



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

KZN Health Intranet

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AdvertQuote



KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Quotation Advert

Opening Date: 2022-02-25

Closing Date: 2022-03-04

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Dr Pixley ka Isaka Seme Memorial Hospital ▾

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required DR PIXLEY KA ISAKA SEME

Date Submitted 2022-02-25

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: DPM 36/21/22

Item Category: Goods ▾

Item Description: FEEDING GIVING SET

Quantity (if supplies) 200 UNITS

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable ▾

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: KZN HEALTH WEBSITE

QUOTES SHOULD BE DELIVERED TO: 310 JABU NDLOVU STREET OLD BOY MEDEL PBM SCM TENDER BOX/
EMAIL: quotations.scmo@kznhealth.gov.za

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: ZAMA DLADLA

Email: zamampembe.dladla@kznhealth.gov.za

Contact Number: 087 131 1807

Finance Manager Name: BM NTOMBELA

Finance Manager Signature:

No late quotes will be considered

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00 incl VAT

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL

DATE ADVERTISED: 25/02/2022 FACSIMILE NUMBER: EMAIL: quotations.scmho@kznhealth.gov.za

ENQUIRIES REGARDING THE QUOTE: ZAMA DLADLA CONTACT NUMBER: 087 131 1807

ENQUIRIES REGARDING TECHNICAL INFORMATION: CONTACT NUMBER:

PHYSICAL ADDRESS: 310 JABU NDLOVU STREET-OLD BOYS MODEL-SCM TENDER BOX

QUOTE NUMBER: DPM 36/21/22 CLOSING DATE: 04/03/2022 CLOSING TIME: 11:00

DESCRIPTION: FEEDING GIVING SET

THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR OFFER BEING DISQUALIFIED)

NAME & ADDRESS OF BIDDER (FIRM)	
NAME OF BIDDER:	DATE:
PHYSICAL ADDRESS:	EMAIL ADDRESS:
CONTACT NUMBER:	FACSIMILE NUMBER:
SIGNATURE OF BIDDER:	SARS PIN:
[By signing this document, I hereby agree to all terms and conditions]	CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: ↓
UNIQUE REGISTRATION REFERENCE: ↓	

Does this offer comply with the specification?	State delivery period, e.g. 1day, 1week
Is the price firm?	All delivery costs must be included in the quoted price

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
1.	200 UNITS	FEEDING GIVING SET				
		SAMPLES TO BE SUBMITTED ON/BEFORE THE CLOSING DATE				
		AT DR PIXLEY KA ISAKA SEME MEMORIAL HOSPITAL GATE 3				
		310 BHEJANE ROAD KWAMASHU DURBAN, SCM OFFICE				
		QUOTATIONS TO BE EMAILED BACK AT :				
		quotations.scmho@kznhealth.gov.za/ OR hand deliver at				
		310 JABU NDLOVU STREET OLD BOY MODEL TENDER BOX PMB				

VALUE ADDED TAX @ 15% (Only if VAT Vendor)

TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)

- SPECIAL CONTRACT CONDITIONS OF QUOTATIONS**
 - The Department is under no obligation to accept the lowest or any quote.
 - The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
 - ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS QUOTATION.**
 - 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.
 - The bidder must ensure the correctness & validity of the quotation:
 - that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
 - it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
 - The bidder must accept full responsibility for the proper execution & fulfillment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfillment of this contract.
 - This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria. All required documentation must be completed in full and submitted.
 - Offers must comply strictly with the specification.
 - Only offers that meet or are greater than the specification will be considered.
 - Late offers will not be considered.
 - Expired products will not be accepted. All products supplied must be valid for a minimum period of six months.
 - Used/ second-hand products will not be accepted.
 - A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
 - All delivery costs must be included in the quoted price for delivery at the prescribed destination.
 - 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.
 - In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
 - In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
 - Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
 - In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.
- SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.**
 - 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.
 - 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.
 - The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
 - Quotations submitted must be complete in all respects; however, where it is identified that information in a bidder's response is incomplete in any respect, the said supplier meets all specification requirements and is lowest to quote, the Department reserves the right to request the bidder to complete/submit such information.
 - Any alteration made by the bidder must be initialled. Failure to do so may render the response invalid.
 - Use of correction fluid is prohibited and may render the response invalid.
 - Quotations will be opened in public as soon as practicable after the closing time of quotation.
 - Where practical, prices are made public at the time of opening quotations.
 - 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.
 - The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer fulfil their obligation
- SPECIAL INSTRUCTIONS REGARDING HAND-DELIVERED QUOTATIONS**
 - Quotations shall be lodged at the address indicated no later than the closing time specified for their receipt and in accordance with the directives in the quotation documents.
 - 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.
 - 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.
 - 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.
 - 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.
 - Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

END-USER SPECIFICATION FORM

Quote Number: _____

Item Description : Feeding Giving Set

Department/Section: CRITICAL CARE -ICU Purpose of Item: Connects feed to nasogastric tube of the patient

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No
Regulatory Body / certification required if Yes: _____

1.2. Is a compulsory site inspection / briefing session required? Yes / No
if Yes, specify: Date ____/____/____ Time ____:____ Place _____

1.3. Is local production and content part of the quote? Yes / No
if Yes, specify: _____

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations,2017 if applicable? Yes / No
if Yes, specify: _____

1.5. Liability Cover insurance? Yes / No
if Yes, specify: _____

2. What is the specification of the required item?

List specifications to be advertised		Comment
1.	Standard enteral feeding set with silicon tube	
2.	Enteral feeding bag set	
3.	Standard length of silicon tube is 21cm	
4.	Compatible with various feeding pumps and liquid nutrition containers	
5.	Universal stepped connector can be used for various nasogastric feeding tubes	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date ____/____/____ Time ____:____ Place _____

3.2. Specify that samples must be made available when requested in writing. Yes or No

4. Penalties to be noted by the suppliers:

4.1. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, **deduct from the contract price**, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply to stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	Nduli S.C	Name of SCM Rep (in full)	
Designation / Rank (in full)	ANM	Designation/ Rank (in full)	
Signature		Signature	
Date		Date	

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- 2.1. Full name of bidder/representative.....
- 2.2. Identity Number:
- 2.3. Position occupied in the Company (director, trustee, shareholder²):
- 2.4. Company Registration Number:
- 2.5. Tax Reference Number:
- 2.6. VAT Registration Number:
- 2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]
- 2.8. Are you or any person connected with the bidder presently employed by the state? YES NO
- 2.8.1. If so, furnish the following particulars:
 - Name of person / director / trustee / shareholder/ member:
 - Name of state institution at which you or the person connected to the bidder is employed:.....
 - Position occupied in the state institution:Any other particulars:.....
- 2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES NO
- 2.8.2.1. If yes, did you attach proof of such authority to the quote document? YES NO
- (Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*
- 2.8.2.2. If no, furnish reasons for non-submission of such proof:
- 2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES NO
- 2.9.1. If so, furnish particulars:.....
- 2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES NO
- 2.10.1. If so, furnish particulars:.....
- 2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES NO
- 2.11.1. If so, furnish particulars:.....
- 2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES NO
- 2.12.1. If so, furnish particulars:.....

3. Full details of directors / trustees / members / shareholders.

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4 DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

..... Name of bidder Signature Position Date
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¹ "State" means -

- | | |
|---|---|
| a) 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);
b) any municipality or municipal entity; | c) provincial legislature;
d) national Assembly or the national Council of provinces; or
e) Parliament. |
|---|---|

² "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.