



KWAZULU-NATAL PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA

PROJECT NO. : ZNB 5497/2023-H

DESCRIPTION OF SERVICE : APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM FOR DUNDEE HOSPITAL: RENOVATIONS AND EXTENSION TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS

DISCIPLINE : MULTIDISCIPLINARY TEAM LED BY AN ARCHITECT

**DEPARTMENT OF HEALTH
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE
Private Bag X9051
Pietermaritzburg 3200**

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT PRESCRIBED BY PROVINCIAL TREASURY.

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SECTION A INVITATION TO BID

DESCRIPTION:

THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY AN ARCHITECT FOR DUNDEE HOSPITAL: RENOVATIONS AND EXTENSION TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS

PROJECT NUMBER : ZNB5497/2023-H
Closing Date : 23 June 2023
Closing Time : 11:00
Compulsory Briefing : Yes
Date : 6 June 2023
Time : 11:00
Venue : Dundee Hospital 121 McKenzie Street Dundee

Bid Validity Period: 84 Days

THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM

BID DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS):

SUPPLY CHAIN MANAGEMENT
OLD BOYS SCHOOL
310 JABU NDLOVU STREET
PIETERMARITZBURG
3201

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

The bid box is generally open 24 hours a day, 7 days a week.

**ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)
THIS BID 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 BID BEING DISQUALIFIED)

NAME OF BIDDER: _____

POSTAL ADDRESS: _____

Code: _____

STREET ADDRESS: _____

Code: _____

TELEPHONE: _____

Code: _____

Number: _____

CELL PHONE : _____

Code: _____

Number: _____

FACSIMILE NUMBER: _____

Code: _____

Number: _____

E-MAIL ADDRESS: _____

VAT REGISTRATION NUMBER: _____

SIGNATURE OF BIDDER: _____

DATE: _____

CAPACITY UNDER WHICH THIS BID IS SIGNED: _____

ANY ENQUIRIES REGARDING THE BIDDING PROCEDURE MAY BE DIRECTED TO:

Department : KZN - DEPARTMENT OF HEALTH
Contact Person : Junitha Sookraj
Tel : (033) 815 8369
E-mail address : junitha.sookraj@kznhealth.gov.za

ANY ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

Department : KZN - DEPARTMENT OF HEALTH
Contact Person : Tokozani Madikane
Tel : 033 940 2567
E-mail address : Thokozani.Madikane@kznhealth.gov.za

SECTION B

SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.

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.
2. Under no circumstances, whatsoever may the bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Bid submitted must be complete in all respects.
5. Bid 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 bid documents.
6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids will be rejected as being invalid.
7. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.
8. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.
9. No bid submitted by telefax, telegraphic or other electronic means will be considered.
10. Bid documents must not be included in packages containing samples. Such bids will be rejected as being invalid.
11. Any alteration made by the bidder must be initialled.
12. Use of correcting fluid is prohibited and will render the bid invalid.
13. 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.

SECTION C

REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE

1. In terms of the Public Finance Management Act (PFMA), 1999 (Act No 1 of 1999) Section 38 (1) (a) (iii) and 51 (1) (iii) and Section 76 (4) of PFMA National Treasury developed a single platform, The Central Supplier Database (CSD) for the registration of prospective suppliers including the verification functionality of key supplier information.
2. Prospective suppliers will be able to self-register on the CSD website: www.csd.gov.za
3. Once the supplier information has been verified with external data sources by National Treasury a unique supplier number and security code will be allocated and communicated to the supplier. Suppliers will be required to keep their data updated regularly and should confirm at least once a year that their data is still current and updated.
4. Suppliers to provide their CSD supplier number and unique security code to organs of state to view their verified CSD information.

CSD NUMBER

**SECTION D
DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS
CORRECT AND UP TO DATE**

(To be completed by bidder)

This is to certify that I

.....
(name of bidder / authorised representative)

Who represents

.....
(state name of bidder)

Am aware of the contents of the Central Supplier's Database with respect to the bidder's details and registration information, and that the said information is correct and up to date as on the date of submitting this bid.

In addition, I am aware that incorrect or outdated information may be a cause for disqualification of this bid from the bidding process, and/or possible cancellation of the contract that may be awarded on the basis of this bid.

.....
Name of bidder

.....
Signature of bidder or authorised representative

.....
Date

deciding vote or power to influence or to direct the course and decisions of the enterprise.

2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES / NO**

2.2.1 If so, furnish particulars:

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES / NO**

2.3.1 If so, furnish particulars:

3. DECLARATION

I, the undersigned, (name) in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1 I have read and I understand the contents of this disclosure;

3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.

3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

²Joint 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.

3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

Signature

Date

Position

Name of Bidder

SECTION F

FORM OF OFFER AND ACCEPTANCE

1. Offer

The Employer, identified in the acceptance signature block, has solicited offers to enter into a contract for the procurement of:

An Entity to provide a multidisciplinary team of experienced and skilled professional consulting services with an Architect as Lead Consultant

For the project: DUNDEE HOSPITAL: RENOVATIONS AND EXTENSION TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS

The bidder, identified in the offer signature block, has examined the documents listed in the Tender Data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of tender.

By the representative of the bidder, deemed to be duly authorized, signing this part of this form of offer and acceptance, the bidder offers to perform all of the obligations and liabilities of the Service Provider under the Contract including compliance with all its terms and conditions according to their true intent and meaning for remuneration to be determined in accordance with the conditions of Contract identified in the Contract Data.

2. Price

The offered price for multidisciplinary team with an Architect as a lead consultant and other Consultancy Services, inclusive of value added tax, is

R (in figures)

and,

Rand (in words)

This offer may be accepted by the Employer by signing the acceptance part of this form of offer and acceptance and returning one copy of this document to the bidder before the end of the period of validity stated in the Tender Data, whereupon the bidder becomes the party named as the Service Provider in the conditions of Contract identified in the Contract Data.

3. This offer is made by the following Legal Entity: **(please cross out the block that is not applicable)**

	or	
Company or Close Corporation		Natural person or Partnership
Registration number:		Identity number:
Income Tax Reference number:		Income Tax Reference number:

and who is (if applicable):

Trading under the name and style of:

.....

and who is:

.....

Represented herein, and who is duly authorised to do so, by:

.....

In his/her capacity as:

Note: A resolution / power of attorney, signed by all the directors / members / partners of the legal entity must accompany this offer, authorising the representative to make this offer.

4. **Signed for the bidder:**

.....
Name of representative

.....
Signature

.....
Date

5. Witnessed by:

.....
Name of representative

.....
Signature

.....
Date

6. Domicilium Citandi Et Executandi

The bidder elects as its domicilium citandi et executandi in the Republic of South Africa, where any and all legal notices may be served, as (physical address):

Street address::

.....
.....
.....

Code:

Postal address

.....
.....
.....

Code:

Telephone:

Code:

Number:

Cell phone :

Code:

Number:

Facsimile number:

Code:

Number:

E-mail address:

.....

.....
Banker:

.....
Branch:

7. Acceptance

By signing this part of this form of offer and acceptance, the Employer identified below accepts the bidder's offer. In consideration thereof, the Employer shall pay the Service Provider the amount due in accordance with the conditions of Contract identified in the Contract Data. Acceptance of the bidder's offer shall form an agreement between the Employer and the bidder upon the terms and conditions contained in this agreement and in the Contract that is the subject of this agreement.

8. The terms of the Contract

The terms of the Contract are contained in:

Part C1 Agreements and Contract Data, (which includes this agreement) Part C2 Pricing Data

and;

Documents or parts thereof, which may be incorporated by reference into Parts C1 to C2 above.

Deviations from and amendments to the documents listed in the Tender Data and any addenda thereto as listed in the tender schedules as well as any changes to the terms of the offer agreed by the bidder and the Employer during this process of offer and acceptance, are contained in the schedule of deviations attached to and forming part of this agreement. No amendments to or deviations from set documents are valid unless contained in this schedule.

The bidder shall within two weeks after receiving a completed copy of this agreement, including the schedule of deviations (if any), contact the Employer's agent (whose details are given in the Contract Data) to arrange the delivery of any bonds, guarantees, proof of insurance and any other documentation to be provided in terms of the conditions of Contract identified in the Contract Data. Failure to fulfil any of these obligations in accordance with those terms shall constitute a repudiation of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect, if sent by registered post, 4 days from the date on which it was posted, if delivered by hand, on the day of delivery, provided that it has been delivered during ordinary business hours, or if sent by fax, the first business day following the day on which it was faxed. Unless the bidder (now Service Provider) within seven working days of the date of such submission notifies the Employer in writing of any reason why he cannot accept the contents of this agreement, this agreement shall constitute a binding contract between the Parties.

9. Signed for the Employer:

.....
Name of representative

.....
Signature

.....
Date

Street address:

.....
.....
.....

