



Government of the Republic of Trinidad and Tobago
Ministry of Sport and Youth Affairs

PRE-QUALIFICATION NUMBER

MINISTRY OF SPORT AND YOUTH AFFAIRS

CONTRACTORS/SUPPLIERS/SERVICE PROVIDERS

PRE-QUALIFICATION QUESTIONNAIRE

APPLICATION FORM

THIS PRE-QUALIFICATION QUESTIONNAIRE IS TO BE COMPLETED BY CONTRACTORS/SUPPLIERS SERVICE PROVIDERS WHO WISH TO PROVIDE WORKS/GOODS/SUPPLIES/SERVICES FOR THE MINISTRY OF SPORT AND YOUTH AFFAIRS. UPON COMPLETION OF THIS QUESTIONNAIRE, PLEASE SUBMIT TO:

PERMANENT SECRETARY, MINISTRY OF SPORT AND YOUTH AFFAIRS,

#2 ELIZABETH STREET, ST. CLAIR, PORT OF SPAIN

Name of

Contractor/Supplier/Service Provider: _____

Category Works/Goods/Supplies/Services: _____

This Questionnaire must be signed by the Applicant or a duly authorized representative of the Applicant who guarantees that all information given in this Questionnaire is true and correct.

Information submitted and completed by:

_____ ID #: _____ DATE OF ISSUE: _____
(Please Print Name)

_____ Title: _____
(Signature)

Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____ DATE OF APPLICATION: _____

ALL DOCUMENTS SUBMITTED WITH THIS QUESTIONNAIRE WILL BE RETAINED BY THE MINISTRY OF SPORT AND YOUTH AFFAIRS FOR ITS RECORDS AND WILL BE TREATED WITH STRICT CONFIDENCE.

MINISTRY OF SPORT AND YOUTH AFFAIRS

GENERAL INSTRUCTIONS:

1. As there are many Contractors with different skills and expertise, you are required to complete this Questionnaire as it applies to you or your organization. Should a particular question not be applicable, please provide a brief explanation as to why it does not apply.
2. The Ministry of Sport and Youth Affairs is committed to ensuring fairness in our Contractor/Supplier/Service Provider, selection processes. Pre-qualification will be based on your organization, meeting the evaluation criteria for the Works, Goods/ Supplies and Services to be provided.
3. Part 8 of this document lists the Categories of Works, Goods/Supplies and Services and the Evaluation Criteria for which a Contractor/Service Provider/Supplier may pre-qualify. Applicants are requested to state the category of Works, Goods or Services for which they seek registration, onto the Application Form.
4. Contractors may submit separate applications for more than one Category of Works; Goods/ Supplies; Consultancy Services and Other Services.
5. Contractors/Suppliers/Service providers must complete the questionnaire accurately; legibly and completely. Where there is insufficient space to record all the information requested, the additional information shall be submitted on supplemental sheets annexed hereto in the same format as this Questionnaire.
6. Applicants are advised that representatives from the Ministry of Sport and Youth Affairs may visit their premises to verify information submitted in the Questionnaire.
7. The Ministry of Sport and Youth Affairs reserve the right to verify information from clients and related people as stated in your submission.
8. The Ministry of Sport and Youth Affairs will evaluate the Suppliers or Contractors in accordance with the qualification criteria specified in Part 8.
9. If the information submitted by the supplier or contractor is materially inaccurate or materially incomplete in any respect so as to constitute a misrepresentation, or who without reasonable cause, fails to provide verification of information when requested by the Ministry of Sport and Youth Affairs shall be disqualified.
10. If any information contained in this questionnaire is found to be false and/or misleading the Application will be rejected. In the circumstance, where this is discovered after the admission of a Contractor to the Pre-Qualification Register, the Contractor shall be immediately removed therefrom.

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GENERAL INSTRUCTIONS (CONT'D)

11. The Ministry of Sport and Youth Affairs does not bind itself to pre-qualify any Contractor and will not be responsible for any costs incurred in the preparation of any application.
12. All applicants will be notified as per their status after the pre-qualification exercise is completed..
13. In evaluating the applications submitted, the Ministry of Sport and Youth Affairs reserves the right to:
 - (a) Accept or reject any contractor that does not adequately complete this Pre-qualification Questionnaire.
 - (b) Assess applications as it seems fit, without any obligation to Pre-qualify any Contractor.
 - (c) Determine whether any Contractor satisfactorily meets the established evaluation criteria.
 - (d) Request clarification from the Contractor after submission of the Questionnaire.

