



## **Near East Foundation -Sudan Country Office**

### **Invitation For Vendors and Service Providers Prequalification**

#### **Near East Foundation – Kassala Office**

The **Near East Foundation (NEF) – Kassala Office** is inviting applications from qualified and experienced suppliers and service providers for **prequalification for the 2025–2026 period**. This process aims to establish a list of reliable vendors for the supply of goods and services in the following categories:

**Locations: Kassala, White Nile state, South Kordofan, North Kordofan, Jazzera State)**

- **Training & Workshop Services (Hall Rental, Catering, Facilitator Fees, Participant Transportation)**
- **Transportation services (locally and across states where NEF is working).**
- **Publicity and visibility (printings, sign boards, videos making etc. at each location).**
- **Evaluation and audits (Data entry and analysis).**
- **Technical consultants (WASH, FSL and SRH).**
- **Office equipment (electronics devices, lap tops, printer's scanners mobile phones etc....**
- **Agriculture supplies and inputs (seeds & Tools)**
- **Vehicle Rental Services**
- **Stationery & Office Supplies**
- **Solar Panels & Accessories**
- **Rehabilitation & Construction Works**
- **Medical Drugs & Pharmaceuticals**
- **Medical Equipment & Supplies**
- **Hygiene Kits & Sanitation Items**
- **Cash Distribution Services**
- **Office Furniture & Fixtures**
- **Communication (Devices , Internet packages )**
- **Accommodation (Hotels , Guests houses)**



## Further Information & Submission Guidelines

Interested and eligible firms may obtain further information by contacting **Near East Foundation – Kassala Office** via email at [procurementsudan@neareast.org](mailto:procurementsudan@neareast.org) . Any requests for clarification should also be directed to this email address.

## Prequalification documents

- Business registration.
- Company Profile
- Tax identification supporting document.
- Zakat Identification supporting document.
- Financial statement.
- Past Experiences
- Due Diligence form
- Prequalification form
- Any other supporting document is seen as useful to the contractor.

## General Instructions:

- All completed prequalification documents must be sent via email to [procurementsudan@neareast.org](mailto:procurementsudan@neareast.org)
- The **email subject line** must clearly indicate the **category** being applied for.
- A **cover letter** must be included, specifying the selected category and providing relevant company details.
- NEF reserves the right to cancel this invitation any time
- This shouldn't be considered as a PO or contract

Deadline for Submission: **13/02/2025**

For any further inquiries, please contact us at [procurementsudan@neareast.org](mailto:procurementsudan@neareast.org)

Contact the below Numbers during the working hours from 8:00am to 4:00pm ( Sun - Thursday)

**Marwa Osman – Logistics and Procurement Manager (+249998209496) (+971557955420)**

**Salih Taha – Logistics and Procurement Officer ( +249962134380)**



## PREQUALIFICATION FORM

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<b>Company Profile (Attach)</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>Phone / mobile Number 1</b>	
<b>Phone / mobile Number 2</b>	
<b>General Manager</b>	
<b>Project Manager</b>	
<b>Financial Manager</b>	
<b>E-mail Address</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>Registration Certificate (Attach)</b>	
<b>Registration Number</b>	
<b>Date of Registration</b>	
<b>TAX &amp; Zakat Registration(Attach)</b>	
<b>Tax ID Number</b>	
<b>VAT Registration Number</b>	
<b>Zakat Registration</b>	
<b>Technical Specializations (if applicable)</b>	



<b>Engineers CVS</b>	Attach Cvs
<b>Technical staff CVS</b>	Attach Cvs
<b>DECLARATION</b>	
<b>We hereby declare that the information provided is true and accurate.</b>	
<b>We understand that any false information may lead to disqualification.</b>	
<b>We agree to comply with the prequalification evaluation process</b>	

Signature

Company Stamp



## Due Diligence Form

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**Instructions:** Please complete all relevant fields in this form. Attach all requested documents where indicated. The information must be collected and forwarded to the Vetting team before signing any agreement or completing any transaction.

