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AdvertQuote



Quotation Advert

Opening Date: 2022-03-29

Closing Date: 2022-04-06

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Amajuba district office

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: AMAJUBA DISTRICT OFFICE

Date Submitted: 2022-03-28

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: AMA 143/21/22

Item Category: Select...

Item Description: MMC CLINICAL FILES/INTAKE FORM
(Specification/description attached on quotation document)

Quantity (if supplies): 3113 FILES

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Amajuba District Office, 38 Voortrekker Street, Newcastle

QUOTES SHOULD BE DELIVERED TO: Amajuba District Office, 38 Voortrekker Street, Newcastle 2940

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: KHAYA OR NELLY

Email: khaya.mthethwa@kznhealth.gov.za/nelisiwe.msomi@kznhealth.gov.za

Contact Number: 034 328 703/54

Finance Manager Name: MRS. S.Y. MASANGO

Finance Manager Signature:

No late quotes will be considered

OFFICIAL PRICE PAGE FOR QUOTATIONS

QUOTE NUMBER: AMA 143/21/22

DESCRIPTION: PRINTING

SIGNATURE OF BIDDER DATE.....
 [By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED.....

Item No	Quantity	Description	Brand & model	Country of manufacture	Price	
					R	c
3113	FILES	MMC CLINICAL FILE/INTAKE FORM : SIZE : 410.5 X 442 MM FOLDED TO 221.5 X 310.5 MM, DIE CUT TO SHAPE, PRINTED FULL COLOUR BOTH SIDES, LITHO BOARD 240GSM (BOARD THAT WORKS WELL FOR PAPER FOLDERS), PACKED IN DOUBLE WALL BOXES(BOXES ARE THICKER & MORE DURABLE TO PROTECT THE FOLDERS). SAMPLE ATTACHED.				
		(Faxed, e-mailed or hand delivered quotations are accepted)				
		SUBMIT the execution plan letter as indicated (no.5) on Evaluation Criteria. Submit original/certified copy of BEEE certificate for application of preferential points. NB: As per SPECIAL CONTRACT CONDITIONS OF QUOTATIONS below. Please sign the Evaluation Criteria form attached.				
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

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., 1day, 1week

<p>Enquiries regarding the <u>quote</u> may be directed to:</p> <p>Contact Person: <u>KHAYA / NELLY</u> Tel: <u>0343287030/54</u></p> <p>E-Mail Address: <u>khaya.mfthethwa@kznhealth.gov.za</u></p>	<p>Enquiries regarding <u>technical information</u> may be directed to:</p> <p>Contact Person: <u>SANELE MADIDA</u> Tel: <u>034328700</u></p>
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ISIFUNDAZWE SAKWAZULU-NATAL

EZEMPILO

29 MAR 2022

DEPARTMENT OF HEALTH
 PROVINCE OF KWAZULU-NATAL

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state, or persons having a kinship with persons employed by the state...
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...
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...
2.8. Are you or any person connected with the bidder presently employed by the state?
2.8.1. If so, furnish the following 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?
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?
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?
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?
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?

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
"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.

"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 Department is under no obligation to accept the lowest or any quote.
- 3.2. 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.
- 3.3. **ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS QUOTATION.**
- 3.4. 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.
- 3.5. The bidder must ensure the correctness & validity of the quotation:
- (i) *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*
 - (ii) *it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.*
- 3.6. 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.
- 3.7. 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.
- 3.8. Offers must comply strictly with the specification.
- 3.9. Only offers that meet or are greater than the specification will be considered.
- 3.10. Late offers will not be considered.
- 3.11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.12. Used/ second-hand products will not be accepted.
- 3.13. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.15. 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.
- 3.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.19. 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.

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.
- 4.4. 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.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations 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.
- 4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

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 fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting take place
- (ii) Date _____ / _____ / _____ Time _____ Place _____

Institution Stamp:	Institution Site Inspection / briefing session Official Full Name: Signature: Date:
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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; | (iv) a description and quantity or volume of the goods or services supplied; |
| (ii) the name and address of the recipient; | (v) the official department order number issued to the supplier; |
| (iii) an individual serialized number and the date upon which the tax invoice is issued; | (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** (hereafter 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.

13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
 - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
 - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to all quotes:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and

1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.

