REPUBLIC OF KENYA
MINISTRY OF HEALTH

EAST AFRICA’S CENTERS OF EXCELLENCE FOR SKILLS AND TERTIARY EDUCATION IN BIOMEDICAL SCIENCES

PROPOSED CONSTRUCTION OF EAST AFRICA’S KIDNEY INSTITUTE COMPLEX AT KENYATTA NATIONAL HOSPITAL (KNH) GROUNDS NAIROBI, KENYA

Contract Identification No: MOH/EAKIP/ICB/004/2018-2019
ADB Loan Number: 2100150031997
PROJECT ID NO-P-Z1-IB0-023
ADB Loan Name: EAST AFRICA CENTERS OF EXCELLENCE; KENYA
Works Programme No: D108 NB/NB/1801 JOB NO. 10398A

BIDDING DOCUMENT – VOL 3.2
1NO. 1300 kVA STANDBY POWER DIESEL GENERATOR SYSTEMS INSTALLATION
(ALL RATES EXCLUSIVE OF TAXES)

EMPLOYER
PRINCIPAL SECRETARY
MINISTRY OF HEALTH
P.O BOX 30016-00100
NAIROBI, KENYA

PROJECT MANAGER
PROJECT MANAGER
EAST AFRICA’S CENTRE OF EXCELLENCE PROJECT
MINISTRY OF HEALTH
P. O. BOX 30016 – 00100
NAIROBI, KENYA

EMPLOYER’S REPRESENTATIVE
WORKS SECRETARY
STATE DEPARTMENT OF PUBLIC WORKS
P.O BOX 30743-00100
NAIROBI, KENYA

LEAD CONSULTANT
M/S POLITECNICA INGEGNERIA ED ARCHITETTURA SOCIETA COOPERATIVA
220, VIA GALILEO GALILEI 41126
MODENA, ITALY

OCTOBER, 2018
### 2.4 Experience

<table>
<thead>
<tr>
<th>Sub-Factor</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>Requirement</td>
<td>Substantially completed and that are similar to the proposed Works. The similarity shall be based on the physical size, complexity, methods/technology or other characteristics as described in Section IV, Bidding Forms.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2.4.2 Specific Experience</th>
<th>Bidder</th>
<th>Joint Venture, Consortium or Association</th>
<th>Documentation Required</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Single Entity</td>
<td>All partners combined</td>
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<td></td>
<td></td>
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<td>Must meet requirements</td>
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<td>N / A</td>
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<td>b) For the above or other contracts executed during the period stipulated in 2.4.2(a) above, a minimum experience in the following key activities:</td>
<td>Must meet requirements</td>
<td>Must meet requirements</td>
<td>Must meet requirements</td>
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<tr>
<td>1. Excavation</td>
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<td>Must meet requirements</td>
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<td>2. Construction of multi storied block</td>
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<td>3. Installation of electrical and mechanical works preferably in health facilities.</td>
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</table>
## GRAND SUMMARY

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>PAGE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>VOL 2</td>
<td>Builders, External and Civil Works</td>
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<td>(i)</td>
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<tr>
<td></td>
<td><strong>Electrical Works</strong></td>
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<tr>
<td></td>
<td>3.1 General Electrical Installations</td>
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<td></td>
<td>3.2 Standby Power Generators</td>
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<td></td>
<td>3.3 Voltage Stabilizer &amp; Uninterruptible Power Supplies (UPS’s)</td>
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<td>3.4 Nurse call, Master Clock &amp; Public Address Systems</td>
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<td></td>
<td>3.5 Security Systems</td>
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<td>3.6 ICT, Structured Cabling &amp; TV Systems</td>
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<td></td>
<td>3.7. Elevator (Lift) Installation</td>
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<tr>
<td>VOL 3</td>
<td><strong>Mechanical Works</strong></td>
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<td></td>
<td>4.1 Plumbing, Drainage, Fire Detection &amp; Suppression Installation</td>
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<td></td>
<td>4.2 Heating, Ventilation &amp; Air Conditioning Services (HVAC)</td>
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<td></td>
<td>4.3 Medical Gases</td>
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<td></td>
<td>4.4 Renal Unit</td>
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<td>4.5 Kitchen &amp; Laundry Equipment</td>
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<td>VOL 4</td>
<td><strong>SUB TOTAL 1</strong></td>
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<td></td>
<td>ADD 16% VAT</td>
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<td><strong>SUB TOTAL 2</strong></td>
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<td>ADD 10% (OF SUB TOTAL 2) FOR CONTINGENCIES</td>
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<td>TOTAL CARRIED TO FORM OF BID</td>
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</tbody>
</table>

CONTRACTOR’S NAME............................................................................................................

ADDRESS....................................................................................................................................

SIGNATURE & STAMP................................................................................................................

WITNESS’ NAME....................................................................................................................

ADDRESS....................................................................................................................................

SIGNATURE..........................................................................................................................

DATE: .................................................................................................................................