Telephone:

Code:
Code: Number:

Facsimile number:

Code: Number:

10. Witnessed by:

.....
Name of representative

.....
Signature

.....
Date

11. Schedule of Deviations

1	Subject	.....
	Details	....................
2	Subject	.....
	Details	....................
3	Subject	.....
	Details	....................
4	Subject	.....
	Details	....................
5	Subject	.....
	Details	....................

By the duly authorised representatives signing this agreement, the Employer and the Tenderer agree to and accept the foregoing schedule of deviations as the only deviations from and amendments to the documents listed in the tender data and addenda thereto as listed in the tender schedules, as well as any confirmation, clarification or changes to the terms of the offer agreed by the Tenderer and the Employer during this process of offer and acceptance.

It is expressly agreed that no other matter whether in writing, oral communication or implied during the period between the issue of the tender documents and the receipt by the tenderer of a completed signed copy of this Agreement shall have any meaning or effect in the contract between the parties arising from this agreement.

SECTION G

SPECIFICATIONS, SCOPE, EVALUATION

AN ENTITY TO PROVIDE A MULTIDISCIPLINARY TEAM OF EXPERIENCED AND SKILLED PROFESSIONAL CONSULTING SERVICES WITH AN ARCHITECT AS LEAD CONSULTANT

1. Project Description:

DUNDEE HOSPITAL: RENOVATIONS AND EXTENSION TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS

2. Project Background and Specification

Dundee Hospital is a health facility in Umzinyathi District Municipality in Endumeni Local Municipality; it is located in number 121 MaKenzie Street in Dundee. The KwaZulu-Natal Department of Health participate in the Community Service year programme. As such there is an annual need to house a number of community services medical professionals. This number can vary from year to year. Dundee Hospital receives a number of community service offices including Medical intern doctors. There is a shortage of accommodation to house the Community service officers in the hospital. Currently they are residing in the leased accommodation around Dundee town. Following the statistics of the previous years that was provided by the real estate component in the department, it was concluded that the Hospital needs 20 additional units in the facility to house the interns and the scarce skilled staff. An existing old double storey building has been identified as a suitable space to provide the accommodation however the structural investigation needs to be conducted to confirm the building's structural Integrity.

3. Site Location

The Site:

Dundee hospital is located in 121 MacKenzie street Dundee

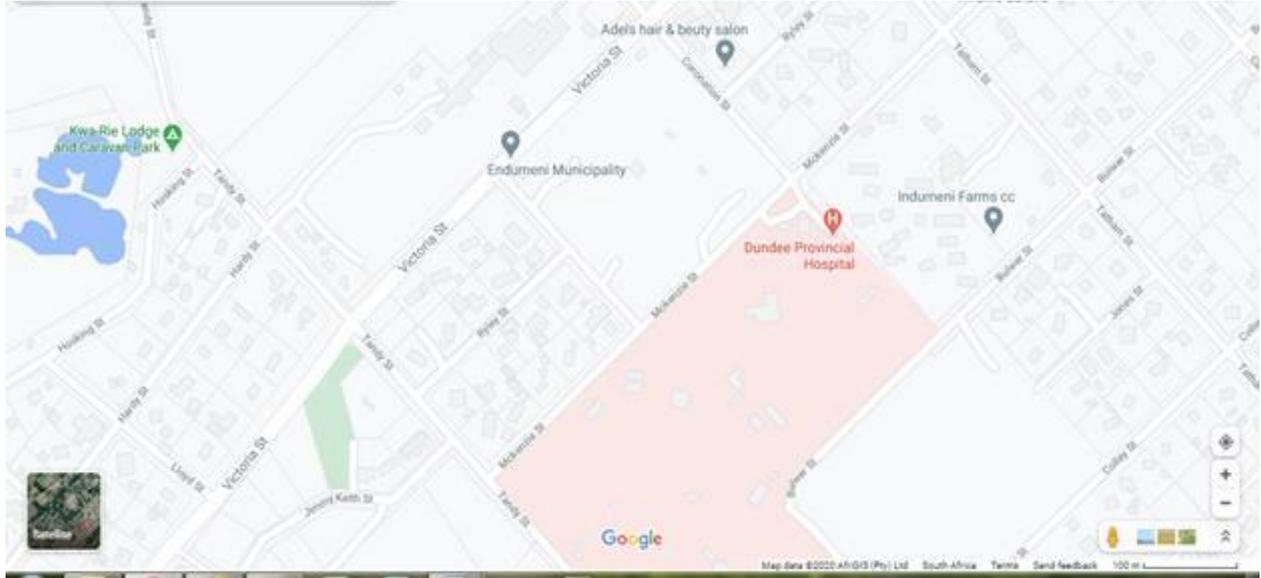


Figure 1: Dundee Hospital Location

Land Owner:	Provincial Government			
Street Address (or directions):	121 MacKenzie street Dundee			
Postal Address:	Private Bag X2011, Dundee, 3000			
Telephone Number:	+27 (034) 212 1111			
Hospital Manager:	Mrs TT Vilakazi			
Cadastral Description:	Latitude:	-28.1729023	Longitude:	30.22973983
Zoning:	Government			
Planning restrictions:	Nil			
Existing Infrastructure	Face brick and plastered brick with asbestos and metal roofs			

The site is next to key establishment like Community Police Station, Secondary School, Church, and is within a walking distance to a public transport route.

External access to the site is as:

- Access to the site – The existing main gate is at the lower level eastern boundary of the site. The main entrance is poorly defined. A second vehicular entrance is at the north boundary at the highest site level.
- Access to Public transport - is available from both entrances of the facility
- Pedestrian routes – is available from the main entrance of the facility



Figure 2: Ariel View showing Dundee Hospital



Figure 3: Ariel view showing the actual building to be renovated

4. Detailed Project Scope of Work.

Provide complete professional consultancy services for construction stages 1-6 on the project for constructing a new accommodation for community service professionals.

(Please refer to the Project Brief attached as **Appendix D** for the proposed full scope of the project).

5. Project Outcomes:

There will be a safe and pleasing environment in which staff and especially Community Service Staff can reside, rest and socialise.

The hospital will be able to attain staff

Better service delivery

6. Project Objectives:

The project aims to provide a safe and reliable accommodation in order to attain more staff to work in Dundee hospital.

7. Project Success Criteria:

The success of the project will be measured by having completed the scope of the project with allocated budget and on time.

The project should meet all DOH specifications and requirements.

The hospital will not lease accommodation for community service professionals and will attain staff.

8. Scope of Works of the Construction Project:

8.1. Scope of works

- Renovate, alter and extend the existing double storey building to provide twenty single bed self-contained units with provision of one disabled unit.
- Provision to be made for communal spaces, laundry areas, waste areas and recreational areas
- The room set up will be as per category A units (IUSS Nursing Education institution Guide line). The reference will be Rietvlei Hospital staff accommodation consisting of 1 bedroom flats module
- Structural investigation to warrant that the double storey building is structural sound and can be safely altered must be conducted prior to the renovations.
- Provide parking for the units.
- Guardhouse with a control room
- High clear view fence to have spikes or barbed wire separating the main hospital and the residence
- CCTV on staircases
- Card readers as per DOH standards
- Sliding gate at the main entrance to the accommodation and an access control passenger gate to the hospital.
- Surveillance cameras on main circulation areas

Please refer to the Project Brief attached as **Appendix D** for the proposed full scope of the project.

9. Statutory Requirements:

Legislation:	All applicable Acts and Regulations pertaining to the Health Environment; OHS Act and Regulations; and All applicable Acts and Regulations for the various Professional Consultancy Services
Norms:	Infrastructure Unit Support Systems (IUSS) guidelines
Standards:	Infrastructure Unit Support Systems (IUSS) guidelines; Standard for Infrastructure Procurement and Delivery Management; Framework for Infrastructure Delivery and Procurement Management and All applicable standards, regulations and/or specifications of KZN Department of Health
Policies:	All applicable policies of KZN Department of Health
Other Requirements:	Relevant SANS codes All applicable standards, regulations and/or specifications of KZN Department of Health

10. Required Multidisciplinary Team Composition

- Architect (Lead Consultant/Principal Agent)
- Civil Engineer
- Structural Engineer
- Electrical Engineer
- Mechanical Engineer
- Quantity Surveyor
- Construction Health and Safety Agent
- *Land Surveyor (to be appointed post award)*
- *Geotechnical Engineer/Technologist (to be appointed post award)*

11. Scope of Services required from Team of Professional Service Providers (PSP):

The standard services/deliverables required (for All Construction Stages) from the consultants are as set out in the following government gazettes:

1) Architect

South African Council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015

2) Engineers

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015. For the scope of the Mechanical Engineer it is deemed to be inclusive of wet services, HVAC, Fire Engineering Services etc.

3) Quantity Surveyor

Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480 of 04 December 2015

4) Construction Health & Safety Agent

All roles, responsibilities and deliverables as stated in the South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019 pertaining to the Construction Health and Safety Profession.

