

1.0 INTRODUCTION

The Mater Misericordiae Hospital is seeking to purchase Mater Heart Run 2020 Merchandise as follows:

MATER HEART RUN 2020 MERCHANDISE			
ITEM DESCRIPTION	SPECIFICATIONS	QUANTITY	
· T-shirt: 0-3 Years	100% cotton Heavy weight(165GSM) Branded front, back and year details on the sleeve	300	
· T-shirt: 4-6 Years		1,500	
· T-shirt: 7-10 Years		6,000	
· T-shirt: 10-13 Years		7,500	
· T-shirt: Small		11,000	
· T-shirt: Medium		13,000	
· T-shirt: Large		8,000	
· T-shirt: X Large		3,000	
· T-shirt: XX Large		800	
· MHR Caps (assorted colours)	Branded Brush-cotton	2,000	
· MHR Sun Visors		5,000	
MHR Branded Polo shirts (1250 PCS)	100% cotton Heavy weight(220GSM) Branded front, back and year details on the sleeve	Medium	500
		Large	350
		X Large	300
		XX Large	100
SUMMARY			
Total T- shirts		51,100	
Total Caps		2,000	
Total Sun Visors		5,000	
Total Polo T- shirts		1,250	

2.0 NOTICES

Kindly take note of the following:

- I.** You are requested to prepare samples for each of the requested merchandise and submit alongside the RFQ documents. Please follow below instructions for preparation of samples:
 - a) T-shirts/Polo – Kindly check the artwork and specifications attached (specifications as described on page one and artwork last page of the RFQ)
 - b) Caps & Sunvisors – visit MMH Hospital Procurement Office 3rd Floor to view and pick the samples to guide in preparation of the firm’s samples and quotation.
- II.** Deadline for Submission of Quotes and samples with all attached documentations will be as below:
 - Date - Friday 28th February,2020
 - Time - 12.00 Noon.

III. Submission of Bids

Completed RFQ documents are to be enclosed in plain sealed envelopes, marked and clearly Labeled with the instructions “Do not open before Friday, 28th February, 2020 at 12.00 noon. The bids will be dropped in the tender box on 3rd floor (Do not email your bids). The bids will be:

Addressed to
THE CHIEF EXECUTIVE OFFICER
THE MATER HOSPITAL
P. O. BOX 30325 - 00100,
NAIROBI

IV. Submission of Samples

Your sample of the merchandise should be submitted alongside the quotes and delivered at the Procurement Office 3rd floor. Your sample should be well sealed and labelled with instructions “Do not open before Friday, 28th February 2020 at 12.000 noon.

The sample will be

Addressed to
THE CHIEF EXECUTIVE OFFICER
THE MATER HOSPITAL
P. O. BOX 30325 - 00100,

Issued by The Mater Hospital – Procurement Department

QUOTATION FOR MATER HEART RUN 2020 MERCHANDISE	CLOSING DATE: 28TH FEBRUARY, 2020 TIME: 12.00 NOON
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NAIROBI

-The Mater samples (*The sample of Caps and Sunvisors – issued to you to assist in making a sample and quotation*) should be returned by the submission date without fail at the Procurement office.

3.0 MANDATORY REQUIREMENTS

- a) Certificate of Company/Firm Registration
- b) Tax compliance certificate.
- c) Duly Filled And Signed Confidential Business Questionnaire
- d) Technical proposal and Financial Schedule.(Response to quotation)
- e) Attached brochures of your company profile indicating firms you have dealt with.
- f) Merchandise samples that you have prepared.
- g) CR 12 Form.

NB: Only the firms that submit all required mandatory documents will proceed to technical evaluation level.

4.0 TECHNICAL EVALUATION

TECHNICAL EVALUATION CRITERIA	MARKS
Samples compliance to specifications:	
<p>Experience. Your brief company profile should list down at least 4 reputable organizations with the contact details that you have dealt with in the last three years.</p> <ul style="list-style-type: none"> - Provision of 4 firms - Reference checks to be conducted by the hospital. - Capacity assessment (No. of staffs and equipment/machines) 	
<p>Delivery period & Other Conditions: Indicate Delivery period after receipt of LPO and approval of merchandise sample designs.</p> <p>0-14 Days 14-21 Days</p>	

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Above 21 days <i>N/B-Deliveries will be submitted as per requested batches when required.</i>	
TOTAL SCORE	

5.0 FINANCIAL EVALUATION

- Quoted Price should be inclusive of taxes and all other costs.
- Attach your best and final negotiated price as per the schedule provided (per size and description above).
- Payment will be made after delivery and inspections that confirms satisfactory quality.



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Confidential Business Questionnaire

You are requested to give the particular indicated in Part 1 and either Part 2(a), 2(b), or 2(c)

PART 1. Whichever applies to your type of business?

You are advised that it is a serious offence to give false information on this Form.

Part _____ General:
 Business Name
 Location of business premises
 Plot No. Street/Road
 Postal Address Tel. No.
 Fax Email
 Nature of business
 Registration Certificate No.

Maximum value of business which you can handle at any one time
 Kshs.
 Name of your bankers Branch

PART 2(a) – Sole Proprietor:
 Your name in full, Age
 Nationality Country of origin
 Citizenship details.....

PART 2(B) – Partnership
 Give details of partners as follows

Name	Nationality	Citizenship Details	Shares
1.
2.
3.
4.
5.

PART 2(C) – Registered Company:
 Private or public

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State the nominal and issued capital of the company –

Nominal Kshs..

Issued Kshs.....

Give details of all directors as follows

	Name	Nationality	Citizenship Details	Shares
1.
2.
3.
4.
5.

Date.....

Signature of Tenderer
(Authorized Signatory)

Stamp

If a citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration

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T-SHIRT/ POLO SHIRT ART WORKS



