



Questionnaire: Pre-qualification for Professional-Technical Service Providers
"Results Based Financing (RBF) Stage 2: Rural Remote and Vulnerable Solar Market Development in the Lake-Central Zone Regions of Tanzania for 2019- 2020"

A. General Information

Name of Organization/ Firm /Company		
Postal Address		
Physical Location of Business Premises		
Town / District, Region:		
Street:		
Plot:		
Building Name:		
Floor:		
Outside of your registered physical premises listed above, list the general location (City, District, Region) of any and all offices in Tanzania from which you operate to provide services		
Primary Contact Person for this EOI		
Name:	Mobile Number:	Email:
Nature of Organization (e.g. Sole Proprietorship, Private Limited company, Public Limited Company, Partnership etc)		
Company/ Firm /Organisation's Operations		
Year Established/Registered:		
Duration of Operation:		
Objectives, Mandate, Mission of the Firm / Organization:		
Company/ Registration No. (Attach Copy) – Companies / Firms Only		
VAT Registration No. (Attach Copy)		
Tax Clearance No. (Attach copy)		
TIN Registration No. (Attach Copy) - All Applicants		
Trade Licence/ Business Permit (Attach Copy)		
Names of the Proprietor, Directors or Partners		
Name:	Nationality:	Position Held:
Name:	Nationality:	Position Held:
Name:	Nationality:	Position Held:
Name:	Nationality:	Position Held:
Financial, Organizational and Economic Information of Applicants		
Firms/ Companies must provide copies of the following documents:		
External independent audit report of the last financial year		
Memorandum and Articles of Association		
Proofs and confirmations that statutory social insurance contributions, taxes, etc. required by the national laws have been paid		
Organisational Code of Conduct for staff of the applicant demonstrating provisions for corruption, fraud and safeguarding		



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B. Product & Service Track Record

In the table below, please indicate details of the solar product(s) you intend to supply including name of manufacturer, unit name, size, manufacturer, etc.

Manufacturer	Unit name	System Size	Other Details - Descriptions	Indicative Prices	
				Wholesale	Retail

In the table below, please outline experience in comparable works in solar product and service delivery.

<i>Provide specific detail relating to the current scope and orientation of your business with particular attention to the Lake and/or Central Zone.</i>				
<i>Business Model Description</i>				
<i>Warranty – After Sales Services Description</i>				
<i>Avg. Annual Turnover / Gross</i>				
<i>Office Localities</i>		<i>National</i>	<i>Lake Zone</i>	<i>Central Zone</i>
<i>No. Permanent Staff (M / F)</i>		<i>National</i>	<i>Lake Zone</i>	<i>Central Zone</i>
<i>No. Sales Agents (M/F)</i>		<i>National</i>	<i>Lake Zone</i>	<i>Central Zone</i>
<i>Total Unit Sales (Historical)</i>		<i>National</i>	<i>Lake Zone</i>	<i>Central Zone</i>
<i>Avg Monthly Unit Sales (Current)</i>		<i>National</i>	<i>Lake Zone</i>	<i>Central Zone</i>
<i>Briefly outline a maximum of three (3) relevant past and present partnerships, contracts, financing, project contracts, memberships, etc. that are similar to the needs of the Professional-Technical Service Provider application.</i>				
1	<i>Financier / Donor</i>		<i>Contractor Contact</i>	
	<i>Value of Contract</i>		<i>Duration of Contract</i>	
	<i>Description of Works</i>			
2	<i>Financier / Donor</i>		<i>Contractor Contact</i>	
	<i>Value of Contract</i>		<i>Duration of Contract</i>	
	<i>Description of Works</i>			
3	<i>Financier / Donor</i>		<i>Contractor Contact</i>	
	<i>Value of Contract</i>		<i>Duration of Contract</i>	
	<i>Description of Works</i>			

SNV reserves the right to contact the contact persons indicated without any further permissions from the applicant.



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C. Organizational Capability

Demonstrate key lead staff with sufficient technical and managerial skills to undertake works in the area that is being applied for. Specifically, list the staff employed by your firm/organization/company that would undertake lead reporting-communication with SNV.

Names Lead Staff - Personnel		
Name:	Position:	Assigned Role:
Name:	Position:	Assigned Role:
Name:	Position:	Assigned Role:

Specifically, include copies of the CVs of the staff as listed above when submitting your completed pre-qualified professional-technical services application package.

D. Eligibility

Do any of the following apply to your Firm/Company/ Organization and/or to (any of) the Director(s) Partner(s) /Proprietor(s):

Have you or your principals been subject of legal proceedings for insolvency, bankruptcy, receivership or your business activities suspended for related reasons?		
No	Yes	If 'Yes', please provide details:
Have been convicted of a criminal offence related to business or professional conduct		
No	Yes	If 'Yes', please provide details:
Have you had any contracts terminated for poor performance in the last five years, or any contracts where damages have been claimed by the client		
No	Yes	If 'Yes', please provide details:

E. Conflict of Interest

Please provide answers to the following statements:

To the best of your knowledge, have you or any employee or staff member of your organization or firm, ever been employed by SNV?		
No	Yes	If 'Yes', provide the name of the person in your organization, and a description of the employment period, including job description, the duration of the employment period and reasons for leaving.
Is any employee or staff member of your firm, company or organisation related (by blood, marriage or otherwise) to any employee of SNV in Tanzania?		
No	Yes	If 'Yes', please provide the name of your staff and the name of the SNV staff member they are related to. State the nature of the relationship.



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F. Sworn Statement

Having provided the pre-qualification information for the above call. We/I hereby state:

- *That the information furnished in our/my application is accurate and true to the best of our/my knowledge.*
- *We/I enclose all the required documents and information required for the pre-qualification evaluation.*

Company/Firm/ Organization Name _____	Stamp / Seal _____
Representative: _____	Position: _____
Signature: _____	Date: _____



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Pre-Qualification Questionnaire Supporting Document Checklist	
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VAT Registration	
Tax Clearance	
TIN Registration	
Trade Licence/ Business Permit	
External independent audit report of the last financial year	
Memorandum and Articles of Association	
Proof of payment all statutory social insurance contributions, taxes, WCF, etc.	
Proof of IFC-LG/TBS certification of the solar products to be supplied	
Organisational Code of Conduct demonstrating provisions for corruption, fraud and safeguarding	
CVs Lead Staff-Personnel	