5) Land Surveyor

The Lead Consultant shall confirm the detailed scope of work that will be required from Land Surveyor. The Land Surveyor shall be procured by the Lead Consultant post award of this contract and shall be paid through the Lead Consultant as a disbursement. The Lead Consultant shall be required to source 3 quotations from Professional Land Surveyors in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

6) Geotechnical Engineer/Technologist

The Lead Consultant shall confirm the detailed scope of work that will be required from Geotechnical Engineer/Technologist. The Geotechnical Engineer/Technologist shall be procured by the Lead Consultant post award of this contract and shall be paid through the Lead Consultant as a disbursement. The Lead Consultant shall be required to source 3 quotations from Professional Geotechnical Engineers/Technologist in the area with the lowest quotation being accepted. No additional fees shall be due to the Lead Consultant in respect of this service.

12. Additional items on Services required from Team of Professional Service Providers (PSP):

- 1) Extensive consultation is to take place over all construction stages which will include (but is not exclusive) consultation with:
 - The Facility
 - DOH District
 - DOH Head Office
 - DOH Clinical Services/ District services
 - National DOH
 - Local authority
 - Other Authorities
 - Statutory bodies
 - Other Departments
- 2) All consultants will be required to present end of stage deliverables for review and recommendations to the Health Infrastructure Approval Committee according to FIDPM and KZN DOH policies.
- 3) All additional required presentations to be done as may be required.
- 4) All approvals to be acquired as may be required

13. Planning and Programming

The Employer is desirous that the project follows the timelines shown below. However, should the bidder feel that these timelines are not achievable then the Bidder must submit a motivation as to why it considers them not achievable and must propose alternative timelines for the Employer's consideration and approval.

PSP Deliverables according to FIDPM stages of work	Duration to produce deliverables from each stage
Stage 2: Concept & Viability Report	3 month
Stage 3: Design Development Report	4 Months
Stage 4: Design Documentation	3 months
Stage 5: Works	18 months
Stage 6: Handover	1 month
Stage 7: Project Close Out	6 months
TOTAL PROJECT TIME	41 months

The total project time includes a procurement process with the duration of 6 months

The Lead Consultant is required to submit for approval a formal programme listing activities, level of detail, critical path activities and their dependencies, frequency of updating key dates, particulars of phased completion, programme constraints, milestone dates for completion, etc. including the activities to be carried out by the Employer or by others. The programme should factor in the receipt and subsequent approval (by Head of Department or designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 2, 3, 4 and 6) of the relevant gazettes as stated in point 10 above and corresponding FIDPM Stages (2 to 7),

14. Software Application for documents

- Programming software shall be the latest version of MS Projects
- Drawing programme software will be the latest version/s of Autodesk AutoCAD and/or Revit
- Quantity surveying software will be the latest version of WinQS
- General software will be MS Office based software and Adobe Acrobat

All documentation that is to be sent to the Client should be in both the required software package file type, as well as in a readable PDF format.

15. Use of Reasonable Skill and Care

The Lead consultant and individual team members are to consist of one or more Registered Professionals as per the relevant Councils. They are required to perform the required service with reasonable skill, care and diligence.

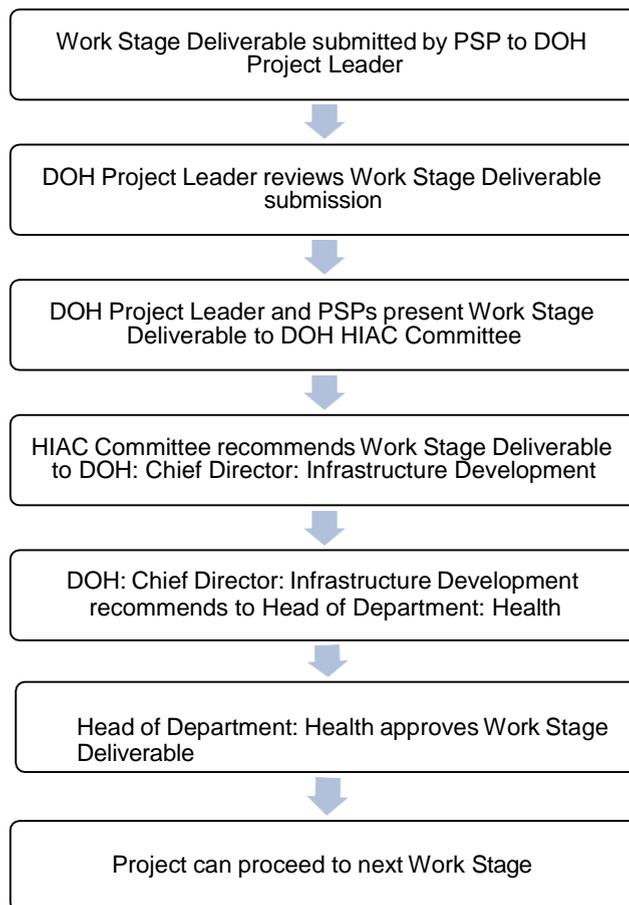
16. Co-operation with Other Service Providers and Affected Parties

The Lead Consultant is required to identify other service providers and affected parties on the project and establish how interactions are to take place.

17. Copyright

Copyright of all documents provided by the Consultant team will vest with the KwaZulu-Natal Department of Health.

18. General Approval Process per Work Stage



19. Access to Land / Buildings / Sites

Arrangements for access to land / buildings / sites and any restrictions thereto shall be the responsibility of the Employer. However, the Lead Consultant shall be aware of such arrangements and advise the Employer’s Project Manager timeously to prevent any delays that may arise due to restricted access.

20. Quality Management

The Bidder shall submit their proposed quality assurance plan and control procedures to fulfil their duties as stipulated in the relevant clauses of the appropriate discipline’s Guideline Scope of Services.

21. Format of Communications

These will be made available to the Lead Consultant on award of tender.

22. Key Personnel

Changes to key personnel shall only be effected once authorisation has been obtained from the Employer.

23. Management Meetings

Project Management meetings to monitor project progress will take place every 14 calendar days

24. Forms for Contract Administration

Standard forms of contract administration purposes will be made available to the successful bidder upon award.

25. Daily Records

Daily time sheets of all personnel on the project shall be kept by the Lead Consultant and will be made available as required to the Employer. Time sheets are to clearly state work performed.

26. Fee Claims and Apportionment of Fees

Receipt and subsequent approval (by Head of Department: Health or designated relevant authority) of all deliverables as stipulated under the relevant Construction Work Stage (Work Stages 1, 2, 3, 4 and 6) of the relevant gazettes as stated in point 10 above and corresponding FIDPM Stages (1 to 7), is a prerequisite for payment of said stage. Only Construction Work Stage 5 will receive interim payments on a quarterly basis based on the proportion of the value of construction work completed at the time of invoice.

Payment of disbursements is based on a proven cost basis in accordance with the National Department of Public Works, Rates for Reimbursable Expenses. Further clauses relating to the claiming and payment of fees and disbursements are stated in under point 30 and C2. PRICING DATA.

Payment of fees shall be apportioned to Construction Work Stages (Stages 1-6) in accordance with the tables below:

Architect (Principal Consultant and Principal Agent)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	30%
Stage 5	27%
Stage 6	3%

Civil Engineering

Stage 1	5%
Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	5%

Structural Engineering

Stage 1	5%
Stage 2	20%
Stage 3	30%
Stage 4	15%
Stage 5	25%
Stage 6	5%

Electrical Engineering

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Mechanical Engineering (including Fire and Wet Services Engineer)

Stage 1	5%
Stage 2	15%
Stage 3	20%
Stage 4	20%
Stage 5	35%
Stage 6	5%

Quantity surveyor

Stage 1	2.5%
Stage 2	5%
Stage 3	7.5%
Stage 4	35%
Stage 5	45%
Stage 6	5%

Construction Health & Safety Agent

Stage 1	5%
Stage 2	25%
Stage 3	25%
Stage 4	15%
Stage 5	25%
Stage 6	5%

27. Use of Documents by the Employer

Critical information, which will track the progress of the project, will be recorded and updated by the Lead Consultant on a monthly basis. These will be presented to the Employer as required by the Lead Consultant and other relevant professionals and may include but not be limited to the following documents:

- Progress reports
- Financial control methodology - cost reports and cash flows
- Risk registers including full risk assessments and mitigating action
- Issue registers including full analysis and action plans
- Project programmes

28. Mentorship of Employers Trainees / Interns

From time to time, the Employer may second trainees / interns to the Consultant/s. The Consultant/s shall provide structured mentorship and exposure to seconded trainees / interns. A training / activity schedule shall be prepared for each trainee / intern for the duration of his or her stay on the project. The schedule shall have clear targets and objectives, which will be measured at the end of the training period. The Consultant/s shall allocate a mentor for each trainee / intern who will be responsible for the learning outcomes for the period of secondment.

