

Technical Evaluation Report – Individual or JV Assessment

Fund	Activity No	Description
Evaluation date	Evaluation local time	
Name of Applicant		Reference Number:

1. Documents comprising the Application

Verify if the prequalification documents are submitted, filled and signed as per standard format at Section IV of bid documents – Application Forms.

All Applications are to be opened at the same time and a record of all applications received is to be made by the Purchaser. This record, containing – at a minimum – the names of each applicant is to be distributed to all applicants after the opening.

- (a) Application Submission Form, in accordance with ITA 11;
- (b) documentary evidence establishing the Applicant’s eligibility, in accordance with ITA 12;
- (c) documentary evidence establishing the Applicant’s qualifications, in accordance with ITA 13; and
- (d) any other document required as specified in the **PDS**.

	Application Submission Forms and supporting documentation	YES	NO	N/A
1	Application Submission Form			
2	Applicant Information Form (ELI 1.1)			
3	Applicant’s JV Information Form (ELI 1.2) (NOTE: ONLY REQUIRED IF COMPANY IS APPLYING AS PART OF A JOINT VENTURE)			
4	Historical Contract Non-Performance, Pending Litigation & Litigation History Form (CON 2)			
5	Financial Situation and Performance Form (FIN 3.1)			
6	Average Annual Turnover (FIN 3.2)			
7	General Experience (GEN 4.1)			

8	Schedule of Requirements (List of all Medicines and Medical Supplies offered)			
9	Manufacturer's Authorization Form, if applicable			
10	Articles of Incorporation (or equivalent) and/or Documents of Registration in country of origin (Certified copies thereof)			
11	Letter of intent to form a Joint Venture (if applicable)			
12	<p><i>In case of Government-owned enterprise or institution</i>, documents establishing:</p> <ul style="list-style-type: none"> • Legal and financial autonomy • Operation under commercial law • That the Applicant is not a dependent agency of any Participating Country. 			
13	Organizational chart, list of Board of Directors and beneficial ownership, where applicable			
14	Financial statements for preceding three (3) years			
15	Manufacturer documentation, as per Section V: Additional Information and Manufacturer Documentation			

2. Technical Evaluation of Bids

The following Evaluation and Qualification Criteria are defined at Section III of Prequalification documents.

2.1. Step 1: Examination to determine Applicant's compliance to the basic bid and eligibility requirements to be undertaken on a "Pass or Fail" basis (except where a minor omission has occurred, with no material impact).

No.	BASIC ELIGIBILITY		Pass / Fail	Remarks
	A	Description	Evidentiary requirement	
	3.1.2	No conflict of interest, in accordance with ITA 4.5	<ul style="list-style-type: none"> • Signed declaration contained in Application Submission Form 	
	3.1.3	General eligibility, including not having been declared ineligible pursuant to ITA 3.	<ul style="list-style-type: none"> • Application submission form • ELI 1.1 • Articles of Incorporation (or equivalent) and/or Documents of Registration 	

No.	BASIC ELIGIBILITY		Pass / Fail	Remarks
A	Description	Evidentiary requirement	Yes or No	
3.1.4	Not a Government-owned entity of any participating country	<ul style="list-style-type: none"> • ELI 1.1 • ELI 1.2 <p><i>May be necessary:</i> In case of Government-owned enterprise or institution, documents establishing:</p> <ul style="list-style-type: none"> • Legal and financial autonomy • Operation under commercial law • That the Applicant is not a dependent agency of any Participating Country. 		
3.1.5	Meets minimum standards outlined in the relevant sections of the WHO Good Distribution Practices for Pharmaceutical Products (relevant to the products being supplied)	<p><i>May be necessary:</i></p> <ul style="list-style-type: none"> • GDP Certificate • Other equivalent documentary evidence 		Note: GDP Certificate is not required if company is not undertaking ALL steps in supply chain.
		RESULT: PASS or FAIL		