1.3 Points for this quote shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

2. DEFINITIONS

- (a) **"B-BBEE"** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **"B-BBEE status level of contributor"** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **"bid"** means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **"Broad-Based Black Economic Empowerment Act"** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **"EME"** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **"functionality"** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **"prices"** includes all applicable taxes less all unconditional discounts;
- (h) **"proof of B-BBEE status level of contributor"** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **"QSE"** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left(1 - \frac{Pt - P \min}{P \min} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5. BID DECLARATION

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

6.1 B-BBEE Status Level of Contributor: =(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.)

7. SUB-CONTRACTING
applicable box)

(Tick

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7.1 Will any portion of the contract be sub-contracted?

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		

9. DECLARATION WITH REGARD TO COMPANY/FIRM

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....

9.6 COMPANY CLASSIFICATION [TICK APPLICABLE BOX]

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- 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 have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
 - (a) disqualify the person from the bidding process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1.</p> <p>2.</p>

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p>
<p>DATE:</p> <p>ADDRESS:.....</p> <p>.....</p> <p>.....</p>

EVALUATION CRITERIA over R30 000.

Proposals received shall be evaluated on the following.

1. Specification

Only offers that meet the specification in all aspects as stipulated in the bid document shall be considered. Offers better than specification are considered to be compliant with the specification.

2. Correctness of information

All information required in the bid document must be accurate and dully completion including all the appropriate signatures. This include the completion of documentation where required and the submission of required / requested documentation e.g. Valid Tax Certificate, etc. Able to adhere to time frame (delivery/service period must be clearly indicated). Please ensure samples of products submitted is of good quality and free from infestations (moth & food insects) and in sealed tins. The institution reserves the right to verify all information submitted.

3. Preferential Points System

3.1 The 80/20 preferential point system shall be used in the evaluation process

B-BBEE Status Level of contributor	Number of points (80/20 system company to ring their level)
1	20
2	18
3	16
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

4. Specific Goals

4.1 Over and above the following activities will be considered in the evaluation/ adjudication process.

4.2

- (i) The promotion of South African owned enterprises.
- (ii) Whether the quotation offers value for money
- (iii) Representivity in the composition of the vendor and the possibility of fronting
- (iv) Tax Clearance Certificate issued by the South African Revenue Services
- (v) Compulsory registration of the Provincial Suppliers Database
- (vi) SABS approved products
- (vii) As per specification/description
- (viii) All warranties/guaranties to be supplied with the product when delivery is made
- (ix) Verification the recommended bidder is not on the Register for tender defaulters
- (x) Verification of the identity numbers of the directors/trustees/shareholders of the preferred bidder(s) against the institution's staff establishment in order to determine whether or not any of the directors/trustees/shareholders are in the service of the State or officials employed by specific institution

5. Execution Plan

5.1 If the bidder is a supplier not a manufacturer of the output tendered for, he/she must submit with the bid document on closing date and time of a bid, a guarantee from a manufacturer that support required to execute the contract will be successfully. Please attach a guarantee from a manufacturer as part of the bid document.

OR

If the bidder is a supplier (middle man) not keeping the product (item) directly on/in their shelves/shop, he or she must submit with the bid document on closing date and time of a bid, a guarantee letter from the supplier that support required to execute the contract will be successfully, a letter from the suppliers, a letter can include the product name and mention that item is fully compliant with specification . Please attach a letter from a supplier as part of the document.

This evaluation criteria is designed in such a way that responses would be required from the bidders, **NB:** Failure to submit the required documents(s) may invalidate the entire bid.

This evaluation criteria is designed in such a way that responses would be required from the bidders, **NB:** Failure to submit the required documents(s) may invalidate the entire bid.