The mentorship and training falls beyond the Consultant/s obligations in terms of criteria under Section G – Specifications.

A separate training and mentorship agreement will be concluded with the Consultant/s at the time of placing trainees / interns.

29. Project

The estimated project works value is R 30 909 000 (Thirty Million nine hundred and nine thousand rands only, exclusive of 15% VAT) and is the construction of new accommodation for community service professionals.

30. Cost and pricing of the project

Professional Fees for the team shall be tendered as a **PERCENTAGE** based on the value of the construction works. The percentage shall then be apportioned by percentage amongst the various professional disciplines. The percentage shall remain fixed for the entire project however the apportionment amongst the various disciplines may change should it be required. Changes to the apportionment are to be agreed by the Professional Team and the Employer is to be duly informed in writing by an official letter from the lead consultant, prior to any further payments. Disputes relating to the apportionment of total fees are to be resolved by the Professional Team.

The tendered lump sum percentage is to include for any and all surcharges applicable to the project for all professionals and **THE TENDERED PERCENTAGE SHALL REMAIN UNCHANGED FOR THE DURATION OF THE PROJECT**. All other adjustment of fees for each professional discipline will be regulated by the relevant Government Gazette (as stated in point 10 above).

31. Project Details

1) You are requested to quote for the delivery of Lead Consultant Services, Principal Agent Services and the appointment of a Multi-disciplinary team, and their total costs, which should as a minimum consist of:

- Architect (Principal Consultant and Principal Agent)
- Civil Engineer
- Structural Engineer
- Quantity Surveyor
- Electrical Engineer
- Mechanical Engineer
- Construction Health and Safety Agent
- Land Surveyor (Appointed Post Award)
- Geotechnical Engineer/Technologist (Appointed Post Award)

The relevant Guidelines are as per the following:

Architect	South African Council for the Architectural Profession, Board Notice 122 of 2015, Government Gazette No. 38863, 12 June 2015
Civil/Structural Engineers	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 2015
Electrical Engineers	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 2015

Mechanical Engineers	Engineering Council of South Africa, Board Notice 138 of 2015, Government Gazette No. 39480, 04 December 2015
Quantity Surveyor	The South African Council for the Quantity Surveying Professions, Board Notice 170 of 2015, Government Gazette No. 39134 of 28 August 2015
Construction Health & Safety Agent	South African Council for the Project and Construction Management Professions, Board Notice 167 of 2019 Government Gazette No. 42697 of 13 September 2019

- 2) Consultants will be expected to attend all necessary meetings with various stakeholders as reasonably required.
- 3) Consultants will be expected to attend a minimum of two (2) site meetings per month during the construction stage. No full time supervision is required for the project and will not be compensated or remunerated for. The Lead Consultants are required to be on site as frequently as and when required per stage throughout the project.
- 4) Disbursements as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used as guideline. Discount can also be offered in this regards, but a maximum rate applicable shall be for vehicles up to 2150 cc.
- 5) Please note that total final fees payable will be calculated on final value of contract for "fee purposes" only or final contract cost estimates for "fee purposes" only - whichever may be applicable at the time.
- 6) You are requested to submit your bid using the FEE BASED QUOTE PROFORMA (AppendixA, Table 1), stamped utilizing your official company stamp and duly signed by the RegisteredLead Professional who will be dedicated to this project and is based at the office address where the project is intended to be awarded.

32. Conditions of Appointment

- 1) The Entity must have within their employment or display their ability to have access to the professional consultants as listed in paragraph 30.1 above. Lead Consultant and Architectural Services cannot be outsourced and must be provided by in-house by the bidding entity. Bidders are to provide a letter outlining the services to be provided in-house by the bidding entity, as well as letters of agreement securing Professional Services for those professional disciplines to be provided by others. Outsourced services agreement letters are to be signed by the bidder and the Principal of the outsourced firm and be on the bidder's official company letterhead. Furthermore, Form A must be completed confirming the firm and Registered Professional assigned to the project for each service.
- 2) Upon project award, Consultants may only amend the list of the required Lead Professionals upon written replacement request to the Client prior to the signing of the project contract. The replacement request will only be reviewed should the new Lead Professional be at the same level of qualification as the previously supplied name or better.
- 3) Registered Professionals listed as the Lead Professional for each Professional discipline on the project (as per Form A) must play an active and visible role on the project. Lead Professionals must attend a minimum of 70% of all meetings. Failure to comply with this condition will constitute a breach of this contract.

- 4) Consultants must submit all returnable documents as listed on Appendix B herein. Failure to submit all the requested documents will result in the bid not being considered.

33. Evaluation Criteria

The evaluation of bids will be conducted in three (3) phases:

PHASE 1: Responsiveness

- Correctness of bid document
- Compliance with SCM regulations (registration with Central Suppliers Database (CSD), Tax compliance, other prescripts requirements and submission of all documentation and information as per Appendix G)

PHASE 2: Eligibility and Quality/Functionality Evaluation

Eligibility Criteria

In order to be eligible to be awarded this bid, the following criteria **MUST** be satisfied:

- The professional multi-disciplinary team must consist of:
 - Registered Professional Architect (Lead Consultant/Principal Agent)
 - Registered Professional Civil Engineer
 - Registered Professional Structural Engineer
 - Registered Professional Quantity Surveyor
 - Registered professional Electrical Engineer
 - Registered professional Mechanical Engineer
 - Registered Professional Construction Health and Safety Agent

All Professionals are to be registered with the applicable South African regulating body/council for their Professional discipline. All Professional Leads must be Registered Professionals. All Registered Professionals and Candidates must be in good-standing with their respective council and their membership must be valid. Proof of good-standing will be required to be submitted for all Professionals and Candidates **prior to the signing of the contract**. Failure to provide this proof will result in the award being withdrawn.

- All Professional Leads (with the exclusion of Construction Health and Safety) must have a **minimum of 3 years** post professional registration experience.
- The Professional Lead for Construction Health and Safety must have a **minimum of 2 years** post professional registration experience.

Proof of Registration for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Registrations in the provided designated sections will render the bid non-responsive and result in the bid being excluded from further consideration.

- Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:
 - Architect: R 10,0 million
 - Structural Engineer: R 5,0 million
 - Civil Engineer: R 5,0 million
 - Quantity Surveyor: R 5,0 million
 - Mechanical Engineer: 3,0 million
 - Electrical: R 3,0 million
 - Health and Safety: R 2,0 million
 - Other: R 1,0 million

Proof of valid Professional Indemnity Insurance for each discipline shall be attached under the appropriate cover page provided under Appendix H. Failure to attach the valid Proof of Professional Indemnity Insurance in the provided designated sections will render the bid non-responsive and result in the bid being excluded from further consideration.

Professional Indemnity Insurance for all Professionals is to remain valid and in force for the full duration of the project and for the minimum amounts stated above. Failure to provide proof of valid and compliant Professional Indemnity Insurance Policies for all consultants, at any stage during the project when requested, will result in termination of services and damages claimable.

All eligibility criteria returnable should be tabbed, labelled and included in the designated areas as per the instructions below.

Eligibility criteria	Documentation to be provided
<p>1. The professional multi-disciplinary team must consist of:</p> <ul style="list-style-type: none"> • Registered Professional Architect (Lead Consultant/Principal Agent) • Registered Professional Structural Engineer • Registered Professional Civil Engineer • Registered Professional Quantity Surveyor • Registered Professional Electrical Engineer • Registered Professional Mechanical Engineer <p>all with a minimum of 3 years post professional registration experience.</p> <ul style="list-style-type: none"> • Registered Professional Construction Health and Safety Agent <p>with a minimum of 2 years post professional registration experience.</p>	<p>TAB LABEL: G-1</p> <p>Valid Proof of Registration (registered with the applicable South African regulating body/council for their Professional discipline) for each Professional Lead Member per discipline shall be attached under the appropriate cover page provided under Appendix H.</p> <p>Completed Form A (Appendix E)</p>
<p>2. Proof of all the relevant valid Professional Indemnity Insurance must be provided as per the list below:</p> <ul style="list-style-type: none"> • Architect: R 10,0 million • Structural Engineer: R 5,0 million • Civil Engineer: R 5,0 million • Quantity Surveyor: R 5,0 million • Mechanical Engineer: 3,0 million • Electrical: R 3,0 million • Health and Safety: R 2,0 million • Other: R 1,0 million 	<p>TAB LABEL: G-2</p> <p>Proof of valid Professional Indemnity Insurance for each discipline complying with the minimum amounts stated shall be attached under the appropriate cover page provided under Appendix H</p>

ELIGIBILITY SUMMARY TABLE

NB: For Evaluation Committee use only

			Specific Project Eligibility Criteria			
			Professional Registration		Indemnity Insurance	
			Number of Years Post Registration Experience	Eligibility (Yes/NO)	Indemnity Amount Provided (R million)	Eligibility (Yes/NO)
Project Multi-disciplinary Team	1	Registered Professional Architect (Lead Consultant/Principal Agent)				
	2	Registered Professional Structural Engineer				
	3	Registered Professional Civil Engineer				
	4	Registered Professional Quantity Surveyor				
	5	Registered Professional Electrical Engineer				
	6	Registered Professional Mechanical Engineer				
	7	Registered Professional Construction Health and Safety Agent				
<u>Comments:</u>						

Quality/Functionality Criteria

Each bid is required to meet the minimum qualifying evaluation score of **60%** as per criteria below. All functionality/quality returnable should be tabbed, labelled and included in the designated areas as per the instructions below.

