### Quotation Advert

Opening Date:

24/007/2024

Closing Date:

26/07/2024

Closing Time:

11:00

INSTITUTION DETAILS

Institution Name:

Mbongolwane Hospital

Province:

KwaZulu-Natal

Department of entity:

Department of Health

Division or section:

Supply Chain Management

Place where goods/

MBONGOLWANE DISTRICT OFFICE

service is required: **Date Submitted:** 

23/07/2024

ITEM CATEGORY AND DETAILS

Quotation number:

ZNQ/MBH 097/2024/25

Item Category:

Services

Item Description: ANNUAL SERVICE OF UPS AT SAMUNGU CLINIC

Quantity: Once off

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type:

Not applicable

Time:

Not applicable

Venue:

Not applicable

QUOTES CAN BE COLLECTED FROM: KZN Health Website Only

QUOTATION MUST BE DEPOSITED ON THE TENDER BOX: AT MBONGOLWANE HOSPITAL

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: B.M NDWANDWE

Email: Mzikayise.ntuli@kznhealth.gov.za

Contact number: 035-4766008

Finance Manager Name: MR E.S MGOBHOZI

Finance Manage signature:



COMMENCIALISEDER	IVITED TO QUO	TE FOR REQUIRE	, ,	HUAR(STOFF 1911) MBONGOLV	OTATION VANE HOSPITAL	
FACSIMILE NUMBER	N/A		E-MA	IL ADDRESS:	mzikayise.ntuli@	gkznhealth.gov.za
PHYSICAL ADDRESS	MBONG	OLWANE RES	ERVE KWA	-PETT 3820	)	
QUOTE NUMBER:	znq /MB	H / 097	/ /24	_25		VALIDITY PERIOD: 90 DAYS
DATE ADVERTISED:	24/07/20	24	CLOS	SING DATE:	26/07/2024	CLOSING TIME: 11:00
DESCRIPTION:	ANNUAL SE	RVICE OF UF	S SYSTEM	AT SAMUN	GU CLINIC	
CONTRACT PERIOD	(IF APPLICABLE	ONCE OF	F	· .		
Please Email: mz		=	· ·		ations at the Tend	ler Box situated next to HR Office
ENQUIRIES REGARD CONTACT PERSON: E-MAIL ADDRESS:	B.M NDWAN			TE	ELEPHONE NUMBER:	035-4766008
ENQUÍRIES REGARE	ING <u>TECHNICA</u>	L INFORMATION	MAY BE DIREC	TED TO:		•
CONTACT PERSON:	C.T NKOSI			T	LEPHONE NUMBER:	035-4766008
E-MAIL ADDRESS:	N/A					
Bidders should ensu	re that quotes a	re delivered time	ously to the cor	rect address.	If the quote is late, it v	will not be accepted for consideration.
The quote box is open	from 08:00 to 15	5:30.				
QUOTATIONS MUST	BE SUBMITTED	ON THE OFFICIA	AL FORMS - (NO	OT TO BE RET	TYPED)	
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A HEALTH			DEFICIAL PRICE PAGE	FOR QUOTATIONS OVER RA	000,01		A-1-10-10-10-10-10-10-10-10-10-10-10-10-1	
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SCRIPTION:	ANNU	AL SERVIC	CE OF UPS SYSTEM	AT SAMUNGU CLINIC				LLOCATED
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Goat: Full points a	llocated to promote	South African owne	d enterprises					
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<u> </u>			See attached evalua	ation criteria and broad				
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			documents.				_	
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VALUE AD	DED TAX @ 1	5% (Only if V	AT Vendor)					

TOTAL QUOTATION PRICE (VALIDITY PERIOD 30 DU) 97	
· · · · · · · · · · · · · · · · · · ·	YES ! NO
DOES THIS OFFER COMPLY WITH THE SPECIFICATION?	YES / NO
IS THE PRICE FIRM? DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION	? YES / NO
STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK)	
	SIGNATURE OF BIDDER: [By signing this document, I hereby agree to all terms and conditions]
	DATE:
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:	

DATE



#### BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM
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Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

e 1	enterprise, employed by the state? If so, furnish particulars of the names, indiv	dual identity numbers, and, if applicable, state employee numbers of sole proprietor/ dire	Clors / Rustecs /	
	shareholders / members/ partners or any p	dual identity numbers, and, it applicable, state only of the state of the enterprise and	ITION	
	FULL NAME	DELETT NO.		
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I				
1	Do you, or any person connected with the	bidder, have a relationship with any person who is employed by the procuring institution <sup>2</sup>	? YES	į N
		the design of partners or any person having a controlling interest in t	he YES	/ N
	Does the bidder or any of its directors / truenterprise have any interest in any other r	stees / shareholders / members / partners or any person having a controlling interest in t elated enterprise whether or not they are bidding for this contract?		
	If so, furnish particulars:			
	DECLARATION			
		In culturities the accompanyli	ng bid, do hereby	mak
	I, the undersigned,(name) the following statements that I certify to b	e true and complete in every respect:	ng bid, do hereby	mak
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SIGNATURE

POSITION

<sup>1</sup> The power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

<sup>2 &</sup>quot;Procuring Institution" refers to all institutions under the Accounting Officer of the Department of Health. 3 Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.



