GREATER TZANEEN MUNICIPALITY



SUPPLY CHAIN MANAGEMENT UNIT

| QUOTE DESCRIPTION: | APPOINTMENT OF SERVICE PROVIDER TO FACILITATE INCIDENT |
|----------------------|--|
| | INVESTIGATION FOR OHS REPS |
| QUOTE NO: | SCMUQ 39/2023 |
| NAME OF BIDDER: | |
| AMOUNT R | |
| AMOUNT IN WORDS: | |
| | |
| CLOSING DATE:30 JANU | JARY 2024 @ 12H00 |





RE-ADVERT

PART A: MBD1 GREATER TZANEEN MUNICIPALITY GROTER TZANEEN MUNISIPALITEIT

SUPPLY CHAIN MANAGEMENT UNIT DEPARTMENT: CORPORATE SERVICES

QUOTE DESCRIPTION: APPOINTMENT OF SERVICE PROVIDER TO FACILITATE INCIDENT INVESTIGATION FOR OHS REPS

QUOTE NO: SCMUQ 39/2023

Quotations are hereby invited from interested service provider for the Appointment of Service Provider to Facilitate Incident Investigation for 25 OHS Reps. 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, 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 39/2023, 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:30 January 2024 @ 12:00 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) 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 Mr. G. 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 39/2023

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:

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 | | | | | | | | | | |
| ContractNo | | | | | | | | | | | |
| And any contract, which may arise there from on behalf of | | | | | | | | | | | |
| | | | | | | | | | | | |
| Signed on behalf of the company: | | | | | | | | | | | |
| In his capacity as: Da | nte:// | | | | | | | | | | |

Signature of signatory



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

PART C

SPECIFICATIONS FOR INCIDENT INVESTIGATION TRAINING FOR OHS REPS

May you kindly assist with advertisement of a tender for accredited Training provider to conduct Incident Investigation Training for OHS Reps as follows:

Description of the Training Number of people to be Trained : Incident Investigation for OHS Reps

. .

: 25 Employees

REQUIREMENTS:

- 1. Program me Accreditation letter
- 2. Facilitator's CV and relevant qualifications
- 3. Proof of similar work experience
- 4. The training must be Unit Standard based and be NQF aligned.

| Quantity | Description | Unit Price | Total Amount |
|----------|--|------------------------------|--------------|
| 25 | Incident Investigation for OHS Reps | R Vat 15% Total Amount | R |

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 T Certified Identification documentation | ⁻ ick | | | | | | |
| 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 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. |
| | 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 |
| 3.8.1 | If so, furnish particulars |
| 3.9 H | Have you been in the service of the state for the past twelve months? YES / NO |
| 3.9.1 | . If yes, furnish particulars |
| | |

* MSCM Regulations: "in the service of the state" means to be -

- (a) a member of -
 - (i) any municipal council.
 - (ii) any provincial legislature; or
 - (iii) the national Assembly or the national Council of provinces.

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

⁽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);

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- 10. Are you, aware of any relationship (family, friend, other) between a 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.

.....

Signature

| •• | ٠ | ٠ | ٠ | • | • | • | ٠ | ٠ | • | • | ٠ | • | ٠ | • | • | ٠ | • | • | ٠ | ٠ | • | ٠ | ٠ | • | ٠ | ٠ | • | ٠ | • | • | • | ٠ | • | • | ٠ | • | • | • |
|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Designation

.....

Date

Name of Bidder