PRE-QUALIFICATION QUESTIONNAIRE

MINISTRY OF SPORT AND YOUTH AFFAIRS

PART 1 – Organization Information

1.1 Name of Organization: _____

Business/Registered Address: _____

Mailing Address (if different from above): _____

1.2 Contact:

Telephone No: _____ Fax #: _____ Cell #: _____

Email address: _____

1.3 Type of Organization:

Sole Proprietor Partnership Limited Liability (Private)

Other (please specify): _____

MINISTRY OF SPORT AND YOUTH AFFAIRS

PART 1 – Organization Information (CONT'D)

1.4 Mandatory Documentation:

Please supply the listed documents (where applicable):

- Certificate of Incorporation/Continuance/Registration
- Notice of Directors or List of Principal Officers
- Notice of Registered Address
- VAT Registration Certificate
- Income Tax Clearance Certificate
- Value Added Tax Clearance Certificate
- N.I.S. Compliance Certificate

1.5 Key Personnel: (i.e. having the necessary professional and technical qualifications, competence and managerial capability)

(i) Name: _____ **Nationality:** _____

Qualifications: _____

Position/Title: _____ **Years** **Experience:**

(ii) Name: _____ **Nationality:** _____

Qualifications: _____

Position/Title: _____ **Years Experience:** _____

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PART 1 – Organization Information (CONT'D)

1.5 Key Personnel (Cont'd)

(iii) Name: _____ Nationality: _____

Qualifications: _____

Position/Title: _____ Years Experience: _____

(iv) Name: _____ Nationality: _____

Qualifications: _____

Position/Title: _____ Years Experience: _____

Note: For completeness, résumés of the key personnel can be submitted with this Questionnaire.

1.6 Have your Organization fulfilled its obligations to pay all required taxes and contributions :- Value Added

Tax; Income Tax and National Insurance Contributions? _____

Value Added Tax paid up to: _____

Income Tax paid up to: _____

National Insurance Contributions paid up to: _____

1.7 Does your Organization have the necessary capacity to perform a procurement Contract as follows:-

(a) Professional and technical qualifications _____

(b) Competence _____

(c) Financial Resources _____

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Organization Information (CONT'D)

(d) Equipment _____

(e) Physical Facilities _____

(f) Managerial Capability _____

(g) Reliability _____

(h) Experience _____

(i) Personnel _____

1.8 Does your Organization meet relevant industry standards?

1.9 Does your Organization have the Legal capacity to enter into the Procurement Contract?

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PART 2 – Financial Information

2.1 Bankers/Financiers:

Name: _____ **Branch:** _____

Address: _____

Telephone No: _____ **Contact/Reference Name:** _____

Name: _____ **Branch:** _____

Address: _____

Telephone No: _____ **Contact/Reference Name:** _____

2.1.1 Are you VAT Registered? Yes No

If No, please state why:

2.2 Annual Income:

2014: _____

2015: _____

2016: _____

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PART 2 – Financial Information (CONT'D)

2.2.1 Do you keep maintain accounting records
of Income and Expenditure?

Yes No

If No, please state why:

2.2.2 Do you have audited accounts
of Income and Expenditure?

Yes No

If Yes, please provide audited Statement for years:

2014:.....

2015:.....

2016:.....

If No, please state why:

2.2.3 Please provide a Banker's Note or Credit Reference which shows your Organization's
standing with your bankers.

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PART 2 – Financial Information (CONT'D)

2.3 Contract Size:

Your organization has the financial capability (including bank credit) to finance the provision of Works/Goods/Services valued at (Tick appropriate box):

- | | |
|--|---|
| <input type="checkbox"/> Small \$0 ≤ \$400,000.00 | <input type="checkbox"/> Large >\$5,000,000 <\$20,000,000 |
| <input type="checkbox"/> Medium >\$400,000.00 <\$5,000,000 | <input type="checkbox"/> Mega > \$20,000,000 |

2.4 Insurance Coverage

Please note that Contractors will be required to provide the relevant Insurances as listed if awarded a Contract:

- *Public Liability* (Third Party) (\$ value to be established on a per contract basis)
- *Workmen Compensation* (\$ value to be established on a per contract basis)
- *Fire/Theft*
- *Motor Vehicle*
- *Employer's Liability*

The Insurances to be provided are not limited to the list above and depend on the nature and value of the Works, Goods or Services to be provided.

2.4.1 Please indicate your organisation's ability to provide such insurances as required.

- Yes**
- No** (please indicate why) _____

2.4.2 Do you have any pending Insurance Claims?

- No**
- Yes** (Please specify) _____

2.5 Judgments/Litigation

2.5.1 Are there any pending actions or claims against your Company and/or the Principal Officers or Directors?

- No**
- Yes** (please specify) _____

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PART 2 – Financial Information (CONT'D)

2.5 Judgments/Litigation (Cont'd):

2.5.2 Are there any judgments registered against your Company and/or the Principal Officers or Directors?

No

Yes (Please specify) _____

2.5.3 Has your Company ever been disqualified from being registered for the last 2 years, as a supplier of Goods, Services, or a Contractor from any government Ministry and/or State Agencies or State Enterprise?