# MAINTENANCE QUOTATIONS

# **EVALUATION CRITERIA FOR QUOTATIONS ABOVE R2000.00**

All pages of the tender document must be initialed or signed.

EVF	LUA	MICH CITI 2 THE PERSON OF THE				
ZNQMBH 097/2024/25						
DES	DESCRIPTION:ANNUAL SERVICE OF UPS SYSTEM					
Allo	ffers r	eceived shall be evaluated on the following:				
1.	S	Specifications:				
	a) (	Only offers that meet the specification and Special Terms and Conditions in all aspects as stipulated in the bid document				
	b) (	shall be considered. Offers better or higher than our specification are considered to be compliant with the specification.				
		The attached specification form must be properly completed and stamped.				
2.	. '	Correctness of information and other imperative areas to be considered:				
£	a)	All information required in the bid document must be accurate and duly completed including all the appropriate signatures.				
	b)	None compliance with any requirements from this document and terms and conditions attached may result to elimination from further evaluation process.				
	c)	The institution is under no obligation to accept the lowest or any quotation.				
	d)	The price quoted must include VAT and remain firm for the contract period.				
	e)	The bidder must ensure the correctness and validity of quote.				
	f)	Registration on Central Suppliers Database.				
	g)	Registration on CIDB.				
	h)	Previous service rendered (Quality, Duration and record of offers declined)				
	i)	Database of tender defaulters				
	j)	Availability of Directors on PERSAL system.				
	k)	Late quotations will not be considered.				

# 3. Compulsory administrative compliance requirements that must be submitted with the bid

Where certified copies are requested, bidders must not submit copies of certified copies. Original certification should not be older than three (3) months.

- a. Proof CIDB grading 1EM or above
- b. Proof of past similar jobs
- c. Certificate of Competency
- d. Methodology and approach
- e. Project Organogram
- f. Signed Declaration of interest forms
- g. Central Supplier Database number

Failure to comply with this requirement shall invalidate the bid submitted.

Where certified copies are requested, bidders must not submit copies of certified copies. Original certification should not be older than three (3) months. Failure to comply with this requirement shall invalidate the bid submitted.

### 4. Preferential Point System:

The 80/20 Preference Point System will be applicable to this bid and the points will be allocated as follows:

PRICE 80

SPECIFIC GOALS IN TERMS OF PPR 2022 20

TOTAL POINTS FOR PRICE AND SPECIFIC GOALS 100

#### 5. CIDB Grading

Quotations will be evaluated in terms of CIDB grading relevant for the project which quotations were invited for.

## 6. Compulsory Site Briefing

- a) Bidders are required to attend the site briefing meeting and sign the attendance register.
- b) The site briefing certificate must be properly completed and stamped on site by Departmental Official.
- c) Failure of bidders to attend the site briefing meeting will lead to disqualification.

### 7. Execution plan

The bidder is required to submit proof that he/she has the required plan to execute the contract. The bidder must submit a project execution plan that the company will utilise to successfully execute the contract in terms of manpower, machinery, process control, infrastructure, Delivery Period, Company Experience, risk management plan and safety plan.

# 8. Contract duration or Delivery period

This project is anticipated to be completed in a period of Three Weeks unless unforeseen circumstances may arise.

It is imperative to complete the delivery period field on the quotation form. All quotations returned with blank field on delivery period will be disqualified.

Note: For purposes of fair comparison and in order to ensure a meaningful evaluation, bidders must submit detailed information in substantiation of compliance to the evaluation criteria mentioned. Should the space provided not be adequate, bidders are kindly requested to add extra pages.



DIRECTORATE:

Mr MN Ntuli

Postal Address: Private Bag 126 KWA-PETT,3820
Physical Address: Road D1542, Mbongolwane Reserve, 3820
Tel: 0354766280 ext 1002 Fax: 0354766380
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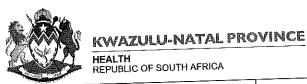
DIRECTORATE: SCM

Name of Directorate : M.N Ntuli

Postal Address Physical Address

Email address

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