



PALO SECO AGRICULTURAL ENTERPRISES LIMITED

An Agency of the Ministry of Agriculture, Land and Fisheries (M.A.L.F)

**PRE-SELECTION OF CONTRACTORS,
CONSULTANTS AND GENERAL SUPPLIERS
QUESTIONNAIRE
FOR
GENERAL, CIVIL & BUILDING
CONSTRUCTION WORKS
FOR THE FISCAL YEAR 2024/ 2025**

Type Company Name here

COMPANY NAME OR CONTRACTOR NAME

Type Category of Works/Goods/Services/Consultancy here

CATEGORY OF WORKS / GOODS / SERVICES/ CONSULTANCY

Please submit **VIRTUALLY** the completed package to preselection@psael.co.tt and addressed:

**Named Procurement Officer
Procurement and Contracts Department
Palo Seco Agricultural Enterprises Limited
31 Casuarina Avenue
Pointe-A-Pierre
Trinidad & Tobago**

SUBMISSION DEADLINE: APRIL 11th 2025 at 3:00PM



PALO SECO AGRICULTURAL ENTERPRISES LIMITED

PRE-SELECTION OF CONTRACTORS, CONSULTANTS & GENERAL SUPPLIERS

A. GENERAL INSTRUCTIONS

1. Contractors, Vendors or Suppliers wishing to be preselected for the provision of Goods, Services and Works to Palo Seco Agricultural Enterprises Limited (PSAEL) for Fiscal 2024-2025 must apply by filling out this questionnaire.
2. Please read these General Instructions carefully before completing the Request for Pre-selection qualification for Fiscal 2024-2025 Questionnaire.
3. Please provide a response to all questions. If any question is not applicable to the services provided by your organization, please mark "NOT APPLICABLE". Applications deemed unresponsive will not be considered.
4. Responses are not limited to the spaces provided in the Questionnaire. Where additional space is required to record all the information requested, please include a separate sheet attached to the completed Questionnaire documents.
5. Applicants should provide the name and contact information of a Designated Officer, in the event that PSAEL requires clarification on any aspect of the Questionnaire.
6. The category and value of project for preselection must be clearly printed on the cover page of the Questionnaire.
7. Applicants are allowed to be preselected for more than one (1) category but, must submit a separate Page 16 for each category/ line of business for which preselection is sought.
8. Applicants are advised that a representative from PSAEL may visit their premises for the purposes of verifying the information recorded in the Questionnaire.
9. If any information obtained in this Questionnaire is found to be false and /or misleading, the application will be rejected. Where such a determination is made, subsequent to preselection of the applicant, the applicant will be deregistered.
10. The Questionnaire must be signed by a duly authorized officer of the Applicant and affixed with the Applicant's stamp or seal.
11. PSAEL reserves the sole right to preselect applicants deemed suitable to meet its preselection requirement and is not bound to preselect any Applicant applying for preselection in accordance with this application.



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12. Applicants are to utilize the Preselection Checklist to ensure that all supporting documents are submitted.
13. The completed Questionnaire and supporting documents may be submitted to PSAEL **VIRTUALLY** to preselection@psael.co.tt addressed to:

**Named Procurement Officer
Procurement and Contracts Unit
Palo Seco Agricultural Enterprises Limited
31 Casuarina Avenue
Pointe-A-Pierre
Trinidad & Tobago**

14. The information submitted with any application will be held in strict confidentiality and will be used solely by PSAEL.
15. Clarifications on the Questionnaire may be sought via email to preselection@psael.co.tt.
16. Applicants will be advised in writing as to the status of their application.

B. PREQUALIFICATION PROCESS

1. Applicants must register in the Office of Procurement Regulation (OPR)'s Procurement Depository <https://depository.oprtt.org/> and after registration, publish their profile and request prequalification (where applicant is not already prequalified).
2. PSAEL will consider applications for preselection from OPR prequalified Applicants.



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C. ELIGIBILITY

Only Applicants who have satisfied the following criteria will be eligible for preselection:

1. Applicants (or parts thereof) incorporated or otherwise registered in Trinidad and Tobago and having a place of business located in Trinidad and Tobago.
2. Applicants who have satisfied the pre-determined evaluation criteria as indicated in the Preselection Questionnaire.
3. Applicants who have provided all of the required documentation as outlined in the Preselection Questionnaire and summarized in section below.
4. Not insolvent, in receivership, bankrupt or being wound up, affairs not being administered by a court or a judicial officer, business activities not suspended and they are not the subject of legal proceedings for any of the foregoing;
5. have not, and their directors or officers have not, been convicted of any criminal offence;
6. have fulfilled their obligations to pay all required taxes and contributions in Trinidad and Tobago;
7. have the necessary professional and technical qualifications and competence, financial resources, equipment and other physical facilities, managerial capability, reliability, experience and personnel to perform the works for which this preselection package refers.

