

KZN HEALTH

KZN Health Intranet

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote

QUOTE AWARD

NEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert
Opening Date:	2021-03-17
Closing Date:	
Closing Time:	11 00
INSTITUTION DETAILS	
Institution Name:	KwaDabeka CHC
Province:	KwaZulu-Natai
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	KwaDabeka CHC
Date Submitted	
TEN 0475000V 4110 5574 V	2021-03-16
ITEM CATEGORY AND DETAILS Quotation Number:	
Quotation Number:	ZNQ:
Item Category:	Goods
Item Description:	N95 Mask (Level, Fluidshield) Duckbill Shape - as per attached spec
	35 UNITS PER BOX
	3S UNITS PER BOX 200 BOXES
COMPULSORY BRIEFING SESSION	3S UNITS PER BOX 200 BOXES
Quantity (if supplies) COMPULSORY BRIEFING SESSION) Select Type:	3S UNITS PER BOX 200 BOXES
COMPULSORY BRIEFING SESSION	200 BOXES SITE VISIT
COMPULSORY BRIEFING SESSION (Select Type: Date:	200 BOXES SITE VISIT
COMPULSORY BRIEFING SESSION Select Type: Date:	200 BOXES SITE VISIT
COMPULSORY BRIEFING SESSION (Select Type: Date : Time: Venue:	200 BOXES SITE VISIT
COMPULSORY BRIEFING SESSION	200 BOXES / SITE VISIT Not Applicable
COMPULSORY BRIEFING SESSION (Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO:	200 BOXES SITE VISIT Not Applicable D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX ONLY
COMPULSORY BRIEFING SESSION (Select Type: Date : Time: Venue: QUOTES CAN BE COLLECTED FROM:	200 BOXES SITE VISIT Not Applicable D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX ONLY
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVEL	200 BOXES / SITE VISIT Not Applicable D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX ONLY RT MAY BE DIRECTED TO: Simphiwe Mthiyane
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVELONME:	200 BOXES SITE VISIT Not Applicable D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT O4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX ONLY RT MAY BE DIRECTED TO: Simphiwe Mthiyane Simphiwe.Mthiyane@kznhealth.gov.za
COMPULSORY BRIEFING SESSION Select Type: Date: Time: Venue: QUOTES CAN BE COLLECTED FROM: QUOTES SHOULD BE DELIVERED TO: ENQUIRIES REGARDING THE ADVELONAME: Email:	200 BOXES / SITE VISIT Not Applicable D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - STORE DEPARTMENT D4 KHULULEKA DRIVE, KWADABEKA TOWNSHIP - TENDER BOX ONLY RT MAY BE DIRECTED TO: Simphiwe Mthiyane

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: KwaDabeka Community Health Centre DATE ADVERTISED: 17 March 2021 CLOSING DATE: 24 March 2021 CLOSING TIME: 11:00 FACSIMILE NUMBER: 031 714 3708E-MAIL ADDRESS: Simphiwe.Mthiyane@kznhealth.gov.za PHYSICAL ADDRESS: 04 Khululeka Drive, KwaDabeka Township, 3602 ZNQ NUMBER: 550/20 DESCRIPTION: N95 MASK (LEVEL 1, FLUIDSHIELD - DUCKBILL SHAPE) CONTRACT PERIOD Once-Off VALIDITY PERIOD 60 Days SARS PIN..... CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) KwaDabeka Community Health Centre 04 Khululeka Drive, KwaDabeka Township, 3602 Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. ALL QUOTES MUST BE SUBMITTED ON THE OFFICIAL FORMS -- (NOT TO BE RE-TYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO WILL RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER POSTAL ADDRESS STREET ADDRESS TELEPHONE NUMBER CODE......NUMBER...... FACSIMILE NUMBER CODENUMBER..... CELLPHONE NUMBER E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1)

[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]

OFFICIAL PRICE PAGE FOR QUOTATIONS	ZNQ NUMBER: 550/20
DESCRIPTION: N95 MASK (LEVEL 1, FLUIDSHIELD - E	DUCKBILL SHAPE)
SIGNATURE OF BIDDER [By signing this document I hereby agree to all terms and conditions]	DATE
CAPACITY UNDER WHICH THIS OLIOTE IS SIGNED	

item No	Quantity	Description	Brand &	Country of	Price	
			model	manufacture	R	
01	200	N95 MASK (LEVEL 1, FLUIDSHIELD - DUCKBILL SHAPE)				
	BOXES	(35 UNITS PER BOX)				
		NOTE: SUPPLIER TO SUBMIT A SAMPLE TOGETHER WITH				
		BID DOCUMENTS & A BOX IF POSSIBLE FAILING TO DO SO				
		WILL BE DISQUALIFIED				\perp
		AS PER ATTACHED SPECIFICATION				
		NB: DOCUMENTS TO BE HAND DELIVERED AT KWADABEKA				#
		CHC - TENDER BOX ONLY				#
		Bidders must submit BBBEE Certificate issued				7
		by verification Agency accredited by SANAS			_	#
		or a Registered Auditor & A Sworn Affidavit				_
		2. Original/Certified Tax Clearance Certificate/ SARS Pin				\top
		3. Full CSD Report				1
						+
ALUE AD	DED TAX @	15% (Only if VAT Vendor)		-		