Evaluation criteria	Documentation to be provided	Points allocated
<p>1. Bidder to demonstrate Technical Competency and relevant Experience relating to accommodation or general building design of a value of over R 20 million in the past 7 years per discipline (7 disciplines i.e., Civil Engineering, Structural Engineering, Architecture, Quantity Surveying, Electrical Engineering, Mechanical Engineering, Construction Health and Safety)</p>	<p>TAB LABEL: H-1</p> <p>1.1 Bidder to complete one (1) Curriculum Vitae (CV) for the allocated Lead Professionals per discipline. The required CVs may be from different firms, one firm allocated per one or more discipline. The following conditions must be met to receive points in this category:</p> <p>1.1.1. CVs must be filled and submitted on the provided template and inserted under the provided cover pages as Appendix I. Please refer to Appendix F for the CV template. Documents requested in 1.1.4. are compulsory and are to be inserted under the provided cover pages as Appendix I.</p> <p>1.1.2. CVs to be provided for the Lead Professionals per discipline for a MINIMUM total of 7 CVs. Each Lead Professional's experience must align to their allocated discipline.</p> <p>1.1.3. CVs provided must align with the information submitted in Form A (Appendix E).</p> <p>1.1.4. Completion certificates per project MUST be provided to obtain points for the Lead Professional per discipline for their past project experience (Maximum 3 projects and relevant to the Lead Professional per discipline and must align with project experience stated on the CV). Their past experience is not required to be from their current bidding Lead Professional firms. Past projects may be referenced from the Lead Professional's former employer(s).</p> <p>1.2. Contractor award letters OR signed final account summaries OR signed reference letters from the client; clearly stating the project value, project start date and end date MUST be provided to prove value of projects. Maximum 3 projects and relevant to the Lead Professional per discipline and must align with project experience stated on the CV. Their past experience is not required to be from their current bidding Lead Professional firms. Past projects may be referenced from the Lead Professional's former employer(s).</p> <p>Documents requested in 1.1.4 and 1.2. are compulsory and are to be inserted under the provided cover pages as Appendix I.</p> <p>Only the first 3 stated past projects per professional CV will be evaluated as per the CV template. Failure to meet the requirements of points 1.1.1 to 1.1.3 above will result in 0 points being awarded per CV submitted.</p>	<p>84 points (see scoring table below for the point breakdown)</p>

Evaluation criteria	Documentation to be provided	Points allocated
	<p><u>Allocation of points will be as follows:</u></p> <ul style="list-style-type: none"> - 2 points will be awarded per completed compliant CV per discipline for each Lead Professional. - 0 points will be awarded for incorrectly completed, incomplete or no CV submitted on the required template and project experience that does not meet the above experience submission criteria. <p>AND</p> <ul style="list-style-type: none"> - 10 points will be awarded for a past project that is of an accommodation facility or general building, is greater than R20 million in value and has been completed in the past 7 years, provided proof of value is submitted. - 5 points will be awarded for a past project that is of an accommodation facility or general building and is between R15 million and R20 million in value and has been completed in the past 7 years, provided proof of value is submitted. - 3 points will be awarded for a past project that is of an accommodation or general building and is between R10 million and R15 million in value and has been completed in the past 7 years, provided proof of value is submitted. - 0 points will be awarded for a past project that is less than R10 million in value, incomplete or no past project experience documentation submitted, and projects that do not meet the above experience submission criteria 	
<p>2. Organogram of Resources Proposed for the Project per Professional Discipline</p>	<p>TAB LABEL: H-2</p> <p>2. One team organogram displaying the Architect (Principal Consultant) and the Lead Professionals per discipline that falls under the Principal Consultant as part of the Multidisciplinary team. In addition, an organogram per discipline that sets out the roles of each proposed team member and states the name and Professional Registration Number of the Lead Professional for the Project (Information provided for the Lead Professional member must align with Form A) must be provided. The following conditions must be met to receive points in this category:</p> <p>2.1. One team organogram to be provided</p> <p>2.2. Seven individual organograms must be provided, 1 for each Professional Discipline I.e. Architectural, Civil Engineering, Structural Engineering, Quantity Surveying, Electrical Engineering, Mechanical Engineering and Construction Health and Safety.</p> <p>2.3. Organograms must be inserted under the provided cover page as Appendix I</p>	<p>16 points (see scoring table below for the point breakdown)</p>

Evaluation criteria	Documentation to be provided	Points allocated
	<p><u>Allocation of points will be as follows:</u></p> <ul style="list-style-type: none"> - 2 points will be awarded for the submission of a team organogram detailing the Architect (Principal Consultant) and all other Lead Professionals per discipline. - 0 points will be awarded for no submission and irrelevant submissions. <p><u>AND</u></p> <ul style="list-style-type: none"> - 2 points will be awarded per organogram per discipline for fully completed organograms that comply fully with the above instructions. - 0 points will be awarded for no submission and irrelevant submissions. 	

FUNCTIONALITY SCORING TABLE

NB: For Evaluation Committee use only

			Specific Project Functionality Criteria									
			CV's		Project Experience (Max. of 3 projects)			Multi-disciplinary Team Organogram		Individual Discipline Organogram		
			Maximum Points	Points Allocated	Maximum Points per project	Max Weighted Points	Points Allocated per project	Allocated Weighted Points	Maximum Points	Points Allocated	Maximum Points	Points Allocated
Project Multi-disciplinary Team	1	Registered Professional Architect (Lead Consultant/Principal Agent)	2		10	30 x 7 /3		2		2		
					10							
					10							
	2	Registered Professional Structural Engineer	2		10						2	
					10							
					10							
	3	Registered Professional Civil Engineer	2		10						2	
					10							
					10							
	4	Registered Professional Quantity Surveyor	2		10						2	
				10								
				10								
5	Registered Professional Electrical Engineer	2		10				2				
				10								
				10								
6	Registered Professional Mechanical Engineer	2		10				2				
				10								
				10								
7	Registered Professional Construction Health and Safety Agent	2		10				2				
				10								
				10								
Sub-Total 1 Points		14			70			2		14		
Sub-Total 2 Points		/84			/16					
TOTAL SCORE		/100									

1. Eligible Y/N: _____

2. Functionality points _____/100

3. Above 60% threshold Y/N: _____

4. Bid value: (Rands) _____

- Tendered Price and preference points
- Evaluation using the Point System

The following special conditions are applicable to the evaluation of this tender:

- The Department reserves the right not to award to the lowest bidder.
- The Department will conduct a detailed risk assessment prior to the award.

SECTION H

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for Specific Goals.

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, 2022.

1. General conditions

1.1. The following preference point system are applicable to this bids:

The 80/20 preference point system will be applicable to this tender

1.2. Points for this bid shall be awarded for:

- Price; and
- Specific Goals.

1.3. The maximum points for this bid are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
TOTAL POINTS FOR PRICE AND SPECIFIC GOALS	100

1.4. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender will be interpreted to mean that preference points for specific goals are not claimed.

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

2. Definitions

“tender” means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;

“price” means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;

“rand value” means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

“tender for income-generating contracts” means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any

method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and

“the Act” means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. Points awarded for price

The 80/20 Preference Point System

A maximum of 80 points is allocated for price on the following basis:
80/20

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$$

Where

P_s = Points scored for price of bid under consideration
 P_t = Price of bid under consideration
 P_{\min} = Price of lowest acceptable bid

4. Points awarded for Specific Goals

In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) 3any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.

Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)

The specific goals allocated points in terms of this tender	Number of points allocated 80/20 system	Number of points claimed 80/20 system (To be completed by the tenderer)
Companies who are at least 51% Owned by Black People	20	

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3 Name of company/firm: _____

4.4 Company registration number: _____

4.5 TYPE OF COMPANY/ FIRM

- Partnership/Joint Venture / Consortium
- One-person business/sole propriety
- Close corporation
- Public Company
- Personal Liability Company
- (Pty) Limited
- Non-Profit Company
- State Owned Company

[Tick applicable box]

4.6 I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I 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 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
 - (a) disqualify the person from the tendering 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 tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted 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, if deemed necessary.

..... SIGNATURE(S) OF TENDERER(S)	
SURNAME AND NAME:	.....
DATE:	.....
ADDRESS:	..... ..... ..... .....

