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AdvertQuote

	ans
KWAZULU-NATAL PROVIN	ACE.
HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2021-02-09
Closing Date:	4 mm 2021-02-19
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Prince Mshiyeni Memorial hospital
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Prince Mshiyeni Memorial Hospital, Mangosuthu, Highway, Unit V
Date Submitted	2021-02-09
ITEM CATEGORY AND DETAILS	•
Quotation Number:	ZNQ:
Item Category:	899/20/21
Item Description:	Services 12 Months contract, Outsourced collection packaging and dispatch of
non seatipion.	hospital supplies and asset (pilot)
	NB: (SEE ATTACHED ANEXTURE D & EVALUATION QUOTATION PHASES)
	†
Quantity (if supplies)	06 Workers
COMPULSORY BRIEFING SESSION	/ SITE VISIT
Select Type:	Both
Date:	2021-02-12
Time:	10:00 am
Venue:	PMMH (Auditorium hali)
QUOTES CAN BE COLLECTED FROM:	Date: 10/02/2021 till 11/02/2021, time 09:30 am to 15:00 pm. No tender document available on site meeting.
QUOTES SHOULD BE DELIVERED TO:	PMMH on tender box
	and the second s
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:
Hame:	Honiphani Mgcobo
Email:	Hloniphani.Ngcobo@iznhealth.gov.za
Contact Number:	031 907 8214
Finance Manager Name:	Mr C.H Buthelezi
Finance Manager Signature:	
No	late quotes will be considered

ANNEXURE D - Target People Co-operatives and Locality

PRE-QUALIFICATION CRITERIA FOR PREFERENTIAL PROCUREMENT

Contract Number		Description of Service	
lame of Tend	lerer (Bidder):		
	PRE-QUAL	IFICATION CRITERIA	Indicate
			Yes / No
Dalabase ((COD), "proof of B-BBEE status level	m B-BBEE status level 1 contributor on Central Supplier of contributor" means- (a) the B-BBEE status level certificate worn affidavit as prescribed by the B-BBEE Codes of Good	
Ngonyame	ni or Ethekwini Lower South (coverin u, Kwamakhutha, Nsimbini, Folweni.	of 30% to a cooperative which is at least 51% owned by black e living within catchment area of the hospital which is Umlazi/ g areas such as Isipingo, Malukazi, Illovu, Amanzimtoti, Umnini, Magabheni, Danganya, Inkwali, Imfume, Nkwali,	
Or			
Ethekwini L	ower South (covering areas such as	which is at least 51% owned by black people and whose ment area of the hospital which is Umlazi/ Ngonyameni or Isipingo, Malukazi, Iilovu, Amanzimtoti, UMbumbulu, ubheni, Danganya, Inkwali, Imfume, Nkwali, Odidini etc).	
	ve must submit proof of address from	Ward Counsellor or Utility Bill as a proof that they reside	
nderer (Bidde squalified	er) failing to comply with the above	e will be regarded as non-responsive and immediately be	
The main co	ontractor and subcontracted company vit in front of Commissioner of Oaths.	must submit valid proof of joint venture agreement signed	
ote. We resen	ve the right to check for validity of failing this criteria will be regarde	the joint venture agreement. Tenderer (Bidder) sub- d as non-responsive and will immediately be disqualified	
certificate wh	hich will be checked and verified with	ered with Central Supplier Database (CSD), have valid tax e (CSD). If expired there must be proof of tax clearance SARS via pin number. The CSD proof must be submitted to be treated as non-responsive and will be disqualified.	

Full Name	Signature of Bidder Representative	

EVALUATION CRITERIA

Note: Prospective tenderer (bidder) is obliged to comply with pre-qualification criteria as guided on Preferential Procurement Regulation 2017; any tenderer (bidder) who fail to comply with this, will be regarded as non-responsive and will be disqualified.

This quotation will be evaluated as follows:

- 1. Phase 1 Prequalifying criteria as prescribed on Annexure D.
- 2. Phase 2 Mandatory requirements and scope of work/specification
- 3. Phase 3 Price and Preference Point System 80/20 System

SPECIFICATION/SCOPE