GREATER TZANEEN MUNICIPALITY



SUPPLY CHAIN MANAGEMENT UNIT

| AND DELIVERY OF STRATEGIC SESSION CONFERENCE PACKAGE FOR CORPORATE SERVICES DEPARTMENT (MPAC) | | | | |
|---|----------------|--|--|--|
| QUOTE NO: | SCMU Q 34/2023 | | | |
| NAME OF BIDDER: | | | | |
| AMOUNT R | | | | |
| AMOUNT IN WORDS: | | | | |
| | RAND | | | |
| CLOSING DATE: 01 NOVEMBER 2023@12H00 | | | | |
| | | | | |
| | | | | |





PART A: MBD1 **GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT**

SUPPLY CHAIN MANAGEMENT UNIT

DEPARTMENT: CORPORATE SERVICES

OUOTE DESCRIPTION: THE APPOITMENT OF THE SUITABLE SERVICE PROVIDERS FOR THE SUPPLY AND SUPPLY AND DELIVERY OF STRATEGIC SESSION CONFERENCE PACKAGE FOR CORPORATE SERVICES DEPARTMENT (MPAC)

QUOTE NO: SCMUQ 34/2023

Quotations are herby invited from interested service providers for the Appointment of the suitable service providers for the supply and delivery of strategic session conference package for the corporate services Department (MPAC)

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, signed joint venture agreements in case of a joint venture companies. initial every page of the bid document; all MBD forms be completed in full.

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: SCMUQ 34/2023, postal address and contact details of the bidder.

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

Closing date: 01 NOVEMBER 2023@ 12:00 at Greater Tzaneen Municipality; Civic Centre; Council Chamber. Bidders must note that briefing session will Not take place.

EVALUATION OF QUOTATIONS

NB: 80/20 Preference point scoring system will apply, where 80 points will be allocated for price only and 20 for Specific goals points scored.

Bidders shall take note of the following bid conditions

- a) Greater Tzaneen Municipality Supply Chain Management Policy will apply on this bid.
- b) Specific goals will be used for preferential point system in terms of the Preferential Procurement Regulation 2022.
- 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 Ms M Sekopane @ 015 307 8146 Administrative enquiries must be directed to Ms. Z. Ramothwala @ 015 307 8199

PART B.1 FORM OF OFFER

Quote for contract number: SCMUQ 34/2023

| I/We, | , the undersigned: | | | | |
|--------|--|--|--|--|--|
| Quot | e 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. | | | | |
| _ | ned at | | | | |
| | nature | | | | |
| Nan | ne of Firm: | | | | |
| Add | lress:, | | | | |
| perso | in cases where the bidder is a Company, Corporation of Firm by what authority the on signing does so, whether by Articles of Association, Resolution, Power of Attorney or wise. | | | | |
| I/We | the undersigned am/are authorized to enter into this contract on behalf of: | | | | |
| By vi | rtue of | | | | |
| Dated | d a certified copy of which is attached to this bid. | | | | |
| Signa | ature of authorized person: | | | | |
| Name | e of Firm: | | | | |
| Posta | l Address: | | | | |
| Pleas | e Note: The prices at which bids are prepared to supply the goods and materials or perform | | | | |
| the se | ervices 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 thi |
| form a duly signed and dated copy of the relevant resolution of their members or their board o |
| 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 |
| ContractNo |
| And any contract, which may arise there from on behalf of |
| Signed on behalf of the company: |
| Signed on behalf of the company: |
| In his capacity as: Date: / |
| |
| Signature of signatory |



GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT MASIPALA WA TZANEEN MASEPALA WA TZANEEN



P.O. BOX 24 TZANEEN 0850 TEL: 015 307 8000 FAX: 015 307 8049

www.greatertzaneen.gov.za

SPECIFICATION

SPECIFICATION FOR SUPPLY AND DELIVERY OF MPAC STRATEGIC TRAINING SESSION

| ITEM | DESCRIPTION | QUANTITY | UNIT PRICE (VAT EXCL) | TOTAL PRICE (VAT EXCL) |
|------|---|----------|--------------------------|------------------------------|
| 1. | Conference room (Including Projector, 3 X Microphone/Sound, Sweets, Notepad and Pen) for 70 people for x 3 days | 03 days | | |
| 2. | 2 x Bottled Water | 140 | | |
| 3. | Morning Tea - Sandwiches, Muffins with tea & coffee | 70 | | |
| 5. | Lunch-Rice, Pap, Beef, Chicken, Two Vegetables and 1 Soft drinks | 70 | | |
| 6. | Tea / Coffee break with biscuits | 70 | | |
| | | | SUB TOTAL | |
| | | | VAT@15 | |
| | | | TOTAL | |

EVALUATION OF QUOTATIONS

NB: 80/20 Preference point scoring system will apply, where 80 points will be allocated for price only and 20 Specific goals points scored.

| The specific goals allocated points in terms of this tender | Number of points allocated (80/20 system) (To be completed by the organ of state) | Number of points claimed (80/20 system) (To be completed by the tenderer) | Means of verification (MOV) for specific goals |
|---|--|---|---|
| An entity which is at least 50% owned by Black, Indian or Coloured people | 17 | | CK, CSD report and Certified Identification documentation |
| An entity owned by women | 03 | | CK, CSD report and Certified Identification documentation |
| TOTAL | 20 | | |

PART D

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

| subn | nitted 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 |
| | we you been in the service of the state for the past twelve months? YES / NO |
| 3.7.1 | If so, furnish particulars. |
| | Oo you, have any relationship (family, friend, other) with persons in the ervice of the state and who may be involved with the evaluation and or |
| a | djudication of this bid? YES / NO |
| 3.8.1 | If so, furnish particulars |

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

^{*} MSCM Regulations: "in the service of the state" means to be –

| YES / NO | e of the state for the past | twerve months? | | |
|---|-----------------------------|------------------|------------------|--|
| 3.9.1. If yes, furnish particulars | | | | |
| 10. Are you, aware of any relation bidder and any persons in involved with the evaluat | the service of the state v | who may be | | |
| 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 / I | | | | |
| 3.11.1 If so, furnish particulars | | | | |
| 3.12 Are any spouse, child shareholders or stakehold | | | ers, principal | |
| | | | YES / NO | |
| 3.12.1 If so, furnish particulars | | | • | |
| 4. Full details of directors / trus | tees / members / shareho | olders | | |
| Full Name | Identity Number | State Employee N | Number | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Signature | — Da | | | |
| Signature | Di | | | |
| Capacity | Name of Bidder | | | |
| | | | | |
| | CERTIFICATIO | ON | | |
| I, the undersigned | | | | |
| (name) | | | | |
| Certify that the information fur may act against me should this | | | t that the state | |
| | | | | |
| Signature | | Date | | |
| | | | | |
| Designation | | Name of Bidder | | |