SECTION I
OFFICIAL BRIEFING SESSION / SITE INSPECTION CERTIFICATE

Bid No:	ZNB 5497/2023-H
Service:	THE APPOINTMENT OF A MULTIDISCIPLINARY PROFESSIONAL TEAM LED BY AN ARCHITECT FOR DUNDEE HOSPITAL: RENOVATIONS TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS
Date:	6 JUNE 2023
Time:	11:00
Venue:	Dundee hospital, 121 McKenzie Street Dundee

This is to certify that

.....
 (name)

On behalf of

.....
 Visited and inspected the site on

.....
 (date)

And is therefore familiar with the circumstances and the scope of the service to be rendered.

Signature/s of Bidder/s
.....
(Print Name)
.....
Date:
.....

Departmental Representative
.....
(Print Name)
.....
Departmental Stamp (Optional)
.....
Date:
.....

SECTION J

TAX COMPLIANCE STATUS (TCS)

1. The State / Province may not award a contract resulting from the invitation of bids to a bidder who is not properly registered and up to date with tax payments or, has not made satisfactory arrangements with SA Revenue Services concerning due tax payments.
2. The South African Revenue Services (SARS) has phased out the issuing of paper Tax Clearance Certificates. From 18 April 2016, SARS introduced an enhanced Tax Compliance system. The new system allows taxpayers to obtain a Tax Compliance Status (TCS) PIN, which can be utilized by authorized third parties to verify taxpayers' compliance status on line via SARS e-filing.
3. Bidders are required to apply via e-filing at any SARS branch office nationally. The Tax Compliance Status (TCS) requirements are also available to foreign bidders / individuals who wish to submit bids.
4. SARS will then furnish the bidder with a Tax Compliance Status (TCS) PIN that will be valid for a period of 1 (one) year from the date of approval.
5. In bids where Consortia / Joint Venture / Sub-contractors are involved, each party must submit a separate Tax Compliance Status (TCS) PIN.
6. Application for Tax Compliance Status (TCS) PIN can be done via e-filing at any SARS branch office nationally or on the website www.sars.gov.za.
7. Tax Clearance Certificates may be printed via e-filing. In order to use this provision, taxpayers will need to register with SARS as an e-Filer through the website www.sars.gov.za.
8. Tax Compliance Status is not required for services below R 30 000.00 ITO Practice Note Number: SCM 13 of 2007.
9. Kindly either provide an original tax clearance certificate, your tax number or pin number.

TAX NUMBER:

PIN NUMBER:

SECTION K

AUTHORITY TO SIGN A BID

A Companies

If a Bidder is a company, a certified copy of the resolution by the board of directors, personally signed by the chairperson of the board, authorising the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid

Authority by Board of Directors

By resolution passed by the Board of Directors on

.....
(date)

.....
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....
(Name of Company)

In his/her capacity as:

.....
Signed on behalf of Company:

.....
(print name)

.....
Signature of signatory:

.....
Date:

Witnesses:

1.

2.

B Sole proprietor (one - person business)

I, the undersigned

.....
(name)

Hereby confirm that I am the sole owner of the business trading as

.....
(name)

.....
Signature of signatory:

.....
Date

C Partnership

The following particulars in respect of every partner must be furnished and signed by every partner:

Full name of partner	Residential address	Signature

We, the undersigned partners in the business trading as

.....
(name)

hereby authorized

.....
(name)

to sign this bid as well as any contract resulting from the bid and any other documents and correspondence in connection with this bid and /or contract on behalf of:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

D Close Corporation

In the case of a Close Corporation submitting a bid, a certified copy of the Founding Statement of such corporation shall be included with the bid, together with the resolution by its members authorising a member or other official of the corporation to sign the documents on their behalf.

Authority to sign on behalf of the Close Corporation

By resolution of members at a meeting on

(date)

(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

(Name of Closed Corporation)

In his/her capacity as:

Signed on behalf of Closed Corporation:

(print name)

Signature of signatory:

Date:

Witnesses:

1.

2.

E Co-Operative

A certified copy of the Constitution of the Co-operative must be included with the bid, together with the resolution by its members authoring a member or other official of the co-operative to sign the bid documents on their behalf.

Authority to sign on behalf of the Co-Operative

.....

By resolution of members at a meeting on

.....

(date)

.....

(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....

(Name of Co-Operative)

In his/her capacity as:

.....

Signed on behalf of Co-Operative:

.....

(print name)

.....

Signature of signatory:

.....

Date:

.....

Witnesses:

.....

1.

.....

2.

.....

F Joint Venture

If a bidder is a joint venture, a certified copy of the resolution/agreement passed/reached signed by the duly authorised representatives of the enterprises, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the joint venture must be submitted with this bid, before the closing time and date of the bid.

Authority to sign on behalf of the Joint Venture

By resolution/agreement passed/reached by the Joint Venture partners on

.....
(date)F

.....
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....
(Name of Joint Venture)

In his/her capacity as:

.....
Signed on behalf of Joint Venture:

.....
(print name)

.....
Signature of signatory:

.....
Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

(print name)

Signature of signatory:

Date:

G Consortium

If a bidder is a Consortium, a certified copy of the resolution/agreement passed/reached signed by the duly authorised representatives of concerned enterprises, authorising the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the consortium must be submitted with this bid, before the closing time and date of the bid.

Authority to sign on behalf of the Consortium

By resolution of the members on

.....
(date)

.....
(name and whose signature appears below)

has been duly authorised to sign all documents in connection with this bid on behalf of

.....
(Name of Consortium)

In his/her capacity as:

.....
Signed on behalf of Consortium:

.....
(print name)

.....
Signature of signatory:

.....
Date:

.....
(print name)

.....
Signature of signatory:

.....
Date:

(print name)

Signature of signatory:

Date:

APPENDICES

APPENDIX A - BID PROFORMA

(To be completed by the Lead Consultant)

General Notes -

- Bidders are requested to complete Table 1 and Table 2 of Appendix A. The total fees from Table 1 must be carried to the form of offer.
- Preference Points (based on the PRICE only) and Total Percentage offered take precedence over any additional detailed fee calculations submitted, where there is any ambiguity
- Bidders are to tender a total percentage (to 2 decimal places) for the entire team based on the value of work for fees estimate. This percentage will remain fixed throughout the project and is deemed to include for any surcharges due to alterations works and for Principal Consultant and Principal Agent Fees.
- Disbursements shall be allowed for as stipulated in Table 1 but shall be claimed and paid on a PROVEN COST BASIS ONLY. The Land Surveyor, Geotechnical Engineer/Technologist, and Environmental Specialist costs will be paid from the disbursement allowance. Disbursement rates as published in the monthly National Department of Public Works "Rates for Reimbursable Expenses" shall be used for claiming.
- The estimated Value of Work for Fees is an estimate and not the final value. The tendered PERCENTAGE will be based on the actual project works value determined upon project completion.
- Table below is NOT to be modified by Tenderer

TABLE 1

Value of Work for Fees	R 30,909,000.00
Total Tendered Fee Percentage for Team (to 2 decimal places)	%
Total Fees for Team	R
ADD Allowance for Disbursements	R 1 000 000.00
Sub-Total 1	R
ADD VAT at 15%	R
GRAND TOTAL (to be carried to the Form of Offer and Acceptance)	R

COMPANY STAMP:

APPENDIX B – RETURNABLE DOCUMENTS

CHECKLIST OF RETURNABLE DOCUMENTS			
Item No.	Required Documents	Tick	
		Yes	No
Please ensure the following items are fully completed and complied with:			
1.	Bid from the Consultant (Attach Appendix A – Stamped and dated)		
2.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
3.	Declaration that information on central supplier database is correct and up to date		
4.	Bidders Disclosure – SBD 4		
5.	Official Briefing Session / Site Inspection Certificate *		
6.	Valid SARS Tax Clearance Pin Number, Tax number or original tax Clearance certificate (Tax clearance certificate to be included under Appendix G)		
7.	Authority To Sign A Bid		
The following documents are to be submitted under Appendix: G			
8	Proof of Registration with Companies and Intellectual Property Commission (CIPC)		
9.	Original certified copy of BBBEE Certificate		
The following documents are to be submitted under Appendix H under the relevant cover pages:			
11.	Proof of Registration with Council / Professional Body for all Lead Professionals (Attach Letter of Good standing with the relevant council if applicable dated during the year of Bid)		
12.	Proof of the relevant professional Indemnity Insurance – <ul style="list-style-type: none"> • Architect: R 10,0 million • Structural Engineer: R 5,0 million • Civil Engineer: R 5,0 million • Quantity Surveyor: R 5,0 million • Mechanical Engineer: 3,0 million • Electrical: R 3,0 million • Health and Safety: R 2,0 million • Other: R 1,0 million 		
The following documents are to be submitted under Appendix I under the relevant cover pages:			
13.	CV per Lead Professional including supporting documentation (completion certificates and award letters / signed final accounts / reference letters)		
14.	Organogram for each Professional Discipline Team		

BIDDERS TO NOTE

Submission of the above returnable documents is mandatory. Failure to submit all the requested documents will result in the tender not being considered.