Does This Offer Comply With The Specification?	Does The Article Conform To The S.A.N.S. / S.A.B.S. Specification?	
Is The Price Firm?	State Delivery Period E.G. E.G. 1day, 1week	

Enquiries regarding the quote may be directed to: Contact Person: Simphiwe Tel: 0317143762. E-Mail Address: Simphiwe Mthiyane@kznhealth.	Enquiries regarding technical information may be directed to: Contact Person: Elwin Robson Tel:0317143761.
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1. PERSONAL PROTECTIVE EQUIPMENT

South African	SANS 50149, SANS 50149, Respiratory, protectul3:J/ve devices - Filtering half masks to protect against particles - Requirements, testing, marking marking	
International Standards	• Minimum "N95, respirator according to FDA Class II, under 21 CFR 878.4040, and CDC NIOSH, or Minimum "FFP2 according to EN 149, EU PPE Regulation 2016/425 Category III, or equivalent ISO 1590-1, ISO 17420-1 and 2 ISO/TS 16976-8:2013, Respiratory profective devices — Human factors — Part 8: Ergonomic factors According to EN 149 Respiratory profective devices - Filtering half masks to protect against particles - Requirements, testing, marking, three categories are listed as FFP1, FFP2 and FFP3, and the last two recognized as mainstream products. GB 2626 is similar to it	Meets the performance criteria for fit testing respirators under the current OSHA Standard for Respirator Protection: 29 CFR 1910.134, Appendix A
Description	Particulate filtering half mask: Disposable Description: Particulate filtration respirators used for protection against airborne diseases such as tuberculosis.N95 or FFP2 respirator, or higher Good breathability with a design that does not collapse against the mouth (e.g. duckbill, cup shaped). • A particulate filtration half mask must cover the chin, mouth and nose; it may/ may not have an exhalation valve. Note: non-valved respirators are recommended for the COVID 19 pandemic. • The particulate filtration respirator must not disintegrate during continuous or intermittent use lin a shalation valve. Note: non-valved respirator that are more likely to come into contact with the exhalation valve. Notes must be hypo-allergenic. • Parts of the particulate filtration respirator that have a nativatable/self-adjustable head harness which ensures ease of donning or removal of the respirator shall have a filtration efficiency of 87.7% to 93% to ensure breathability. • The particulate filtration respirator shall have the equivalent of an external hydrophobic fabric layer for droplet protection. • The particulate filtration respirator shall have the equivalent of an external hydrophobic fabric layer for droplet protection. • The particulate filtration respirator shall have the equivalent of an external hydrophobic fabric layer for droplet protection. • The particulate filtration respirator shall have the equivalent of an external hydrophobic fabric layer for droplet protection. • Size of the respirator	Kit Includes: hood, collar, 2 nebulisers, sweet tasting sensitivity solution, sweet lasting fit test solution and laminated user instructions. 2
NSN Number/	Number: 222000994 (KN95/FFP2)/ 222000993 (N95)/ Description: Mask respirator KN95 / FFP2 1'S OR Mask respirator N95 1'S	
Sizes	Small, medlum, large	One size
Product name	Respirators (KN95 FFP2 or N95)	Fit Test Kit

¹ National Treasury. Instruction No. 5 of 2020/21, April 2020 ² World Health Organization. COVID-19 PPE Specification Guidelines, Version 4.

