GREATER TZANEEN MUNICIPALITY



SUPPLY CHAIN MANAGEMENT UNIT

QUOTE DESCRIPT	ΓION:	SUPPLY AND DELIVERY OF ARMY TENTS	
QUOTE NO:	SC	CMU Q 03/2022	
NAME OF BIDDE	R:		
AMOUNT R	• • • • • • • • • •		
AMOUNT IN WO	RDS:		
			D
CLOSING DATE:	09 FEF	BRURY 2022 @ 12H00 EXTENDED TO 11 FEBRUARY 2022@ 12H00)



PART A: MBD1 GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT



SUPPLY CHAIN MANAGEMENT UNIT DEPARTMENT: BUDGET AND TREASURY - STORES

QUOTE DESCRIPTION: SUPPLY AND DELIVERY OF ARMY TENTS

QUOTE NO: SCMU Q 03/2022

Quotations are hereby invited from interested service provider for the supply and delivery of Army Tents. Documents are obtainable at Greater Tzaneen Municipality Supply Chain Management Offices and municipal website.

. Interested bidders must attach proof of the following documents to avoid disqualification: CSD report (not older than 3 months), certified copies of ID's for all directors of the company, statement of municipal rates and taxes for both company and directors appearing in the CK (not older than 3 months)/ letter from traditional authority not older than 3 months for the company and the directors/ copy of Lease Agreement with 3 Months proof of payment only (No statements), certified copies of Permission to occupy (PTO's) land for bidders residing in Tribal authority's areas of jurisdiction. valid tax pin or tax clearance, certified or original B-BBEE certificate (combined BBBEE certificate if Joint Venture), signed joint venture agreements in case of a joint venture companies.

Third Parties must sanitise/ wear gloves when preparing their bid document. Completed documents with attachments (supporting documents) must be wrapped in a sealed envelope and be deposited into Greater Tzaneen Municipality bid box, Civic Centre, Agatha Street, marked as Quote No: SCMU Q 03/2022, postal address and contact details of the bidder.

Document will be available at <u>www.greatertzaneen.gov.za</u> and Supply Chain Office from the date of advert.

Closing date: 09 February 2022 @ 12:00 extended to 11 February 2022 at Greater Tzaneen Municipality; Civic Centre; Council Chamber. Bidders must note that briefing session will **Not** take place.

Bidders shall take note of the following bid conditions:

- a) Greater Tzaneen Municipality Supply Chain Management Policy will apply on this bid.
- b) Broad Based Black Economic Empowerment (B-BBEE) Act will apply on this bid.
- c) Council reserves the right not to appoint.
- d) No bidder will be appointed if not registered on Central Supplier Database.
- e) Contract period of this quote is once off procurement
- f) Late, incomplete, unsigned, faxed, or emailed documents will not be accepted.

Technical enquiries should be directed to Mr. T Mushiani @ 015 307 8150 Administrative enquiries must be directed to Ms. Z. Modjadji @ 015 307 8199

PART B.1 FORM OF OFFER

Quote for contract number: SCMU Q 03/2022

I/We, the undersigned:

Quote for an amount % (vat inclusive) and.

- a) Quote to supply and deliver to the Greater Tzaneen Municipality all or any of the supplies of goods described in both Specification and Scheduled of this Contract.
- b) Agree that we will be bound by the specifications, prices, terms and conditions stipulated in those Schedules attached to this document, regarding delivery and execution.
- c) Declare that all information provided in respect of the bidder as well as the bid documents submitted are true and correct.

Signature

Name of Firm:

Address: _____, ____, ____,

State in cases where the bidder is a Company, Corporation of Firm by what authority the person signing does so, whether by Articles of Association, Resolution, Power of Attorney or otherwise.

I/We the undersigned am/are authorized to enter into this contract on behalf of:

By virtue of			

Dated ______ a certified copy of which is attached to this bid.

Signature of authorized person: _____

Name of Firm:

Postal Address:

Please Note: The prices at which bids are prepared to supply the goods and materials or perform the services must be placed in the column on the form provided for that purpose.

Failure to sign the form of offer and initialling each page of the document will result in disqualification of the bidder.

Part B. 2 Quote Information

Details of person responsible for bidding process Name: _____ Contact number: _____ Address of office submitting quote: _____ Telephone: Fax no: E-mail address: _____ Authority for signatory Signatories for close corporation and companies shall confirm their authority by attaching to this form a duly signed and dated copy of the relevant resolution of their members or their board of directors, as the case may be. An example for a company is shown below: "By resolution of the board of director(s) passed on ___/__/20____ Mr/ Mrs. Has been duly authorized to sign all documents in connection with the bid for Contract____ No And any contract, which may arise there from on behalf of Signed on behalf of the company: _____

In his capacity as: _____ **Date:** __/___/___

Signature of signatory

PART C

SPECIFICATIONS

SUPPLY AND DELIVERY OF ARMY TENTS: QUOTE NO. SCMUQ 03/2022

DESCRIPTION	QTY	UNIT PRICE (per Litre)	TOTAL
5m x 5m army tents complete with:			
Side curtains			
Floor sheet			
Middle pole			
Side peddles			
Tying ropes			
Side structure steel pole			
All accessories			
		Sub total	
		VAT	
		Total	

MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state*.

2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

3. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

3.1	Full Name:
3.2	Identity Number:
3.3	Company Registration Number:
3.4	Tax Reference Number:
3.5	VAT Registration Number:
3.6	Are you presently in the service of the state* YES / NO
3.6.	1 If so, furnish particulars
Hav	ve you been in the service of the state for the past twelve months? YES / NO
3.7.1	If so, furnish particulars.
S	Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or
а	adjudication of this bid? YES / NO
	If so, furnish particulars Have you been in the service of the state for the past twelve months? YES / NO
3.9.1	. If yes, furnish particulars
10. A	Are you, aware of any relationship (family, friend, other) between a

 \ast MSCM Regulations: "in the service of the state" means to be –

- (a) a member of -
 - (i) any municipal council.
 - (ii) any provincial legislature; or

- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

⁽iii) the national Assembly or the national Council of provinces.

⁽b) a member of the board of directors of any municipal entity.

⁽c) an official of any municipality or municipal entity.

⁽d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);

bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? YES / NO $\,$

- 3.10.1. If so, furnish particulars.....
- 3.11 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state? YES / NO
- 3.11.1 If so, furnish particulars.....
- 3.12 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

- 3.12.1 If so, furnish particulars.....
- 4. Full details of directors / trustees / members / shareholders

Full Name	Identity Number	State Employee Number

Signature

Date

Capacity

Name of Bidder

CERTIFICATION

I, the undersigned

(name).....

Certify that the information furnished on this declaration form is correct. I accept that the state may act against me should this declaration prove to be false.

•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Date

.....

Designation

Signature

Name of Bidder