D. EVALUATION

1. The following is the evaluation chart which will be utilized in evaluating all submissions.

| Evaluation Criteria | Weighting (%) |
|--|---------------|
| Section 1: Resource Allocation | 30% |
| Section 2: Project Management Expertise | 30% |
| Section 3: HSEQ | 20% |
| Section 4: Localized Content and Utilization | 20% |

2. Preselection evaluation process is conducted in 2 phases:
 - A. Phase I – an examination of the Applicant’s compliance with the requirements of the Preselection Questionnaire (along with site visit, if required).
 - B. Phase II – an evaluation of the Applicant in the four (4) areas identified in the above evaluation chart.
3. An Applicant must achieve an overall percentage of at least 60% to be eligible for preselection.



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4. The purpose of the evaluation during the preselection process is to determine whether the Applicant has demonstrated satisfactory and relevant qualifications, experience, competence and a good track record of performance in the categories for which preselection is being sought. Applicants who have achieved the required score following the preselection evaluation exercise, may be invited to make submissions for specific procurement activities.

Disqualification

Any Applicant providing false and or misleading information will be rejected and not be invited to enter any arrangement or any contract offered by PSAEL permanently or for a period of time to be determined by PSAEL. Any effort by an Applicant to influence any member of the evaluation committee shall result in the rejection of the Applicant.

E. REMOVAL FROM THE PRESELECTED DATABASE

Contractor or Suppliers may be removed from the preselection database for any of the following reasons:

- i. Failure to perform satisfactorily;
- ii. Providing false or misleading information (as explained above);
- iii. Engaging in unethical procurement practices including bribery, corruption or fraud or any other acts deemed in contravention of the Public Procurement and Disposal of Public Property Act 2015 as amended.

F. VENDOR PERFORMANCE MANAGEMENT

PSAEL employs a Vendor Performance Management system in order to continuously assess Vendors' performance in the provision of works, goods and/or services. The result of this assessment has a direct impact upon the Vendor's pre-selection status, as the initial ranking and scores of that Vendor are subject to modifications in accordance with the results of the said assessment.

G. SERVICE/CAPACITY VALUE CATEGORY

Please note below the value category in which you may request preselection:

Level 1 - \$0 - \$100,000.00

Level 2 - \$100,000.01 - \$2,000,000.00

Level 3 - \$2,000,000.01 - \$10,000,000.00

Level 4 - \$10,000,000.01 - \$50,000,000.00

Level 5 - \$50,000,000.01 - \$100,000,000.00

Level 6 - over \$100,000,000.00



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H. CATEGORIES OF WORKS, SUPPLIES, SERVICES

Please note below the category of works and services in which you may request preselection:

| OPR LOB CODE | OPR LINE OF BUSINESS | WORK CATEGORY | DESCRIPTION OF WORKS | LEVEL PRE-SELECTING FOR (Indicate Only 1) Levels 1 to 6 |
|--------------|--|--------------------------------------|---|---|
| 95111611 | Trunk Road | Road Rehabilitation Works | This includes milling, strengthening and paving existing roads, improving structural integrity, construction of new roadways which provide overall safety for vehicles and pedestrians. | |
| 70171802 | Storm Water Drainage | Drainage Works | Includes the construction of new drainage systems, also the reconstruction of various types of drainage for efficient water flow and flood control in selected areas. | |
| 72152707 | Retaining Wall Construction Service | Retaining Structures | This includes the design and construction retaining walls to prevent soil erosion, support existing structures, and enhance stability of landscapes and sites. | |
| 72141107 | Bridge Construction and Repair Service | Bridge Construction/ Re-construction | This includes the design and construction of bridges, ensuring structural integrity, safety, and durability through but not limited to foundation work, decking, and reinforcement. | |



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CHECKLIST OF DOCUMENTS CONTAINED IN THE PRESELECTION PACKAGE

(Please add items as required)

