



PALO SECO AGRICULTURAL ENTERPRISES LIMITED

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

PRE-SELECTION OF CONTRACTORS, CONSULTANTS AND GENERAL SUPPLIERS' QUESTIONNAIRE FOR DREDGING/DESILTING SERVICES

COMPANY NAME OR CONTRACTOR NAME

Dredging / Desilting Services

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**



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A. GENERAL INSTRUCTIONS

1. Contractors, Vendors or Suppliers wishing to be preselected for the provision of dredging services to Palo Seco Agricultural Enterprises Limited (PSAEL) must apply by filling out this questionnaire.
2. Please read these General Instructions carefully before completing the Request for Preselection qualification for Dredging Services 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. 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.
7. The Questionnaire must be signed by a duly authorized officer of the Applicant and affixed with the Applicant's stamp or seal.
8. 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.
9. Applicants are to utilize the Preselection Checklist to ensure that all supporting documents are submitted.
10. The completed Questionnaire and supporting documents may be submitted to PSAEL **VIRTUALLY** to preselection@psael.co.tt addressed to:

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11. The information submitted with any application will be held in strict confidentiality and will be used solely by PSAEL.
12. Clarifications on the Questionnaire may be sought via email to preselection@psael.co.tt.

B. 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 provided all of the required documentation as outlined in the Preselection Questionnaire and summarized in section below.
3. 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;
4. have not, and their directors or officers have not, been convicted of any criminal offence;
5. 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.

C. EVALUATION OF PRESELECTION

1. 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, including the submission of Company’s Certificate of Incorporation, VAT Registration, VAT Clearance Certificate (or exemption where applicable), National Insurance Compliance Certificate (or exemption where applicable) and Income Tax Clearance Certificate (or exemption where applicable);

B. Phase II – an evaluation of the Applicant in the following four (4) areas:

Evaluation Criteria	Weighting (%)
Section 1: Human Resource Capacity	30%
Section 2: Plant and Equipment (Owned or Access to)	30%
Section 3: Experience of the Firm	30%
Section 4: Health, Safety and Environment	10%

2. An Applicant must achieve an overall percentage of at least 60% to be eligible for preselection and may be invited to make submissions for specific procurement activities.

D. 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. SERVICE/CAPACITY VALUE CATEGORY

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

Micro - \$0 - \$75,000.00

Small-scale - \$75,000.01 - \$1,000,000.00

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

Certificate of Incorporation	<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"/>
Supplier Experience in Projects of a Similar Nature Performed in the last five (5) years	<input type="checkbox"/>
Description / Resumes of Key Personnel	<input type="checkbox"/>



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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:				
STATUTORY REGISTRATION	NUMBER	CLEARANCE/ COMPLIANCE CERTIFICATE NOS.	DATE OF CERTIFICATE	
Certificate of Registration or Certificate of Incorporation/ Certificate of Continuance (as applicable)				
Value Added Tax Registration				
Income Tax Registration				
National Insurance Board Registration				

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"/>
				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

SECTION 3: RESOURCE ALLOCATION

PERSONNEL SUMMARY – Number of PERMANENT (P) and TEMPORARY (T) Employees			
	P	T	Years of Experience
Managers			
Engineers/Other Professionals			
Supervisors/Foremen			
Heavy Equipment Operator			
Unskilled			
Total			

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

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



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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"/>

LIST OF MAJOR EQUIPMENT/TOOLS OWNED OR RENTED AND READILY AVAILABLE FOR WORKS/SERVICES (Including equipment deemed necessary to complete the required works)

EQUIPMENT/TOOLS	QTY	OWNERSHIP (INDICATE OWNED OR RENTED/LEASED (*))	AGE	PRESENT CONDITION
Longed Arm Excavator				
Amphibious Excavator				
Backhoe				
(6 wheeler) Dump Truck				



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SIMILIAR 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.

BRIEF PROJECT DESCRIPTION	CLIENT	FINAL CONTRACT VALUE	COMPLETION DATE

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"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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				



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3.a) Frequency of Contractor Employee Safety Meetings	Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Other <input type="checkbox"/>
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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

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)