Yes

No

If Yes please state reasons for

2.6 Insolvency, Receivership and Bankruptcy

2.6.1 (a) Is your organization insolvent, in receivership, bankrupt, or being wound up, your affairs are not being administered by a court or a judicial officer, your business activities have not been suspended and is not the subject of legal proceedings?

Yes **No** If Yes (state why) _____

2.6.2 (b) Have any of your Organization's directors or officers been convicted of any criminal offence? _____

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PART 3 – Sub-Contracting

3.1 Sub-contracting

Please list any work that would usually be subcontracted to other Contractors.

Specific type of work being sub-contracted

Company Name: _____

Contact Name at the above named company: _____

Contact Phone number for above: _____

Length of time working for you as a Sub-Contractor: _____

Specific type of work being sub-contracted:

Company Name: _____

Contact Name at the above named company: _____

Contact Phone number for above: _____

Length of time working for you as a Sub-Contractor: _____

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PART 4 – Work History and References

Please provide a list of clients of your organization (within the last 3 years) for which you have provided similar Works/Goods/Services:

(i) **Client Name:** _____ **Tel. No.** _____

Contract Value: \$ _____ **Date(s) of Contract Term:** _____

Contact name/position: _____

Description (Contract Scope of Works/Goods/Services): _____

(ii) **Client Name:** _____ **Tel. No.** _____

Contract Value: \$ _____ **Date(s) of Contract Term:**

Contact name/position: _____

Description (Contract Scope of Works/Goods/Services): _____

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PART 4 – Work History and References (CONT'D)

iii) **Client Name:** _____ **Tel. No.** _____

Contract Value: \$ _____ **Date(s) of Contract Term:** _____

Contact name/position: _____

Description (Contract Scope of Works/Goods/Services): _____

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PART 5 – Equipment

5.1 Owned: No Yes (what %) _____

Rented/Leased: No Yes (what %) _____

5.2 Description of Owned Equipment: (Attached list as necessary)

_____ Age: _____ Condition: _____

_____ Age: _____ Condition: _____

_____ Age: _____ Condition: _____

5.3 Description of Leased Equipment:

_____ Age: _____ Condition: _____

_____ Age: _____ Condition: _____

_____ Age: _____ Condition: _____

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PART 6 – HEALTH, SAFETY AND ENVIRONMENT

6.1.1 Please state the number of persons employed in your organization.

6.2 Are you compliant with the requirements of the Occupational Safety and Health Act (OSHA) legislation 2004 as amended in 2006? **Yes** **No**

6.3 An employer with more than 25 employees is required, under the OSHA, to prepare a Health and Safety Policy with respect to its employees. Does your organization have a Health and Safety policy?

Yes **No**

If yes please submit a copy.

If No please state why: _____

To include extensions 1 – 13 as stated in original document?

6.4 Consistent with the OSH Act 2004 as amended in 2006 please attached a copy of your latest Health and Safety Policy Statement or such other equivalent health and safety policy document for contractors with fewer than 25 employees.

6.5 What is the name and title of your liaison person responsible for health and safety?

Name:

Title:

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PART 6 – HEALTH, SAFETY AND ENVIRONMENT (CONT'D)

6.6 Membership in any industrial or Occupational Safety Groups or National Organizations.

Please list any relevant groups:

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.....
.....

6.7. What safety, health and skills training have your operatives received relevant to the contract work?

.....
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.....

6.8 Please itemize your methods of communicating safety information to your employees (e.g. bulletins, memoranda, posters, handbooks, meetings)

.....
.....
.....

6.9 What are the Insurances held?

Public Liability and level of Coverage:.....

Employee Liability and level of Coverage:.....

Workmen's Compensation and level of Coverage:.....

Any other Insurances held:

.....
.....

Please attached copies of Certificates held:

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PART 6 – HEALTH, SAFETY AND ENVIRONMENT (CONT'D)

6.10 Provide method for ensuring that plant, equipment, and vehicles (owned or hired) for use on site are issued as fit for the task, maintained, kept in safe condition, and only used by competent persons.

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.....

6.11 Please list any relevant systems you use (e.g. permit-to-work systems, safety procedures, risk assessments, Job Hazard or safety analysis, job plans, method statements appropriate to this work.

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.....

6.12 Please list any hazardous substances to be used on this work that are classified as hazardous to health together with copies of current Material Safety Data Sheets (MSDS) or Manufacturers Instructions.