DECLARATION OF INTEREST

1.	blood relationship, may m limited quote or proposal)	ng persons employed by the lake an offer or offers in term . In view of possible allegati	ns of this invitation ons of favouritism	n to quote (include n, should the result	es a price quotation, adverti- ting quote, or part thereof, b	sed competitive quote, be awarded to persons
	declare his/her position in the bidder is employed	r to persons connected with relation to the evaluating/ad	or related to ther judicating authorit	n, it is required this y where-	at the bidder or his/her aut	norised representative
-	the legal person on wheevaluation and or adju-	nose behalf the bidding docudication of the quote(s), or we declarant acts and persons when the state of the	here it is known t	hat such a relation	nship exists between the pe	erson or persons for or
2.	In order to give effect to the	ne above, the following quest	ionnaire must be	completed and sul	bmitted with the quote.	
2.2.	Identity Number:	esentative	2.5.	Tax Reference N	lumber	**********
2.3.		Company (director, trustee, s	-	VAT Registration	ı Number:	
2.7.	The names of all director	rs / trustees / shareholders /	members, their in	dividual identity no		
2.0		ers must be indicated in para innected with the bidder pres		4h	[TICH	(APPLICABLE]
2.8.	1. If so, furnish the following	ninected with the bidder pres narticulars:	senuy employed b	y the state?		YES NO
	Name of person / director	/ trustee / shareholder/ mem	ber:		*******************	**************************
	Name of state institution a	it which you or the person co	nnected to the bid	dder is employed:.		
0.0	Position occupied in the s	tate institution:		Any other par	ticulars:	
2.8.	in the public sector?	ployed by the state, did you	obtain the approp	nate authority to u	undertake remunerative wor	
2.8.		proof of such authority to the	aunte document	?		YES NO
		uch authority, where applica			of the auote.)	
2.8.	2.2. If no, furnish	reasons for non-submission	of such proof:			
2.9.		or any of the company's dire	ctors / trustees / s	shareholders / mei	mbers or their spouses con	duct business with the
	state in the previous twel					YES NO
2.9.	1. If so, furnish particulars	S		/f 1		
2,10	may be involved with the	onnected with the bidder, have evaluation and or adjudication	e any relationship	tamily, mend, ot	ner) with a person employed	
2.10	1.1. If so, furnish particular	S	on or this quote?			YES NO
2.11	. Are you, or any person o	onnected with the bidder, aw	are of any relation	ship (family, friend	I. other) between any other	bidder and any person
	employed by the state wi	no may be involved with the	evaluation and or	adjudication of this	s quote?	YES NO
		S				
2.12		ctors / trustees / shareholders	/ members of the	company have ar	ny interest in any other relate	
2.42	or not they are bidding fo					YES NO
2.12	•	S		***************************************	•••••	
3.		trustees / members / shar				
NB:	The Department Of Heal	th will validate details of dire	ctors / trustees /	members / share	sholders on CSD. It is the s	suppliers' responsibility
	not be considered and no	ls are up-to-date and verifier assed over as non-compliant	on CSD. If the L	pepartment canno	Evalidate the information of	on CSD, the quote will
		333cd Over as non-compliant	according to Mati	onal reasony msi	1000011110te 4 (a) 2010/17.	
4	DECLARATION					
	HE UNDERSIGNED (1 RNISHED IN PARAGR	NAME) APHS 2.		***************************************	CERTIFY THAT TH	IE INFORMATION
	CCEPT THAT THE ST. OVE TO BE FALSE.	ATE MAY REJECT THE	QUOTE OR A	CT AGAINST N	ME SHOULD THIS DEC	CLARATION
	ne of bidder	Signature		osition	Date	••••••

"State" means -

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

 c) provincial legislature:

 d) national Assembly or the national Council of provinces; or Parliament. any municipality or municipal entity;

[&]quot;Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (domicilium citandi et executandi) details change from the time of bidding to the expiry of the contract.

3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
 - (i) that the price(s), rate(s) & preference quoted cover all for the work/ftem (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated,
- Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

6. SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

7. COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fall to attend the compulsory meeting will be disqu	aillied from the evaluation process.
(i) (ii)	The institution has determined that a compulsory site meeting Date/ Place Place	will not take place
Insti	tution Stamp:	Institution Site Inspection / briefing session Official
		Full Name:
		Signature:
ľ		Date:

8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

10. TAX COMPLIANCE REQUIREMENTS

- 10.1. In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.
- 10.2. In the event that the institution cannot validate the suppliers tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued:
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

9.	DECLARATION WITH REGARD TO COMPANY/FIRM				
9.1					
9.2	2 VAT registration number:				
9.3	Company registration number:				
9.4	TYPE OF COMPANY/ FIRM [TICK APPLIC	CARLEROXI			
	Partnership/Joint Venture / Consorti One person business/sole propriety Close corporation Company (Pty) Limited	iu m			
9.5	DESCRIBE PRINCIPAL BUSINESS ACTIV				
9.6	COMPANY CLASSIFICATION [TICK APPLI	CABLE BOX			
	Manufacturer Supplier Professional service provider Other service providers, e.g. transpor				
9.7	Total number of years the company/firm has	been in husiness:			
9.8	I/We, the undersigned who is / are duly and	orised to do so on behalf of the company/firm, certify that the points claimed, based on			
	 The information furnished is true and co 	rrect;			
	ii) The preference points claimed are in according to the preference points.	cordance with the General Conditions as indicated in paragraph 1 of this form;			
	be required to furnish documentary proo	d as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may			
	iv) if the B-BBEE status level of contributor	has been claimed or obtained on a fraudulent basis or any of the conditions of contract ay, in addition to any other remedy it may have –			
	(a) disqualify the person from the bidding] process;			
		nas incurred or suffered as a result of that person's conduct;			
	(c) cancel the contract and claim any da arrangements due to such cancellation	manes which it has suffered as a week to the			
	 (d) recommend that the bidder or contra- who acted on a fraudulent basis, be ro of state for a period not exceeding 10 applied; and 	ctor, its shareholders and directors, or only the shareholders and directors restricted by the National Treasury from obtaining business from any organ 0 years, after the audi alteram partem (hear the other side) rule has been			
	(e) forward the matter for criminal prosect	ution.			
	WITNESSES				
	1	SIGNATURE(S) OF BIDDERS(S)			
	2	DATE:			
		ADDRESS			