*A letter indicating which discipline's firm attended the brief meeting on behalf of which Lead firm should be appended to the Briefing Session Certificate. The letter should be signed by both the attendee and Lead Consultant.

APPENDIX C - CONTRACT DATA

C1. Contract Data

C1.1 Standard Professional Services Contract

The conditions applicable to this Contract are the Standard Professional Services Contract (July 2009) Third Edition of CIDB document 1015, published by the Construction Industry Development Board.

C1.1.1 Data provided by the Employer

Clause	
	<p>The General Conditions of Contract in the Standard Professional Services Contract (July 2009) make several references to the Contract Data for details that apply specifically to this tender. The Contract Data shall have precedence in the interpretation of any ambiguity or inconsistency between it and the General Conditions of Contract.</p> <p>Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.</p>
	The Employer is the KZN Department of Health.
3.4 and 4.3.2	The authorised and designated representative of the Employer is the departmental project manager, details of whom are as indicated in the Notice and Invitation to Tender.
1	The Project is for the provision of complete Professional Consultancy (including Lead Consultancy) Services for the DUNDEE HOSPITAL: RENOVATIONS AND EXTENSION TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS
1	The Period of Performance is from inception of this Contract until the Service Provider has completed all Deliverables in accordance with the Scope of Services listed in Section G of the bid document.
1	The Start Date is the date from which this contract is fully signed and accepted by the KZN Department of Health
3.4.1	Communications by facsimile is not permitted.
3.5	The Services shall be executed in the Service Provider's own office and on the Project site as described in Section G. No portion of the work may be performed by a person employed by the State. No portion of the work may be sublet to any other person or persons without the prior written approval of the Employer.
3.6	Omit the following: "... within two (2) years of completion of the Service ...".
3.12	<p>Period of Performance shall be sub dividable in separate target dates according to the programme to be submitted in terms of SECTION G part 12 hereof.</p> <p>A Penalty amount of R500.00 per day will be applicable per target date, to a maximum equal to R50,000.00, after which the contract may be terminated.</p>
3.15.1	The programme shall be submitted within 14 days of the award of the contract.
3.15.2	The Service Provider shall update the programme at intervals not exceeding 8 weeks.
3.16	Time-based fees are not applicable to this appointment and therefore no adjustments for inflation are applicable.
5.4.1	The Service Provider is required to provide professional indemnity cover as set out in the Professional Indemnity Schedule as per point 12 of Appendix B.

Clause	
5.5	The Service Provider is required to obtain the Employer's prior approval in writing before taking any of the following actions: a) Deviate from the programme (delayed or earlier); b) Deviate from or change the Scope of Services; c) Change Key Personnel on the Service.
8.1	The Service Provider is to commence the performance of the Services immediately after the Contract becomes effective and execution to be as per the programme.
8.4.3 (c)	The period of suspension under clause 8.5 is not to exceed two (2) years.
9.1	Copyright of documents prepared for the Project shall be vested with the Employer.
12.1.	Interim settlement of disputes is to be by mediation.
12.2. / 12.3.	Final settlement is by litigation.
12.2.1	In the event that the Parties fail to agree on a mediator, the mediator is to be nominated by the president of the Association of Arbitrators (Southern Africa).
13.1.3	All partners in a joint venture or consortium shall carry the same professional indemnity insurance as per clause 5.4.1 of the General Conditions of Contract.
13.5.1	The amount of compensation is unlimited.
13.6	The provisions of 13.6 do not apply to the Contract.
15	In respect of any amount owed by the Service Provider to the Employer, the Service Provider shall pay the Employer interest at the rate as determined by the Minister of Finance, from time to time, in terms of section 80(1)(b) of the Public Finance Management Act, 1999 (Act No 1 of 1999).

C1.2.3 Data provided by the Service Provider

Clause	
	Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.
1	The Service Provider is the company, close corporation, natural person, consortium, joint venture or partnership named in Form of Offer and Acceptance by the tendering Service Provider.
5.3	The authorised and designated representative of the Service Provider is the Lead Consultant / Professional Architect named on the Project by the Service Provider
5.4.1	Indemnification of the Employer I, the undersigned, being duly authorized by the Service Provider, in terms of the completed resolution (Name of authorized person) hereby confirm that the Service Provider known as: (Legal name of entity tendering herein)

Clause	
5.4.1	Tendering on the project:
	<p>(Name of project as per Form of Offer and Acceptance)</p> <p>holds professional indemnity insurance cover, from an approved insurer, duly registered with the Finance Services Board, of not less than the amount required as cover relative to the size of project, with the first amount payable not exceeding 5% of the value of indemnity. I further confirm that the Service Provider will keep such professional indemnity fully subscribed. I further confirm that should the professional indemnity insurance, with no knowledge of the Employer, be allowed to lapse at any time or in the event of the Service Provider cancelling such professional indemnity insurance, with no knowledge of the Employer, at any time or if such professional indemnity cover is not sufficient, then the Service Provider,</p> <ul style="list-style-type: none"> i. accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and ii. hereby indemnifies, and undertakes to keep indemnified, the Employer in respect of all actions, proceedings, liability, claims, damages, costs and expenses in relation to and arising out of the agreement and/or from the aforesaid Service Provider's intentional and/or negligent wrongful acts, errors and/or omissions in its performance on this Contract. <p>I confirm that the Service Provider undertakes to keep the Employer indemnified, as indicated above, beyond the Final Completion Certificate/Final Certificate by the Employer (whichever is applicable) for a period of five (5) years after the issue of such applicable certificate.</p> <p>I confirm that the Service Provider renounces the benefit of the <i>exceptionis non causa debiti, non numeratae pecuniae</i> and <i>excussionis</i> or any other exceptions which may be legally raised against the enforceability of this indemnification.</p> <p>Notwithstanding the indemnification required above, the Employer reserves the right to claim damages from the Service Provider for this Project where the Service Provider neglects to discharge its obligations in terms of this agreement.</p>
	Name:
	Signature:
Capacity:	

Clause			
7.1.2	<p>As an extension of the definitions contained in clause 1 hereof, Key Persons must, for the purposes of this Contract, include one or more of the professionally registered principal(s) of the Service Provider, and/or, one or more professional(s) employed to render professional services, for whom certified copies of certificates or other documentation clearly proving current professional registration with the relevant council, including registration numbers, must be included with the tender as part of the returnable documentation.</p> <p>The Key Persons and their jobs / functions in relation to the Services are:</p>		
	Name	Principal and/or employed professional(s)	Specific duties
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	10.		
7.2	A Personnel Schedule is not required.		
	<p>If the space provided in the table above is not sufficient to describe the specific duties, this space may be utilized for such purpose</p>		

C2: PRICING DATA

C2.1 Pricing Instructions

C2.1.1 Basis of remuneration, method of tendering and estimated fees

C2.1.1.1 Professional fees for the Multi-Disciplinary Services will be paid on Value basis.

The words “value based” and “percentage based” used in connection with fee types in this document or any documents referred to in this document are interchangeable and are deemed to have the same meaning.

C2.1.1.2 Tenderers are to tender:

A value based fee utilizing the stated estimated project construction value multiplied by a fixed tendered percentage which is then apportioned amongst the multi-disciplinary team.

C2.1.1.3 The amount tendered herein (*Section F – Form of Offer and Acceptance*) is for tender purposes only and will be amended according to the application of the actual cost of construction.

C2.1.1.4 Reimbursable rates for typing, printing and duplicating work shall be in accordance with the conditions laid out under section C2.1.5

C2.1.1.5 Disbursements in respect of all travelling expenses will not be paid for separately except for attending off-site meetings (greater than 50km one way from the office of the service provider) at the request of the employer where only travelling costs (mileage only) shall be claimable in accordance with the rules set out in C2.1.6.3. Please note that no travelling time and subsistence charges are claimable for any trips taken by the Consultants.

The site must be visited as often as the works require for the execution of all duties on the Project. The Service Provider must be available at 24 hours' notice to visit the site if so required. All costs in this regard will be deemed to be included in the tendered fees as stated in C2.1.1.1

C2.1.1.6 N/A

C2.1.1.7 All fee accounts need to be signed by a principal of the Service Provider and submitted in original format, failing which the accounts will be returned. Copies, facsimiles, electronic and other versions of fee accounts will not be considered for payment.

C2.1.1.8 For all Services provided on a time basis, time sheets giving full particulars of the work, date of execution and time duration, should be submitted with each fee account.

