



**RIFT VALLEY SPORTS CLUB
P.O BOX 1-20100
NAKURU**

**TENDER NO. RVSC/PQ/016/2025/27
For**

**SUPPLY AND DELIVERY OF HOTEL LINEN, BED SHEETS, BED
COVERS AND TOWELS.**

CLOSING DATE

25th JULY, 2025

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RIFT VALLEY SPORTS CLUB

Tender Notice

TENDER NO- /RVSC/PQ /016/2025-2027

TENDER NAME: SUPPLY AND DELIVERY OF HOTEL LINEN, BED SHEETS, BED COVERS AND TOWELS.

Rift Valley Sports Club now invites sealed bids from eligible candidates for supply and delivery of hotel linen, bed sheets, bed covers and towels.

A complete set of Pre- qualification tender document may be obtained by interested candidates from the procurement office upon payment of a non-refundable fee of Ksh 2,000.00 Through the club pay bill no. **933832** account no. **TENDER**

Completed pre-qualification tender documents in plain sealed envelopes marked with the tender number should be deposited in the club **Tender Box** situated at Club Reception

Should be addressed to:

The Club manager

Rift Valley Sports Club

P.O. Box 1-20100

NAKURU

So as to reach on or before **25th July 2025 at 10.00 a.m.**

Tenders will be opened on **25th July 2025 at 10.30 am** in the presence of candidates' representatives who choose to attend at the Club Board room

Club Manager

INSTRUCTIONS TO BIDDERS

- 2.2.1 All the information requested for pre-qualification shall be provided in the English language. Where information is provided in any other language, it shall be accompanied by a translation of its pertinent parts into English language. The translation will govern and will be used for interpreting the information.
- 2.2.2 Failure to provide information that is essential for effective evaluation of the applicant's qualifications or to provide timely clarification or substantiation of the information supplied may result in the applicant's disqualification.

2.3 Eligible Candidates

- 2.3.1 This invitation for pre-qualification is open to all candidates who are eligible as defined in Kenya's Public Procurement Law and regulations and as indicated in the appendix to instructions to candidates.
- 2.3.2 The procuring entity's employees, committee members, board directors and their relative (spouse and children) are not eligible to participate in the tender unless where specially allowed under section 131 of the Act.
- 2.3.3 All firms found capable of performing the contract satisfactorily in accordance to the set prequalification criteria shall be prequalified.

2.4 Qualification Criteria

- 2.4.1 Pre-qualification will be based on meeting the minimum requirements to pass in the criteria set as shown below. The declaration will be either pass or fail regarding the applicant's general and particular experience, personnel and equipment capabilities and financial position as demonstrated by the applicant's response in the forms provided in Section IV and submitted with the letter of application. The procuring entity reserves the right to waive minor deviations if they do not materially affect the capability of an applicant to perform the contract.
- 2.4.2 Prequalified firms shall be asked to submit their quotations from time to time as and when the need arises. Such submitted quotations shall be the basis of a framework contracts.
- 2.4.3 All applicants are requested to read carefully the document on section 11 and fill all the information requested.

SECTION II

PRE-QUALIFICATION TENDER NO. RVSC/PQ/ 016/2025-2027

Prequalification Tender for supply and delivery of hotel linen, bed sheets, bed covers and towels.

The objective of this invitation is to identify, capable and eligible suppliers of goods and services for the above goods for a period commencing August,2025

A. GENERAL INFORMATION

SUPPLIER'S NAME.....

ADDRESS.....

TELEPHONE.....

PHYSICAL

LOCATION.....

NATURE OF

BUSINESS.....

..... E-MAIL ADDRESS

.....

CURRENT TRADE LICENCE NO..... REG.
NUMBER.....

V.A.T. NO..... P.I.N.

RECEIPT NO..... DATE

B. QUALIFICATION CRITERIA

The following rating shall be used to assess applicants supply and delivery of hotel linen, bed sheets, bed covers and towels.

- a) Qualification and experience of the firm
- b) Adequacy of facility and equipment
- c) Qualification and experience of key staff.

C. COMPANY DETAILS

Company.....
.....

Partnership.....

Sole Proprietorship.....

Others
(specify).....
.....

DETAILS OF DIRECTORS OR PARTNERS

	NAME SHARES	NATIONALITY
1.		
2.		
3.		
4.		

D. TYPE OF BUSINESS

GOOD/SERVICES

1.
.....

SHARE CAPITAL.....

NAME OF BANKER.....

BRANCH.....

ADDRESS.....
.....

Maximum value of business which you can handle at any time.
Kshs.....

E. MANPOWER

- Name of Managing Director
- Number of Employees
- Number of Technical Staff
- State qualification and experience of key staff (attach their C.V)

F. REFERENCES

Provide a list of companies and other organizations to which you provide similar supplies

	Name of Company	Telephone	Contact Person/ Telephone
1			
2			
3			

G. DURATION

The appointment period will be for duration of 2 years and may be extended for a further one year at the discretion of the company.

H. SPECIFIC INFORMATION

- a) Has your company ever been involved in litigation/arbitration with clients/consultants?
(If yes give details)
- b) Attach at least two (2) current letters of recommendation from your existing clients
- c) Contact person/sales manager.....
- d) Direct phone line/extension.....Year of
establishment.....
- e) Are you a member of any certified bodies?

I. REFERENCES

Give details of your two clients :(Letters of recommendation attached)

1. Client:

Address:

Telephone No:

Contact Person:

Duration of Contract:

2. Client:

Address:

Telephone No:

Contact Person:

Duration of Contract:

DECLARATION

I hereby certify that the information provided is true and if established to be false may lead to my dis-qualification.

Name Tenderer..... Address.....

Name of witness..... Address

Signature of Tenderer.....

Date.....

AFFIX COMPANY STAMP

RIFT VALLEY SPORTS CLUB

CONFIDENTIAL QUESTIONNAIRE FORM

TENDER/ PREQUALIFICATION REF: NO.....
TENDER/ PREQUALIFICATION DESCRIPTION.....
SUPPLIER'S NAME
POSTAL ADDRESS.....
PHYSICAL ADDRESS.....
TOWN.....
ROAD/STREET.....
BUILDING.....
TELEPHONE NUMBER.....
E-MAIL ADDRESS.....
CERTIFICATE OF INCORPORATION.....ATTACH COPY
VAT NUMBER.....ATTACH COPY
MPESA PAYMENT REF NO,
LOCAL AUTHORITY PERMIT NO.....ATTACH COPY
NAMES OF REFEREES
1.....
2.....
3.....ATTACH RECOMMENDATION LETTERS
DETAILS OF DIRECTORS OR PARTNERS

NAME	NATIONALITY	SHARES
1.....		
2.		
3.....		

DECLARATION

I certify that the above information is correct in all respects

NAME
SIGNATURE
POSITION
DATE

RUBBER STAMP

