

**MAINTENANCE/ REPAIRS/REFURBISHMENT
OF
ELECTRICAL INSTALLATION TO BUILDINGS
TRAFFIC & HIGHWAY LIGHTS INSTALLATIONS
AIR CONDITIONERS & REFRIDGERATORS
GENERATORS**

SECTION 1 – INSTRUCTIONS TO APPLICANTS

1. The Work Services Group will utilise the information provided by applicants to produce a database for 2018, with respect to maintenance and rehabilitation of electrical appliances.
2. Applicants are requested to complete the tables in Section 2 of the Application Forms.
3. Application documents **must** be accompanied by:
 - A valid copy of the Company/ Business Registration.
 - Curriculum Vitae of key personnel
 - Financial statements for 2015 and 2016
 - Letter of line of Credit
 - Organizational Chart
 - List of equipment and proof of ownership (Registration, Affidavit of Ownership)
 - A copy of a valid electrical Contractor License. Licenses pertaining to the category of Electrical Works selected must be attached.
4. The declaration in Section 4 **must** be signed.
5. The Employer's address for the purpose of Application submission is:

**The Chairman
National Procurement and Tender Administration Board
Ministry of Finance Building,
Main & Urquart Street,
Georgetown.**

6. Applications must be submitted by 9:00 a.m, ***December 19, 2017*** at the above address and should be placed in an envelope and clearly marked:

“Pre-Qualification of Contractors for Maintenance/Rehabilitation of Electrical Appliances for 2018”

Electrical works – Maintenance / Repairs / Refurbishment

SECTION 2- APPLICATION FORMS

Contractor’s Registration Pre-Qualification Form

(1) Applicant’s Legal Name

(2) Applicant’s Legal Address (Postal).....

.....

Telephone and Fax Nos.

Email Address

(3) Applicant’s Principal:

Name:

Address:

Telephone and Fax Nos.

Email Address

(4) All completed forms (Appendix 1, 2, 3,4 and 5) must be accompanied with

(i) Financial Statements for 2015 and 2016.

(ii) Curriculum Vitae of key personnel.

(iii) A copy of a valid electrical Contractor License. Licenses pertaining to the category of Electrical Works selected must be attached.

(iv) Structure of the Company/firm.

(v) List of works completed in the past three years (2014, 2015 and up to October 31, 2016 to be submitted on the relevant forms (Appendix 1, 2, 3,4 & 5 enclosed) for the category of Electrical works selected.

Attach Additional sheets as necessary.

(vi) Evidence of financial resources from banking institutions available to undertake the works.

(5) This document must be accompanied by valid Compliance Certificates from the Guyana Revenue Authority and National Insurance Scheme.

(6) If it is found that any information submitted herein is false, this will lead to the automatic disqualification of the applicant.

(7) I hereby declare that all the information submitted herein is true.

.....

**Signature of Applicant
(Company's Stamp if available)**

.....

Date

FORM LIT 1:

PENDING LITIGATION

State whether your organization has any pending litigations with the Government of Guyana or any other institutions.

	Name of Contract	Client
1		
2		
3		
4		
5		

FORM EQP 1: EQUIPMENT CAPACITY**APPLICATION FOR TRAFFIC/HIGHWAY LIGHTS**

Indicate the equipment considered by the company to be necessary for undertaking *Traffic/Highway Lights* projects and whether this is already in the company's ownership or will be purchased, hired or leased.

Fill in all information requested. Any other equipment should be listed in blank spaces. Use as many forms as required.

	Equipment/Tools	Number Available to Company	Owned/Hired / To be Purchased	Proof of Ownership
1	Basket Truck (45 ft Min Height)			
2	Hydraulic Lift Truck (Hiab)			
3	Ladder			
4	Hot Line Stick			
5	Grip All Stick			
6	Line Man Tools			
7	Lines Man Belt			

FORM EQP 1: EQUIPMENT CAPACITY APPLICATION FOR ELECTRICAL INSTALLATION TO BUILDINGS

Indicate the equipment considered by the company to be necessary for undertaking *Electrical Installation to Buildings* projects and whether this is already in the company’s ownership or will be purchased, hired or leased.

Fill in all information requested. Any other equipment should be listed in blank spaces. Use as many forms as required.

	Equipment/Tools	Number Available to Company	Owned/Hired / To be Purchased	Proof of Ownership
1	Ladder			
2	Multitester			
3	Ampmeter (Clamp ON)			
4	Mega Ohm Meter			

FORM EQP 1: EQUIPMENT CAPACITY***APPLICATION FOR AIR CONDITIONERS AND REFRIGERATORS
MAINTENANCE AND INSTALLATION***

Indicate the equipment considered by the company to be necessary for undertaking *Air conditioners and refrigerators maintenance and installation* projects and whether this is already in the company's ownership or will be purchased, hired or leased.

Fill in all information requested. Any other equipment should be listed in blank spaces. Use as many forms as required.

