppliers who wish to be retained in the register of suppliers MUST also apply for consideration.**

The pre-qualified list of suppliers will be used for financial year, 2025 - 2026

SUPPLY OF GOODS

CATEGORY NO

ICPAC/PQ/001/2025-2026
ICPAC/PQ/002/2025-2026
ICPAC/PQ/003/2025-2026
ICPAC/PQ/004/2025-2026
ICPAC/PQ/005/2025-2026
ICPAC/PQ/006/2025-2026
ICPAC/PQ/007/2025-2026
ICPAC/PQ/008/2025-2026

ITEM DESCRIPTION

Supply of computers, printers, UPS, LCD projectors, photocopiers
Supply of General office stationery, computer consumables and accessories
Supply of Paint and Other Decorative, Protective and Finishing Products
Supply of branded promotional items
Supply of motor vehicle tires and accessories
Supply of electrical equipment and appliances
Supply and maintenance of office furniture, furnishings and fittings
Supply of toners – MUST have an authorized dealership certificate

PROVISION OF SERVICES

CATEGORY NO

ICPAC/PQ/009/2025-2026
ICPAC/PQ/010/2025-2026
ICPAC/PQ/011/2025-2026
ICPAC/PQ/012/2025-2026
ICPAC/PQ/013/2025-2026
ICPAC/PQ/014/2025-2026
ICPAC/PQ/015/2025-2026

ICPAC/PQ/016/2025-2026

ICPAC/PQ/017/2025-2026
ICPAC/PQ/018/2025-2026
ICPAC/PQ/019/2025-2026

ITEM DESCRIPTION

Provision of Security services
Provision of Photography and Video Services
Provision of Courier Services
Provision of Clearing and Forwarding services
Provision of Advertising, PR and Research Services
Provision of Transport and Hire services (taxi and mini buses)
Provision of publication services (Include Layout Design and Printing)

Provision of Air Travel Agency Services (Must be registered with IATA)

Provision of editorial services (Proofreading and Content Editing)
Provision of Translation and Interpretation services
Provision of Rapporteur and Facilitation services

Kindly fill in the attached application form.

All applicants **MUST** provide copies of the below documents

1. PIN and VAT Certificate
2. Business registration certificate/Certificate of Incorporation
3. Valid and current Tax Compliance Certificate
4. Current Business Permit
5. Must be registered with IATA for provision of air travel and ticketing agency services
6. Must be a member of Kenya Security Industry Association (KSIA) and provide certificate of good conduct for employees. This applies to companies providing security services.
7. Company Profile

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

All applications should be addressed to:

Director

IGAD Climate Prediction and Applications Centre (ICPAC), Kibiku Area, Ngong Town,
Kajiado County, Kenya
P O Box 10304, 00100 Nairobi, Kenya; Tel: 254-20-3514426

The document (s) should be received/delivered to IGAD Climate Prediction and Applications Centre (ICPAC) reception **on or before 12noon on 10 September 2024**. The hard copies should be received in plain sealed envelopes and clearly marked “**Pre-Qualification of suppliers-Category No. _____**”

Application Form No. ICPAC/PQ/ _____

**APPLICATION FOR PRE-QUALIFICATION OF SUPPLIERS 2025-2026
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. Physical Address: _____

B. Company Formation

1) Sole Proprietor (*Name/Nationality*) _____

2) Partnership

Names and Details of Partners:

1. _____

2. _____

3. _____

4. _____

3) Limited Companies

Names and Details of Directors:

1. _____

2. _____

3. _____

4. _____

Share Capital: Authorized: Kshs. _____ Issued and Paid: Kshs. _____

II. Financial Information

i. Total Assets _____

ii. Current Assets _____

iii. Total liabilities _____

iv. Current liabilities _____

N.B. Attach Audited Accounts for the last 2 years.

v. Terms of Payment (maximum credit period) _____

vi. Name of Banker _____ Address _____ Telephone: _____

vii) Yearly turnover for the last three years:

Year 1: _____

Year 2: _____

Year 3: _____

Contact Person (s) (Name, Telephone number, email address) – MUST BE PROVIDED

1. _____

2. _____

3. _____

III: Experience: *(State the organizations to which you have rendered Services having carried out contracts of similar nature) – Minimum 5 organizations)*

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: _____

Attach LPOs and Contracts.

III. Professional capacity *(state the number of employees (both permanent and casual) working in the company with for the last two years with their qualification)*

1) Number of permanent employees _____

2) Number of temporary employees _____

IV. 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

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

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

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

Note: Tenderers business premises may be inspected by a team of ICPAC officers 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 _____