No.	HISTORICAL CONTRACT NON-PERFORMANCE		Pass / Fail	Remarks
B	Description	Evidentiary requirement	Yes or No	
3.2.1	History of non-performing contracts	<ul style="list-style-type: none"> • CON 2 		
3.2.2	Suspension Based on Execution of Bid Securing Declaration by any government entity in Timor-Leste	<ul style="list-style-type: none"> • Application submission form 		
3.2.3	Pending litigation	<ul style="list-style-type: none"> • CON 2 		
3.2.4	Litigation history	<ul style="list-style-type: none"> • CON 2 • Supporting documentation, if necessary 		

No.	HISTORICAL CONTRACT NON-PERFORMANCE		Pass / Fail	Remarks
B	Description	Evidentiary requirement	Yes or No	
		RESULT: PASS or FAIL		

No.	FINANCIAL SITUATION AND PERFORMANCE		Pass / Fail	Remarks
B	Description	Evidentiary requirement	Yes or No	
	3.3.1	Financial capabilities - Liquid assets, unencumbered real assets, lines of credit, and other financial means (independent of any contractual advance payment) of \$2 million. - Adequate sources of finance to meet cash flow requirements of work currently in progress and for future contract commitments - Evidence of soundness of current financial position and future profitability	<ul style="list-style-type: none"> • FIN 3.1 • Audited balance sheets (or equivalent documents, acceptable to SAMES) • Financial statements for preceding 3 years 	Note additional requirements for Joint Ventures
	3.3.2	Average annual turnover of at least \$4 million each year for preceding three (3) years.	<ul style="list-style-type: none"> • FIN 3.1 • FIN 3.2 • Bank statements or other evidence 	Note additional requirements for Joint Ventures
		RESULT: PASS or FAIL		

No.	EXPERIENCE		Pass / Fail	Remarks
B	Description	Evidentiary requirement	Yes or No	
	3.4.1	General Experience - Evidence of role in the supply of medicines for at least the last five (5) years. - Minimum of 3 major contracts need to be submitted.	<ul style="list-style-type: none"> • EXP 4.1 • Supporting evidence (may include: contract documents, Purchase Orders, project completion certificates, handover certificates, reference letters or equivalent). Evidence needs to be demonstrated to the Committee's satisfaction. 	<i>SAMES may request additional supporting evidence if deemed necessary</i>
	3.4.2	Contextually appropriate experience - Evidence of supply of medicines or medical supplies into multiple (at least 3) low or middle-income countries for at least the last two (2) years.	<ul style="list-style-type: none"> • EXP 4.1 	
			RESULT: PASS or FAIL	

No.	ADDITIONAL INFORMATION AND MANUFACTURER DOCUMENTATION		Pass / Fail	Remarks
B	Description	Evidentiary requirement	Yes or No	
		Overall manufacturers list	<ul style="list-style-type: none"> • List of goods the company is proposing to supply • List of manufacturers for each product 	

No.	ADDITIONAL INFORMATION AND MANUFACTURER DOCUMENTATION		Pass / Fail	Remarks
B	Description	Evidentiary requirement	Yes or No	
	Evidence for each manufacturer	<ul style="list-style-type: none"> • Manufacturer authorization forms • Certificates of company incorporation in the country of manufacture • Certificate of GMP, issued by the state authority <p>May be necessary:</p> <ul style="list-style-type: none"> • License from the regulatory authority in the country of manufacture • Statement of installed manufacturing capacity • Details of all onsite quality control testing facilities, services and range of tests offered. 		
	Evidence for each product	<ul style="list-style-type: none"> • Results of any and all quality testing undertaken <p>May be necessary:</p> <ul style="list-style-type: none"> • Product registration details, where applicable • ISO 9001 certificate for medical equipment, where applicable • Copy of loan license (if applicable) 		
		RESULT: PASS or FAIL		

Overall decision (PASS, FAIL or PENDING)	If 'FAIL' or 'PENDING', please provide brief notes on key reasons or requirements	Signature of Chairperson

Application Evaluation Summary List

Fund	Activity No	Description
Application evaluation date	Application evaluation local time	

No.	Name of Applicant	Pass or Fail or Pending	Additional information requested from company (provide details)
1			
2			
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Evaluation Committee:

No.	Name	Position	Date	Signature
1				
2				
3				
4				
5				
6				
7				

Prepared by (Committee member)

Certified by (Committee member)

Verified by (Committee president)