**PLEASE SIGN AND RETURN THE EVALUATION CRITERIA WITH
THE QUOTATION FORM AND RELEVANT DOCUMENTS**

NAME & SURNAME

SIGNATURE



A. FACILITY AND CLIENT INFORMATION

A1. VMMC SETTING – To be completed by data clerk

Province		District	
		Sub-district	
Facility Name		Facility Type	<input type="checkbox"/> Static <input type="checkbox"/> Mobile <input type="checkbox"/> Outreach <input type="checkbox"/> Other, specify: _____
Date of Visit	DD/MM/YYYY	Name of Data Clerk	Data Clerk signature

A2. CLIENT INFORMATION – To be completed by data clerk

First Name(s)		Surname		Age (Years)	
ID Number				Date of Birth	DD/MM/YYYY
Mobile Telephone Number		Physical Address		Employment Status	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Student <input type="checkbox"/> Unemployed
Relationship Status	<input type="checkbox"/> Married, 1 Spouse <input type="checkbox"/> Divorced/Separated	<input type="checkbox"/> Married, Polygamous <input type="checkbox"/> Widowed, Other, specify: _____	<input type="checkbox"/> Single, No Regular Partner <input type="checkbox"/> Single, Regular Partner		
Can next of kin be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Names of next of kin		Telephone of next of kin	

A3. HIV TESTING INFORMATION – To be completed by nurse/counsellor

Have you ever tested for HIV?	<input type="checkbox"/> Yes	If yes, when was the most recent HIV test?	<input type="checkbox"/> ≤1 month <input type="checkbox"/> ≤3 months <input type="checkbox"/> ≤6 months <input type="checkbox"/> ≤1 year <input type="checkbox"/> >1 year		
	<input type="checkbox"/> No	If yes, what was the most recent test result?	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Never collected result		
		If HIV positive, have you attended an HIV care facility for care and treatment in the past 3 months?	<input type="checkbox"/> Yes, name of facility: _____ <input type="checkbox"/> No, referred to facility: _____ Name of staff referring to ART: _____	On ART?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A4. HIV TESTING SERVICES (HTS) – To be completed by nurse/counsellor

Declined testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Result 1	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Discordant	Results given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Final Result	<input type="checkbox"/> Negative (Neg) <input type="checkbox"/> Positive (Pos)	Risk Reduction	<input type="checkbox"/> Condom usage <input type="checkbox"/> Partner reduction <input type="checkbox"/> Follow-up counselling (negative and high-risk factors)	Result 2	<input type="checkbox"/> Negative (NR) <input type="checkbox"/> Positive (R) <input type="checkbox"/> Discordant <input type="checkbox"/> ELISA test		

A5. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING – To be completed by nurse/counsellor

Have you ever been tested/treated for STIs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had genital sores or ulcers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have burning when passing urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you always use condoms when having sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had discharge from your penis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many sexual partners have you had in the last 6 months?	

A6. TUBERCULOSIS (TB) SCREENING – To be completed by nurse/counsellor

Have you had a cough for ≥2 weeks OR any duration if HIV positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a persistent fever for more than 2 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had unexplained weight loss >1.5kg per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have night sweats?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had contact with a person with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been previously diagnosed with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A Yes to any of these questions may indicate possible active TB. If client screens positive for possible TB infection, refer them to TB clinic for further evaluation. Patient may continue to receive MMC.	If you have been diagnosed with TB, have you completed your TB treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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A7. REFERRALS – To be completed by nurse/counsellor

Referred for:	<input type="checkbox"/> ART/wellness <input type="checkbox"/> STI treatment <input type="checkbox"/> TB evaluation <input type="checkbox"/> General health facility Other, specify: _____
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B. SOCIO-MEDICAL HISTORY

B1. REFERRAL MECHANISMS – To be completed by nurse/counsellor

How did you learn of VMMC?	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Partner/Spouse	<input type="checkbox"/> Other Client	<input type="checkbox"/> Health Worker	<input type="checkbox"/> Community Mobilizer	<input type="checkbox"/> Community Event
	<input type="checkbox"/> Church Event	<input type="checkbox"/> Branded Taxis	<input type="checkbox"/> Billboard	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Social Media (e.g. Facebook)	
	<input type="checkbox"/> Poster/Newspaper/Leaflet	<input type="checkbox"/> Phone/SMS	<input type="checkbox"/> Other, specify: _____			

B2. REASONS FOR CIRCUMCISION – To be completed by nurse/counsellor

What are your primary reasons for VMMC?	<input type="checkbox"/> Partial HIV Protection	<input type="checkbox"/> STI Protection	<input type="checkbox"/> Hygiene	<input type="checkbox"/> Medical	<input type="checkbox"/> Social/Religious	<input type="checkbox"/> Appearance
	<input type="checkbox"/> Sexual Pleasure	<input type="checkbox"/> I was ready today	<input type="checkbox"/> I just decided to come	<input type="checkbox"/> Other, specify: _____		