**Please complete all relevant fields:**

### Organizational Information

1. Legal Name	
2. Operating Name (if different):	
3. Office Information a. Primary Address b. Primary Phone c. Website <b>*Please attach copy of lease* Annex 1</b>	
4. Primary Contact a. Name b. Email c. Direct Phone	
5. Date of Formation	
6. Registration number and granting authority <b>*Please attach copy of registration* Annex 2</b>	
7. Registered address (if different from Primary Address)	
8. Form of Legal Entity (e.g. Non-profit, private company, SARL, etc)	
9. Ownership Structure  List full names of Owner(s)/ Shareholders if any	



<p><b>*Please attach copy of identification documents including name and address* Annex 3</b></p>	
<p>10. Leadership Structure: List full names of management: (a) CEO/President:/Equivalent: (b) CFO/Equivalent (c) Primary Contact with NEF</p> <p><b>Please attach copy of identification documents including name and address* Annex 4</b></p>	
<p>11. Unique Entity Identifier (UEI) *required for USG proposals Please see instructions to register <a href="#">here</a>.</p>	
<p>12. Europe Aid ID *required for EU proposals; please attach a screenshot of your Europe Aid ID and attach a copy of your Legal Entity Form Please see instructions to register <a href="#">here</a>.</p>	
<p>13. Bank Name and Country only (*Note: account information not required at this stage*)</p>	
<p>14. Business License (if applicable) <b>attached Annex 5</b></p>	
<p>15. Certificate of good standing from national tax authority (must be from within last 12 months) <b>attached Annex 6</b></p>	



### Relevant Experience

<ul style="list-style-type: none"> <li>- Number of years of experience with the funding agency (e.g., INGOs).</li> <li>- Services offered.</li> <li>- Include relevant projects and outcomes. <b>attached Annex 5</b></li> </ul>	<p>[For Project Implementation Partners and Service Providers – Vendors and Contractors]</p>
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### Administrative Assessments

<p>1. Have you been a prime or sub awardee of any government funder (US, UK, EU, others)? If yes, was any award terminated for default or any other reason within the last 5 years?</p>	<p>[For Project Implementation Partners Only]</p>
<p>2. What is the highest value sub-award you have managed (in dollar or other currency value) and with what donor?</p>	<p>[For Project Implementation Partners Only]</p>
<p>3. Please disclose any ongoing investigation, complaints, litigation or anticipated complaints or litigation against the organization</p>	
<p>4. Operational Policies and Compliance Do you have the following operational polices&amp; materials in place?</p> <ul style="list-style-type: none"> <li>a. Code of Conduct</li> <li>b. Anti-Fraud and Bribery policy</li> <li>c. Conflict of Interest policy</li> <li>d. Safeguarding or PSEA policy</li> <li>e. Whistleblower policy</li> <li>f. Procurement policy</li> <li>g. HR Manual or policies</li> <li>h. Financial Policies, Manual, or Procedures</li> </ul> <p><b>*If you mark yes, please attach in your</b></p>	



response.	
5. Ethics Line or Reporting Mechanism: Do you have an ethics line or reporting mechanism? If yes, please include details (phone number, email, website)	

**Risk Management and Mitigation**

<p>Describe any risk management frameworks or processes your organization has in place:</p> <ul style="list-style-type: none"> <li>- Include how risks are identified, assessed, and mitigated in your operations.</li> <li>- Have you faced any significant challenges or risks in the past five years?</li> <li>- If yes, describe how these were addressed and the outcomes.</li> </ul>	
<p>Describe which policies you carry and limits:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Professional liability insurance</li> <li><input type="checkbox"/> Cybersecurity insurance</li> <li><input type="checkbox"/> Commercial general liability insurance</li> <li><input type="checkbox"/> Workers compensation insurance</li> </ul> <p>Any other type of insurance specific to your industry</p>	





Please disclose any personal or other relationship with any NEF employee, officer, consultant or any other person related to any NEF entity.

### References

Please list names and contact information for at least 3 references.

	Full Name, Position, Organization	Contact Email and Phone
1		
2		
3		

### Declaration

Acknowledgment:

I hereby declare that the information provided in this form is accurate and complete to the best of my knowledge.

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**Name:**

**Title:**

**Date:**