Proponents are to place a tick in the checkbox for each item that is included in the Proposal

| | |
|--|--------------------------|
| Title Page | <input type="checkbox"/> |
| Certificate of Incorporation | <input type="checkbox"/> |
| Management Accounts/ Audited Financial Statements (if applicable) for the last 3 years | <input type="checkbox"/> |
| Valid Income Tax Clearance Certificate | <input type="checkbox"/> |
| Valid Value Added Tax Registered/ Non-Registered Persons' Clearance Certificate | <input type="checkbox"/> |
| Valid National Insurance Board Compliance Certificate (valid as at the date of submission) | <input type="checkbox"/> |
| Bank Reference Letter (issued within the last 6 months) | <input type="checkbox"/> |
| Proponent profile/brochure, including organizational chart | <input type="checkbox"/> |
| Supplier Experience in Projects of a Similar Nature Performed in the last five (5) years | <input type="checkbox"/> |
| Three (3) clients from whom surveys will be submitted | <input type="checkbox"/> |
| Description / Resumes of Key Personnel | <input type="checkbox"/> |



PALO SECO AGRICULTURAL ENTERPRISES LIMITED

PRE-SELECTION OF CONTRACTORS, CONSULTANTS & GENERAL SUPPLIERS

SECTION 1: CORPORATE DATA

CONTRACTOR NAME: _____

| BUSINESS ADDRESS | | CONTACT NUMBERS | | |
|---|-------------------|--|------------------------|--------------------------|
| | | TELEPHONE | FAX | |
| | | | | |
| | | | | |
| | | | | |
| TYPE OF BUSINESS | Sole Trader | <input type="checkbox"/> | Partnership | <input type="checkbox"/> |
| | Limited Liability | <input type="checkbox"/> | Other (Please state) | <input type="checkbox"/> |
| POSTAL ADDRESS | | CONTACT NUMBERS | | |
| | | TELEPHONE | FAX | |
| | | | | |
| | | | | |
| e-mail address: | | | | |
| (Provide copies and where applicable, Memorandum & Articles of Association) | | | | |
| STATUTORY REGISTRATION | NUMBER | CLEARANCE/ COMPLIANCE CERTIFICATE NOS. | DATE OF CERTIFICATE | |
| Office of Procurement Regulation (OPR) Registration Number | | | | |
| Certificate of Registration or Certificate of Incorporation/ Certificate of Continuance (as applicable) | | | | |
| Value Added Tax Registration | | | | |
| Income Tax Registration | | | | |
| National Insurance Board Registration | | | | |



PALO SECO AGRICULTURAL ENTERPRISES LIMITED

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| INSURANCE (Type of coverage) | (Attach copies) | | | |
|---------------------------------|--------------------------|------------------|-----------------------|----------------|
| | NAME OF INSURANCE CO. | POLICY NUMBER | LIMIT OF LIABILITY | EXPIRY DATE |
| Workmen's Compensation | | | | |
| Public Liability | | | | |
| Other | | | | |

LIST OF OWNERS/ SHAREHOLDERS/ PARTNERS AND DIRECTORS

| NAME OF OWNERS/PARTNERS/ SHAREHOLDERS/ DIRECTORS | POSITION IN COMPANY | ADDRESS | CONTACT NUMBER | PSAEL EMPLOYEE | |
|---|------------------------|---------|-------------------|------------------------------|-----------------------------|
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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Do any of the Owners/Shareholders/Partners/Directors hold interest in any other Contractor pre-selected or applying for pre-selection with PSAEL? **Yes** **No**

If yes, provide detail below.

| NAME | COMPANY | ADDRESS | ASSOCIATION |
|------|---------|---------|-------------|
| | | | |
| | | | |
| | | | |

Are you or any of the company's directors or employees related to any employee of PSAEL? **Yes** **No**

If Yes, Please specify the person and the nature of the relationship

JUDGEMENT / LITIGATION

Are there any pending actions or claims against the company and / or the principal officers or directors? **Yes** **No**

If yes, please specify

Are there any judgments registered against the company and /or the principal officers or directors? **Yes** **No**

If yes, please specify



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SECTION 2: FINANCIAL INFORMATION

ANNUAL GROSS REVENUE (for the last three (3) years)

| YEAR | AMOUNT | TYPE OF WORK |
|------|--------|--------------|
| 2022 | | |
| 2023 | | |
| 2024 | | |

Management Accounts (Levels 1 & 2) or Audited Financial Statements {i.e. Income & Expenditure Statements and Balance Sheets} (Level 3-6) of the three (3) most recent years should be provided.

If Audited Financial Statements are not available, please indicate why:

.....

.....