	Equipment/Tools	Number Available to Company	Owned/Hired / To be Purchased	Proof of Ownership
1	Ladder			
2	Multitester			
3	Ampmeter (Clamp ON)			
4	Mega Ohm Meter			
5	Manifold Gauge and charging hose for refrigerator and Air Conditioner			
6	Refrigerator Vacuumed pump			
7	Welding/soldering torch			
8	Flairing Tool			

FORM EQP 1: EQUIPMENT CAPACITY*Application For Generator Maintenance and Installation*

Indicate the equipment considered by the company to be necessary for undertaking *Generator maintenance and installation* projects and whether this is already in the company's ownership or will be purchased, hired or leased.

Fill in all information requested. Any other equipment should be listed in blank spaces. Use as many forms as required.

	Equipment/Tools	Number Available to Company	Owned/Hired / To be Purchased	Proof of Ownership
1	Ladder			
2	Multitester			
3	Ampmeter (Clamp ON)			
4	Mega Ohm Meter			
5				
6				
7				
8				

FORM PER 1: LIST OF KEY PERSONNEL

Identify the number of construction/project staff currently employed by the organization; amalgamated by skill.

Fill in all information requested. Use as many forms as required.
Provide organizational chart to support organizational capacity.

Category	Number Available
Manager	
Electrical Engineer	
Supervisor/Foreman	
Skilled Worker	
Labourers	

FORM EXP 1: COMPANY EXPERIENCE

Provide list of works executed of a similar nature as a prime contractor, over the past 5 years.

Fill in all information requested. Use as many forms as required.

NAME OF PROJECT	LOCATION	EMPLOYER	CONTRACT VALUE G\$

FORM FIN 1: FINANCIAL RESOURCES

Specify sources of financing, such as liquid assets, unencumbered real assets, lines of credit, and other financial means. **Proof of finances is to be provided as supporting documents.**

Source of financing/ Lines of Credit	Amount (G\$)
1.	
2.	
3.	
4.	

Electrical Works

APPENDIX 1

Maintenance / Repairs / Refurbishment of:

ELECTRICAL INSTALLATION TO BUILDINGS

Applicant's Legal Name:.....

Applicant should provide information for 2015, 2016 and so far in 2017. Attach additional forms as necessary.

Start Date	Completion Date	Client and Description of works	Value of Works
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	

.....
Signature of Applicant
(Company's stamp if available)

.....
Date

Electrical Works

APPENDIX 2

Maintenance / Repairs / Refurbishment of:

TRAFFIC LIGHTS

Applicant's Legal Name:.....

Applicant should provide information for 2015, 2016 and so far in 2017. Attach additional forms as necessary.

Start Date	Completion Date	Client and Description of works	Value of Works
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	

.....
Signature of Applicant
(Company's stamp if available)

.....
Date

Electrical Works

APPENDIX 3

Maintenance / Repairs / Refurbishment of:

HIGHWAY LIGHTS

Applicant's Legal Name:.....

Applicant should provide information for 2015, 2016 and so far in 2017. Attach additional forms as necessary.

Start Date	Completion Date	Client and Description of works	Value of Works
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	

.....
Signature of Applicant
(Company's stamp if available)

.....
Date

Electrical Works

APPENDIX 4

Maintenance / Repairs / Refurbishment of:

AIR CONDITIONERS & REFRIGERATORS

Applicant's Legal Name:.....

Applicant should provide information for 2015, 2016 and so far in 2017. Attach additional forms as necessary.

Start Date	Completion Date	Client and Description of works	Value of Works
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	

.....
Signature of Applicant
(Company's stamp if available)

.....
Date

Electrical Works

APPENDIX 5

Maintenance / Repairs / Refurbishment of:

GENERATORS

Applicant's Legal Name:.....

Applicant should provide information for 2015, 2016 and so far in 2017. Attach additional forms as necessary.

Start Date	Completion Date	Client and Description of works	Value of Works
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	
		Contract Name: Name of Employer Address Description of Works	

.....
Signature of Applicant
(Company's stamp if available)

.....
Date

SECTION 3 – CONDITIONS OF PRE-QUALIFICATIONS

- Only Applicants substantially responsive will be placed on the 2018 database of pre-qualified contractors for maintenance and rehabilitation of Electrical Appliances.
- All Contractors pre-qualified will be required to submit valid GRA & NIS compliances in the event of any contract award.
- If Applicant is successful in being placed on the Database and consistently refuses to bid for projects when invited this may result in the Applicant's name being removed from the database unless valid reasons are provided.
- Evaluations of work done, which indicate poor performance, can also result in disqualification/suspension.
- Any false declaration/information submitted herein, will result in automatic disqualification of the applicant.
- Equipment submitted for tendering will be subjected to inspection by a representative of the Ministry.

SECTION 4 – DECLARATION OF ACCEPTANCE OF CONDITIONS

I hereby declare that I agree to the terms of reference of the prequalification application document and that all the information submitted herein is true and valid.

.....
Signature of Applicant
(Company's Stamp If Available)

.....
Date