# **GREATER TZANEEN MUNICIPALITY**



# RE - ADVERT SUPPLY CHAIN MANAGEMENT UNIT

QUOTE DESCRIPTION:	ACCREDITED SERVICE PROVIDER TO FACILITATE PEST AND WEED CONTROL		
	TRAINING		
QUOTE NO:	SCMUQ 36/2024		
NAME OF BIDDER:			
AMOUNT R			
AMOUNT IN WORDS:			
	RAND		
CLOSING DATE: 09 OCTOBER 2024 @ 12H00			



# RE - ADVERT



# PART A: MBD1 GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT

# SUPPLY CHAIN MANAGEMENT UNIT DEPARTMENT: CORPORATE SERVICES

# QUOTE DESCRIPTION: ACCREDITED SERVICE PROVIDER TO FACILITATE PEST AND WEED CONTROL TRAINING.

QUOTE NO: SCMUQ 36/2024

Quotations are hereby invited from interested service provider for the Appointment of Accredited Service Provider to facilitate pest and weed control training. 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 / 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 / letter from traditional authority not older than 3 months for the company and the directors . valid tax pin or tax clearance, Diploma in Horticulture / Pest Control and/or related qualification, proof of similar work experience orders / appointment letters ,1-2 years facilitating related course and signed joint venture agreements in case of a joint venture companies.

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 36/2024, postal address and contact details of the bidder.

Document will be available at  $\underline{www.greatertzaneen.gov.za}$  and Supply Chain Office from the date of advert.

Closing date:09 October 2024 @ 12:00 at Greater Tzaneen Municipality; Civic Centre; Council Chamber.

#### Bidders shall take note of the following bid conditions:

The Evaluation of the bid will be conducted in two stages; first stage will be assessment on functionality: Relevant company experience -50 Points; Key personnel experience and qualifications -50 Points; Only bidders who obtain 70 Points will be subjected to 80/20 Preference point scoring system, where 80 points will be allocated for price only and 20 points will be allocated based on the specific goals points scored.

- a) Greater Tzaneen Municipality Supply Chain Management Policy will apply on this bid.
- b) Specific goals points scored.
- 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 Glacia Hlangwane @ 015 307 8378 Administrative enquiries must be directed to Ms. Z. Ramothwala @ 015 307 8199

### PART B.1 FORM OF OFFER

Quote for contract number: SCMUQ 36/2024

I/We, t	the undersigned:
Quote	for an amount
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.
Sign	ed at Day of20
Signa	uture
Name	e of Firm:
Addr	ess:
person otherv	In cases where the bidder is a Company, Corporation of Firm by what authority the a signing does so, whether by Articles of Association, Resolution, Power of Attorney or vise.  The undersigned am/are authorized to enter into this contract on behalf of:
By virt	tue of
Dated	a certified copy of which is attached to this bid.
Signat	ure 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				
ContractNo				
And any contract, which may arise there from on behalf of				
Signed on behalf of the company:				
In his capacity as: <b>Date:</b> /				
Signature of signatory				



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



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

### SPECIFICATIONS FOR PEST AND WEED CONTROL TRAINING

May you kindly assist with advertisement of a Training provider to facilitate accredited Pest and Weed Control training as follows:

Description of the Training : Pest and Weed Control Training

Number of People to be Trained :12 Employees

### **REQUIREMENTS:**

- 1. Diploma in Horticulture / Pest Control and / or related qualification
- 2. Facilitator Certificate
- 3. Proof of work experience orders / appointment letters (1-2 years facilitating related course)

Quantity	Unit Price	Total
12 Employees	R	R
	Vat 15%	
	Total	R

## Functionality Criteria

Functionality criteria		A	В
,		Bid rating (score 1-5)	weighting
Company Work Experience (Attach	A least 3 (three) appointment letters in similar work experience	5	
appointment letter or orders	A least 2 (two) appointment letters in similar work experience	3	50
	No appointment letter	0	
Key Personnel Work Experience (Min of 2 years' experience)	Combined relevant experience at least 2 years or more.	5	
attach appointment letter or order as proof of experience.	Combined related experience of key personnel at least 1 to 2 years.	3	30
-	No Work Experience	0	
Key personnel (Attach qualifications and	Diploma in Horticulture / Pest Control and / or related qualification	5	
CV's) including facilitator	Facilitator Certificate	3	
Certificate,	1 – 2 Years facilitating related course	1	
	No Qualification	0	20
	Total		100

# **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	on
Black person as defined in the policy	20		CK, CSD report and Certified Identification documentation	Tick
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
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	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 djudication of this bid?  YES / NO
	If so, furnish particulars
3.9.1	. If yes, 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.

<sup>\*</sup> MSCM Regulations: "in the service of the state" means to be -

bidder and any perso	relationship (family, friend, ons in the service of the state aluation and or adjudication	who may be		
3.10.1. If so, furnish partic	culars			
	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 partic	culars			
• •	child or parent of the conceholders in service of the sta	mpany's directors, managers, principal te?		
		YES / NO		
-	/ trustees / members / shareh	nolders		
Full Name	Identity Number	State Employee Number		
Signature		Date		
Capacity	N	Tame of Bidder		
	CERTIFICAT	ION		
	CENTITION			
I, the undersigned				
(name)				
•	on furnished on this declara this declaration prove to be	tion form is correct. I accept that the state false.		
Signature		Date		
		NI CD:11		
Designation		Name of Bidder		