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If your audited financial statements cannot be provided, please attach signed filed returns for the last three (3) financial years together with management accounts for the relevant periods. Sole traders are required to show proof of quarterly tax payments for the last three (3) years.

| Bank or Other Financial Reference (to be provided in writing) | | |
|--|------------------------------|-----------------------------|
| | | |
| | | |
| Permission to refer to References: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Provide Clearance Certificate(s) for the following: |
|--|
| Income or Corporation Tax Clearance Certificate |
| V.A.T Clearance Certificate |
| N.I.S Compliance |



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| | | |
|---|------------------------------|-----------------------------|
| Has the Business ever been liable for failing to comply with the fulfilment of any Contracts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, give brief details including matters currently in litigation and/or arbitration | | |
| | | |
| | | |

| | | | | | |
|--|------------------------------|-----------------------------|--------------|------------------------------|-----------------------------|
| Has the Company or constituent part ever been placed in: | | | | | |
| Receivership? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Liquidation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes, give brief details: | | | | | |

BONDING

Is your Banker / Bonding Company prepared to provide a guarantee or performance bond if required? **Yes** **No**



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SECTION 3: RESOURCE ALLOCATION

| PERSONNEL SUMMARY – Number of PERMANENT (P) and TEMPORARY (T) Employees | | |
|--|----------|----------|
| | P | T |
| Managers | | |
| Engineers/Other Professionals | | |
| Supervisors/Foremen | | |
| Technicians | | |
| Craftsmen | | |
| Clerical | | |
| Unskilled | | |
| Total | | |

Indicate below details of the Company's work base for handling works and services for PSAEL.

| ADDRESS OF COMPANY'S MAIN WORKSHOP FACILITIES | FLOOR AREA (SQ.M) INDOOR | FLOOR AREA (SQ.M) OUTDOOR |
|--|---------------------------------|----------------------------------|
| | Owned <input type="checkbox"/> | Owned <input type="checkbox"/> |
| | Leased <input type="checkbox"/> | Leased <input type="checkbox"/> |

| |
|------------------------------------|
| REMARKS / OTHER INFORMATION |
| |
| |



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LIST OF KEY (*) PERSONNEL RESPONSIBLE FOR WORKS/SERVICES

Provide details of key personnel who will be responsible for the works/services being applied for by the Company

| NAME | NO. OF YEARS OF EXPERIENCE | POSITION WITH COMPANY | TECHNICAL/ PROFESSIONAL QUALIFICATION | RELATED EXPERIENCE (USE SEPARATE SHEET IF NECESSARY) | RESUME ATTACHED (☑ if applicable) |
|------|----------------------------|-----------------------|---------------------------------------|--|-----------------------------------|
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

* Manager, Engineer, Supervisor/Foreman, Technician and Craftsman



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LIST OF MAJOR EQUIPMENT/TOOLS OWNED OR RENTED AND READILY AVAILABLE FOR WORKS/SERVICES

| EQUIPMENT/TOOLS | QTY | OWNERSHIP (INDICATE OWNED OR RENTED/LEASED (*)) | MANUFACTURER (SERIAL#/ LICENCE NO#) | AGE | PRESENT CONDITION |
|-----------------|-----|---|---|-----|----------------------|
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(*) For equipment/Tools which are rented or leased a written agreement to be provided showing arrangement for hiring



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SECTION 4: PROJECT MANAGEMENT EXPERTISE

The following information is to be provided for registration in the following work category.

(Complete this form for each additional work category)

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|
| OPR LOB CODE | | | | | | | | | | | | | | | | | | | | WORK CATEGORY | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------------------|--|

Identify Key Permanent Personnel who were listed on page 15, who are responsible for specified works/ services.

| | |
|--|--|
| | |
| | |
| | |

KEY CONTRACTS EXECUTED BY THE COMPANY IN THE LAST FIVE YEARS

Provide details of major projects in which works/services specific to the Work Category was handled by the Contractor. List work undertaken as a Company.

| BRIEF PROJECT DESCRIPTION | CLIENT | FINAL CONTRACT VALUE | COMPLETION DATE |
|---------------------------|--------|----------------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Other (Additional details may be attached as necessary)

| |
|--|
| |
| |

Client Reference

| NAME | ADDRESS & CONTACT NUMBER | PERMISSION TO REFER TO REFERENCES | |
|------|--------------------------|-----------------------------------|-----------------------------|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



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SECTION 5 – GEOGRAPHICAL ZONING FOR INVITATIONS

To enhance logistical efficiency, encourage the inclusion of localized content and ensure timely project execution, contractors will be zoned based on their registered addresses and operational proximity to project locations.

Geographical Zoning Approach:

1. Contractors will be categorized into zones (i.e. municipalities) corresponding to their locality as it relates to their registered addresses.
2. PSAEL reserves the right to utilize a ranking system within each zone/ municipality in order to determine which prequalified and preselected contractor/ supplier/ consultant will be invited to make submissions in relation to the provision of any goods, works and services within those municipalities. PSAEL envisions preselecting a minimum of three (3) and up to maximum of fifteen (15) contractors per municipality.
3. Primary invitations for tendering will be extended to contractors within the primary or relevant zone/ municipality for each project.
3. Contractors from other regions may also be considered based on their demonstrated ability to meet the project's logistical and operational requirements.