B3. PAST MEDICAL HISTORY – To be completed by nurse

Do you have any of the following conditions?	Anaemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are you currently receiving treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Haemophilia/bleeding disorders in yourself or family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are you currently receiving treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Nose bleeds that last long time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are you currently receiving treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, are you currently receiving treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B4. COMPLAINTS – To be completed by nurse

Do you have any of the following complaints?	Urethral discharge	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Difficulty retracting foreskin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Genital sore/ulcer/warts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Swelling/redness of foreskin/penis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Swelling of the scrotum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge or thick liquid under foreskin	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Frequent urination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pain on erection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Difficulty passing urine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Concerns about erection/sexual function	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Pain on urination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other, specify		

B5. PREVIOUS SURGERY – To be completed by nurse

Have you ever had a dental or surgical operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Nurse Name: _____ Signature: _____
If yes, specify nature, date, and any complications			

B6. CURRENT MEDICATIONS AND ALLERGIES – To be completed by nurse

Taking Any Medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies to Medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify			Provide details (e.g. Iodine => rash)		

C. PHYSICAL EXAMINATION AND TRIAGE

C1. PHYSICAL EXAMINATION – To be completed by nurse

Phimosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paraphimosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epispadias	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hypospadias	<input type="checkbox"/> Yes <input type="checkbox"/> No	Genital Ulcers/Warts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Balanitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Torsion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adhesions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Urethral discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other, specify	

C2. WELLNESS ASSESSMENT – To be completed by nurse

Weight	kg	Blood pressure		Pulse		Temperature	°C	Urinalysis	
Pallor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lymph-adenopathy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wasting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemo Glucose test (HGT)		Respiration Rate	
								Haemoglobin (HB)	

C4. VMMC ELIGIBILITY – To be completed by nurse

Is client eligible for VMMC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, specify	
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MMC CLIENT INTAKE FORM

Client File Number: _____

D. VMMC PROCEDURE

D1. VMMC OPERATION – To be completed by surgeon/clinical associate & nurse

Date of VMMC	DD/MM/YYYY	Start Time	HH:MM	End Time	HH:MM	Consent for MMC Verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anaesthetic (give according to weight of client)	<input type="checkbox"/> Macaine 0.5%	ml	Skin Prep	<input type="checkbox"/> Povidone Iodine	MMC Provider	Name: _____ Designation: _____ Signature: _____		
	<input type="checkbox"/> Lignocaine 1%	ml		<input type="checkbox"/> Other, specify: _____				
	<input type="checkbox"/> Lignocaine 2%	ml	Anesthesia	<input type="checkbox"/> DPNB				
	<input type="checkbox"/> EMLA cream	ml		<input type="checkbox"/> DPNB + Ring Block				
Method	<input type="checkbox"/> Dorsal Slit (all clients <15 years)	Suture	<input type="checkbox"/> Plain Gut <input type="checkbox"/> Vicryl Rapide <input type="checkbox"/> Chromic	1st Assistant	Name: _____ Designation: _____ Signature: _____			
	<input type="checkbox"/> Forceps Guided							
	<input type="checkbox"/> Sleeve Resection							
	<input type="checkbox"/> Device/Surgical aid, specify (type/size): _____							
Diathermy Used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diathermy Setting	<input type="checkbox"/> 18-25	<input type="checkbox"/> 26-30	2nd Assistant	Name: _____ Designation: _____ Signature: _____	

D2. POST-SURGERY OBSERVATION (IMMEDIATELY AFTER PROCEDURE) – To be completed by surgeon/clinical associate & nurse

BP	/	Temp.	°C	Pulse	Respiration rate
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D3. POST-SURGERY OBSERVATION (15 MINUTES AFTER PROCEDURE) – To be completed by surgeon/clinical associate & nurse

BP	/	Temp.	°C	Pulse	Respiration rate
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Complications/Intra-Operative AEs? Yes No If "Yes" Mark all AE codes that apply below:

