EXPRESSION OF INTEREST (EOI)

Engagement of Licensed Auctioneer for Public Auction

Date: 24th July 2026

Management and Development for Health (MDH) is an indigenous non-governmental organization (NGO) dedicated to strengthening public health systems and improving the quality of health services across Tanzania. MDH is now seeking a qualified and experienced Licensed Auctioneer to conduct a professional public auction of 28 motor vehicles and 58 motorcycles.

Scope of Work

The selected auctioneer will be responsible for:

- Preparing and conducting a transparent public auction.
- Advertising the auction through appropriate channels.
- Conducting the auction process.
- Conduct and Manage payments from successful bidders.
- Preparing and submitting a comprehensive post-auction report.

Key Requirements

Interested auctioneers must meet the following criteria:

1. Must submit all required and related registration documents (Valid Brela and valid License) (15%).
2. Must have at least three (3) years of recent proven experience in conducting public auctions, preferably for motor vehicles and motorcycles (25%).
3. Must provide at least two (2) samples of recent auction reports or successful auctions they have conducted with evidence of outcome (20%).
4. Must submit signed recommendation letter from two (2) reputable organizations and signed Declaration conflict of interest form (20%).
5. Fee structure and competitiveness (20%)

How to Apply

Interested and qualified auctioneers are invited to submit the following documents:

- Application letter addressed to the Chief Executive Officer
- Copy of valid Auctioneer's License
- Company Profile and Certificate of Registration
- Proof of experience (list of similar assignments done in the last 3 years)
- At least two (2) samples of auction reports or successful auctions conducted
- Proposed commission rate/ Fee structure
- Signed recommendation letter with contact details from two reputable organizations

All Applications should be submitted together with disclosure form of Conflict of and sent electronically to: **pmu@mdh.or.tz**

Address to:

Chief Executive Officer
Management and Development for Health (MDH)
P. o Box 79810/Mikocheni B/Old Bagamoyo road / plot no. 802
Dar es Salaam.

Subject Line: EOI – License Auctioneer

Deadline: not later than: 31st July 2026 at 12:00 noon.

MANAGEMENT AND DEVELOPMENT FOR HEALTH (MDH)
CONFLICT OF INTEREST DISCLOSURE FORM
(To be completed by the Supplier / Vendor)

This form has been designed and issued by Management and Development for Health (MDH) for the purpose of making sure that transparency and avoiding any actual, potential or perceived conflict of interest in the procurement process.

Section A: Third-Party Details:

Company/Individual Name: _____
Registration Number: _____
Type of Entity/Service: _____
Contact Person: _____
Phone/Email: _____
Procurement/Contract Reference: _____
Date: _____

Section B: Conflict of Interest Disclosure

The third party must disclose whether it, its owners, directors, employees, agents, related companies, or family members have any relationship with MDH.

[ ] No conflict to disclose
[ ] Yes - Relationship with MDH employees, Board members, senior management, procurement staff, evaluation committee members, contract managers, finance, receiving, inspection, or payment approval staff.
Details: _____
[ ] No conflict to disclose
[ ] Yes - Prior involvement in preparing specifications, terms of reference, budgets, or evaluation criteria for the procurement.
Details: _____
[ ] No conflict to disclose
[ ] Yes - Gifts, hospitality, favors, commissions, discounts, employment offers, or other benefits offered to or received by MDH personnel.
Details: _____
[ ] No conflict to disclose
[ ] Yes - Ownership, family, financial, governance, employment, consultancy, or other relationship that may affect objectivity.
Details: _____

Declaration:

- I confirm that the information provided is complete and accurate.
- I understand that failure to disclose a conflict may result in disqualification, contract termination, withholding or recovery of payment, reporting to donors or authorities, or other legal or administrative action.
- I agree to update MDH in writing if any new conflict arises during procurement, contract implementation, delivery, inspection, payment, or close-out.

Authorized Representative Name: _____
Signature: _____
Date: _____