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.....

6.13 How do you assess the health and safety competence of companies with whom you place contracts?

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.....
.....

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PART 6 – HEALTH, SAFETY AND ENVIRONMENT (CONT'D)

6.14 Please provide any References or Testimonials from past jobs that would verify your capability to work effectively and properly manage health and safety?

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.....
.....

6.15 Please give any other information you feel would assist us in the assessment of your capabilities to work effectively and properly manage health and safety.

.....
.....
.....

Declaration of Contractor, Supplier, Service Provider and Sole Trader

“I hereby certify that the information provided in this Pre-Qualification Questionnaire and attached documents are true and correct and also in compliance with Section 29 of the Public Procurement and Disposal of Public Property Act 2015”

.....
Signature of Applicant

.....
Date

MINISTRY OF SPORT AND YOUTH AFFAIRS

PART 7 – For use by the Ministry of Sport and Youth Affairs only.

Contractor is:

Acceptable

Unacceptable

Please specify reasons: _____

.....

Date:

For and on behalf of The Ministry of Sport and Youth Affairs

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PART 8 – CATEGORIES OF WORKS, GOODS AND SERVICES AND EVALUATION CRITERIA

Category	Evaluation Criteria	Points
(1) WORKS		
General Building Works	Contractor's Key Personnel	20
General Civil Works	Financial Capability	20
Electrical Installations/Maintenance	Health and Safety Compliance	5
Mechanical Installations/Maintenance	Completeness of Submission	5
Swimming Pool Pumps Installations/Maintenance	Equipment and Resources	5
Air Conditioning Installations/Maintenance	Relevant Work Experience	45
Plumbing Installations/Maintenance	Total =	100
Waterproofing Installations		
Pre-Engineered Buildings		
Grounds Maintenance/Landscaping		
Power Washing		
Sandblasting		
Turf Installation & Maintenance		
Sport Equipment Servicing		
Painting		

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(2) GOODS AND SUPPLIES	EVALUATION CRITERIA	POINTS
Electrical Equipment and Supplies	Contractor's Key Personnel	20
Mechanical Equipment and Supplies	Financial Capability	30
Air Conditioning Equipment and Supplies	Health and Safety Compliance	5
Building and Hardware Supplies	Resources	15
Trophies and Medals	Completeness of Submission	5
Swimming Pool Supplies	Relevant Experience	25
ICT Equipment/Supplies	Total =	100
Computer Software		
Janitorial/Cleaning Supplies		
Toiletries		
Sport Equipment/ Supplies		
Stationery Supplies		
Office Equipment/Supplies/Furniture		
PPE/Safety Supplies		
Clothing/Uniforms		
Grocery Supplies		
Livestock Supplies		
Memorabilia		
Safety Equipment		

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(3)	SERVICES	EVALUATION CRITERIA	POINTS
	<ul style="list-style-type: none"> • Consultancy Services <ul style="list-style-type: none"> - Occupational Safety & Health - Inspection and Auditing - Energy Efficiency and Greening - 3rd Party Verifications - Architectural - Engineering - Quantity Surveying - Land Surveying - Project Management/ Construction Supervision - Geotechnical Engineering Services - Information Technology Services - Youth & Leadership Training - Youth Counselling - Vocational Training - Business Planning - Strategic Planning - Human Resource - Event Management - Training in Telephone Etiquette - Protocol - Mediation/Dispute Resolution - Speech Writing - Photography - Industrial Relations - Accounting - Auditing - Annual Reports & Statements - Investigations - Sport Psychology - Sport Medicine - Physiotherapy - Biometrics Testing - Anti-doping - Ambulance Services - Athletes' Accommodation (Sportel) 	<ul style="list-style-type: none"> Contractor's Key Personnel Financial Capability Health and Safety Compliance Completeness of Submission Relevant Experience Resources Total = 	<ul style="list-style-type: none"> 30 20 5 5 25 15 100

(04) Other Services	Evaluation Criteria	Points
<ul style="list-style-type: none"> - Hospitality Services/Rentals - Pest and Termite Control - Landscaping - Janitorial Services - Security Services - Data Collection & Analysis - Ground Transport (Athletes/Teams, Equipment, VIP) - Transportation - Insurance Brokerage - Advertising/Marketing - Waste Management/Disposal - Catering Services - Concessionaire Services - Interior Decorating - Overseas Travel 	<ul style="list-style-type: none"> Contractor's Key Personnel Financial Capability Health and Safety Compliance Resources Completeness of Submission Relevant Experience Total = 	<ul style="list-style-type: none"> 25 25 5 15 5 25 100