<input type="checkbox"/> Anaesthetic Reaction (AR)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Insufficient Skin Removal (IS)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)
<input type="checkbox"/> Bleeding (BL)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Occupational Exposure (OT)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)
<input type="checkbox"/> Damage to Penis (DP)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Pain (PA)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)
<input type="checkbox"/> Excess Skin Removal (ES)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Other, Specify: _____	

CLINICAL NOTES

E. POST-OPERATIVE REVIEW VISITS – To be completed by surgeon/clinical associate & nurse

E1. 48 Hours Post-Operative/First Visit				E2. 7 Days Post-Operative/Second Visit			
Date of Visit	DD/MM/YYYY	Reviewed By		Date of Visit	DD/MM/YYYY	Reviewed By	
AE Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes		AE Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes	
AE Code	Severity Code	Diagnosis Date at this Severity		AE Code	Severity Code	Diagnosis Date at this Severity	
		DD/MM/YYYY				DD/MM/YYYY	
		DD/MM/YYYY				DD/MM/YYYY	
Signature				Signature			

Post-Operative AEs? Yes No If "Yes" – Mark all AE codes that apply below:

<input type="checkbox"/> Bleeding (BL)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Insufficient Skin Removal (IS)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)
<input type="checkbox"/> Damage to Penis (DP)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Pain (PA)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)
<input type="checkbox"/> Excess Skin Removal (ES)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Wound Disruption (WD)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)
<input type="checkbox"/> Infection (IN)	<input type="checkbox"/> Mild (1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> Severe (3)	<input type="checkbox"/> Other, Specify: _____	

E3. LOST TO FOLLOW UP - To be completed by surgeon/clinical associate & nurse

Lost-to-Follow-Up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attempted to Call?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-Up at Another Site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify
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F1. INFORMED CONSENT FOR HIV TESTING SERVICES (HTS)

Client First Name(s)		Surname	
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- I, the above-mentioned, hereby declare that I was informed and freely offered HIV Testing Services. I understand that HIV test results are kept confidential and that only healthcare providers and the individual tested have access to the test results. I give consent that my information will be shared with authorised healthcare providers in the best interest of my health and with the Department of Health for monitoring and evaluation purposes.
- Be contacted telephonically on my mobile number supplied for follow-up.

Please check the relevant box below:

- I consent to be tested for HIV, to have my HIV status shared with me and my healthcare providers; and to be contacted for follow up
- I choose to decline HIV testing

Signature of Client		Date of consent	DD/MM/YYYY
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F2. PARENT/LEGAL GUARDIAN CONSENT FOR HIV TESTING (CLIENT YOUNGER THAN 12 YEARS)

Name & Surname of Parent/Guardian		Signature of Parent/Guardian	
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Date of consent	DD/MM/YYYY	Identity Number of Parent/Guardian	
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G1. INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (MMC) – OR ASSENT FOR CLIENT 10-17 YEARS

First Name(s)		Surname	
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- I, the above-mentioned, hereby declare that I was informed and voluntarily accepts to undergo medical male circumcision. I understand that VMMC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure and its possible outcomes including complications have been fully explained and discussed with me.
- I was informed that I might be contacted telephonically on my mobile number supplied for follow-up. Please check the relevant box below:

- I consent for medical male circumcision
- I choose to decline medical male circumcision

Signature of Client		Date of consent	DD/MM/YYYY
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G2. PARENT/LEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)

Name & Surname of Parent/Guardian		Signature of Parent/Guardian	
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Date of consent	DD/MM/YYYY	Relationship to Client	
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G3. COUNSELLOR (& surgeon/clinical associate & nurse) PROVIDING CLIENT WITH HTS AND VMMC INFORMATION

First Name(s) of Counsellor		Surname of Counsellor	
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I am the counsellor who has provided the above-mentioned client and/or his parent/legal guardian with information related to HTS and VMMC. I have given the client and/or his parent/legal guardian an opportunity to ask me questions and have ensured that they understand the information provided. To the best of my assessment, the client and/or his parent/legal guardian are capable of giving consent and have sufficient information to make a decision about whether to proceed with HIV counselling and testing, and voluntary medical male circumcision procedure.

Signature of Counsellor		Date	DD/MM/YYYY
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Signature of Surgeon/Nurse		Date	DD/MM/YYYY
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