Please Note: This batching process is intended to reinforce project execution efficiencies and does not preclude PSAEL from inviting contractors/ suppliers/ consultants from surrounding or other municipalities outside of the primary project area/ zone should such need arise. Also, PSAEL's ranking system shall be based in the first instance upon the scores achieved by the preselected contractor/supplier in the evaluation of their Preselection Applications. These scores are subject to modification to include such scores as may be included thereafter by PSAEL in the assessment of a contractor/supplier performance once that contractor/supplier has been awarded a contract by PSAEL.



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1. Please indicate the municipal corporation/s where you primarily operate (only select those which you have a demonstrated history of working in);

| No. | Municipal Corporation | Tick |
|------------|---|-------------|
| 1. | PORT OF SPAIN CITY CORPORATION | |
| 2. | SAN FERNANDO CITY CORPORATION | |
| 3. | ARIMA BOROUGH CORPORATION | |
| 4. | POINT FORTIN BOROUGH CORPORATION | |
| 5. | CHAGUANAS BOROUGH CORPORATION | |
| 6. | DIEGO MARTIN BOROUGH CORPORATION | |
| 7. | SIPARIA BOROUGH CORPORATION | |
| 8. | SAN JUAN/ LAVENTILLE REGIONAL CORPORATION | |
| 9. | TUNAPUNA/ PIARCO REGIONAL CORPORATION | |
| 10. | SANGRE GRANDE REGIONAL CORPORATION | |
| 11. | MAYARO/ RIO CLARO REGIONAL CORPORATION | |
| 12. | COUVA TABAQUITE/ TALPARO REGIONAL CORPORATION | |
| 13. | PRINCES TOWN REGIONAL CORPORATION | |
| 14. | PENAL/ DEBE REGIONAL CORPORATION | |



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2. Provided examples of projects complete in each of those municipalities.

| No. | Municipality | Client Name & Contact | Project Name & Description | Project Value |
|------------|---------------------|----------------------------------|---------------------------------------|----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |



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3. Does your company have branches or satellite locations in other municipalities? Yes No

If yes, provided details and addresses of these locations.

4. Are you willing to mobilize to execute projects outside your primary operational municipality? Yes No

If yes, please provide a brief explain of how you will ensure quality assurance and quality control of all awarded contractual works?



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SECTION 6: HSEQ

| | | | | YES | NO |
|---|--|------------------------------------|---|-------------------------------------|-----------------------------------|
| 1 a) Does contractor have a health & safety program? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| If 'yes' please attach details (copy to be submitted) | | Date Implemented (mth/yr) | | / | |
| b) Has the Contractor been HSE certified in accordance to OSHA standards? (Certification documents must be provided) | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does contractor have a "New Employee Orientation Program?" | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a) Does contractor conduct on-site safety inspections? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| b) If YES who conducts these inspections (Safety qualification of inspector additional to below to be submitted) | | | | | |
| | | | | | |
| c) Frequency of on-site inspections | | | | | |
| | | | | | |
| 3.a) Frequency of Contractor Employee Safety Meetings | | Weekly <input type="checkbox"/> | Fortnightly <input type="checkbox"/> | Monthly <input type="checkbox"/> | Other <input type="checkbox"/> |

QUALITY ASSURANCE

| | | | |
|--|--|------------------------------|-----------------------------|
| Has your company established, documented and implemented a quality assurance system? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If 'yes' please attach details (copy to be submitted) | | Date Implemented (mth/yr) / | |
| Have you ever applied for Registration before? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, state Trade Name and Date of Application | | | |

SECTION 7: LOCALIZED CONTENT & UTILIZATION

1. Willingness of Organization to utilize localized content in the management of projects? Yes No
2. If yes, please submit your company's Localized Content Strategy & Plan. (Please attach)



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GENERAL DECLARATION

The applicant declares that the information provided in this Questionnaire which includes all submitted Schedules are true and correct. This Questionnaire is signed by a duly authorized Officer and /or Agent of the Applicant. The signatory of this Questionnaire guarantees the veracity and accuracy of all responses given herein,

It is expressly understood, that if any of the information provided herein is found to be false or misleading, **PSAEL** may take such action, as it deems necessary.

Name of Official: _____ Position In Company: _____
(BLOCK LETTERS) (BLOCK LETTERS)

Signature: _____ Date: _____

(Please affix Company Stamp)