C2.1.1.9 Payments to the Service Provider will be made electronically according to the banking details furnished by the Service Provider. Any change in such banking details must be communicated to the departmental project manager timeously. Fee accounts, correct in all respects, will be deemed submitted when received by the Employer and settled when electronically processed by the Employer. The Employer reserves the right to dispute the whole account, any item or part of an item at any time and will deal with such case in terms of clause 14.3 of the General Conditions of Contract.

C2.1.1.10 Accounts for Services rendered may be submitted on the successful completion of each stage of work. Interim accounts will only be considered during the construction stage of the works and then not more frequently than quarterly except if otherwise agreed between the authorized and designated representative of the Service Provider and the Employer. Payment of accounts rendered will be

subject to the checking thereof by the departmental project manager. The Employer reserves the right to amend the amounts claimed in order to conform to the rates stipulated in this Contract and make payment on the basis of the balance of the account in accordance with clause 14.3 of the General Conditions of Contract.

C2.1.2 Value based fees

C2.1.2.1 Fees for work done under a value based fee shall be calculated according to the tendered percentage for fees for the team and apportioned to construction stages (for each professional discipline) according to the relevant stated tariff of fee guide as stated in *Section G*, of this document.

C2.1.2.2 Interim payments to the Service Provider

For the purposes of ascertaining the interim payments due, the cost of the works, which shall exclude any provisional allowances made to cover contingencies and escalation, shall be:

- the applicable portion of the net amount of the accepted tender, or

C2.1.2.3 Fees for documentation for work covered by a provisional sum

Where a provisional sum is included in the bills of quantities for work to be documented at a later stage, the documentation fee in respect of such work shall be remunerated at the time when the documentation has been completed.

C2.1.2.4 Time charges for work done under a value-based fee (only upon prior approval by Head of department : Health) Time charges are reimbursable at rates applicable at the time of the actual execution of the specific service adjustable utilizing the discount for time based fees offered within the tender document. The "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.

C2.1.2.5 Unless otherwise specifically agreed in writing, remuneration for the time expended by principals in terms of time based fees on a project shall be limited to 5 per cent of the total time expended for time charges in respect of the Project. Any time expended by principals in excess of the 5 per cent limit shall be remunerated at the rates determined in (ii) or (iii) above.

C2.1.3 Additional Services

C2.1.3.1 Additional Services pertaining to all Stages of the Project

Unless separately provided for hereunder and scheduled in the Activity Schedule, no separate payment shall be made for the additional services specified in the relevant tariff of fees guide. The cost of providing these services shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.2 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)

No separate payment shall be made apart from the Construction Health and Safety Agent fee. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.3 Quality Assurance System

No separate payment shall be made for the implementation of a quality management system. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.4 Lead Consulting Engineer/Technologist

No separate payment shall be made for assuming the leadership of an Employer specified joint

venture, consortium or team of consulting engineers/technologists. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.3.5 Principal Agent of the Client

No separate payment shall be made for assuming the role of principle agent. The cost of providing this service shall be deemed to be included in the value based fee tendered for normal services.

C2.1.4 Set off

The Employer reserves the right to set off against any amount payable to the Service Provider, any sum which is owing by the Service Provider to the Employer in respect of this or any other project.

C2.1.5 Typing, printing and duplicating work

C2.1.5.1 Reimbursable rates

The costs of typing, printing and duplicating work in connection with the documentation which must of necessity be done, except those which must in terms of the relevant Manual or other instructions be provided free of charge, shall be reimbursable at rates applicable at the time of the execution of such work. The document "Rates for Reimbursable Expenses" as amended from time to time and referred to below, is obtainable on the Website: : <http://www.publicworks.gov.za/> under "Documents"; "Consultants Guidelines"; item 1.

C2.1.5.2 Typing and duplicating

If the Service Provider cannot undertake the work himself, he may have it done by another service provider which specializes in this type of work and he shall be paid the actual costs incurred upon submission of statements and receipts which have been endorsed by him confirming that the tariff is the most economical for the locality concerned subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".

If the Service Provider undertakes the work himself, he shall be paid in respect of actual expenses incurred subject to the maximum tariffs per A4 sheet as set out in Table 1 in the "Rates for Reimbursable Expenses".

Typing and duplicating expenses shall only be refunded in respect of the final copies of the following documents namely formal reports, formal soil investigation reports, specifications, feasibility reports, bills of quantities, material lists, minutes of site meetings and final accounts. The cost of printed hard covers shall only be paid in respect of documents which will be made available to the public such as bills of quantities and specifications or where provision of hard covers is specifically approved.

The typing of correspondence, appendices and covering letters are deemed to be included in the value based fees and time based fees paid.

C2.1.6 Travelling and subsistence arrangements and tariffs of charges

Notwithstanding the ruling in C2.1.1.5 above (regarding disbursements and travelling expenses which will not be paid separately), when the Service Provider is requested in writing by or obtained prior approval in writing from the Employer to attend specific meetings at any of the Employer's offices or any extraordinary meetings on site or elsewhere, he will be remunerated according to the provisions under C2.1.6.1 to C2.1.6.3 herein.

C2.1.6.1 General

The most economical mode of transport is to be used taking into account the cost of transport, subsistence and time. Accounts not rendered in accordance herewith may be reduced to an amount determined by the Employer.

As the tariffs referred to hereunder are adjusted from time to time, accounts must be calculated at the tariff applicable at the time of the expenditure.

Where journeys and resultant costs are in the Employer's opinion related to a Service Provider's mal- performance or failure, in terms of this Contract, to properly document or co-ordinate the work or to manage the Contract, no claims for such costs will be considered.

C2.1.6.2 Travelling time

No travelling time shall be paid on this project.

C2.1.6.3 Travelling costs

Travel costs will only be considered where the Service Provider has been requested to attend an off-site meeting with the destination being further than **50km** (one way) from the Service Provider's office. Travelling costs will be paid in the form of a disbursement for mileage only.

Compensation for the use of private motor transport will be in accordance with the Government tariff for the relevant engine swept volume, up to a maximum of 2150 cubic centimetres, prescribed from time to time and as set out in Table 3 in the "Rates for Reimbursable Expenses".

C2.2 Activity Schedule

C2.2.1 Activities

C2.2.1.1 For services where the apportionment of fees is not provided for in SECTION G, proportioning of the fee for normal services over the various stages shall be as set out in the relevant Government Gazette Tariffs.

C2.2.1.2 The tenderer must make provision for all activities necessary for the execution of the service as set out in the Scope of Services.

APPENDIX D:

PROJECT BRIEF



Physical Address: Block 1, Townhill Office Park, Townhill hospital, 35 Hyslop Road,
Pietermaritzburg, 3201
Tel: 033 940 2567
E-Mail: Thokozani.Madikane@kznhealth.gov.za
www.kznhealth.gov.za

**PMB INFRASTRUCTURE DEVELOPMENT
MANAGEMENT HUB**

PROJECT BRIEF

DUNDEE PROVINCIAL HOSPITAL: RENOVATIONS AND EXTENSION TO THE EXISTING BUILDING TO PROVIDE A NEW ACCOMMODATION FOR COMMUNITY SERVICE PROFESSIONALS

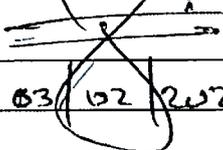
Drafted by: TOKOZANI MADIKANE
Project Leader

Signed: 
Date: 01-02-2023

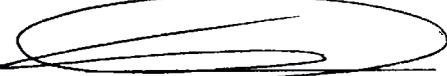
Checked by: MR. K. BUTHELEZI
Chief Construction Project Manager

Signed: 
Date: 03/02/2023

Recommended by: MR T. DLAMINI
Acting Director: PMB HUB

Signed: 
Date: 03/02/2023

Approved by: MR. ST MHLONGO
Chief Director: Infrastructure
Development

Signed: 
Date: 07/02/2023

Document Control

Revision Number	Date	Initials
01	08/04/2021	T.M
02	12/05/2021	T.M
03	11/01/2023	T.M

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1. Acronyms

AMAFA	Amafa Heritage AkwaZulu Natali
AIDS	Acquired Immune Deficiency Syndrome
BEC	KwaZulu-Natal Department of Public Works: Bid Evaluation Committee
BSC	KwaZulu-Natal Department of Public Works: Bid Specification Committee
BAC	KwaZulu-Natal Department of Public Works: Bid Award Committee
CIDB	Construction Industry Development Board
CPG	Contract Participation Goal
DHIS	District Health Information Software
EPWP	Expanded Public Works Program
FIDPM	Framework for Delivery and Procurement Management
HTS	Health Technological Services
IDM	Infrastructure Delivery Management
IPC	Infection Prevention Control
IUSS	Infrastructure Unit Support Systems
KZN	KwaZulu-Natal
KZN-DOH	KwaZulu-Natal Department of Health
KZN-DOPW	KwaZulu-Natal Department of Public Works
LTP	Long Term Plan
MEC	Member of the Executive
NDOH	National Department of Health
NDP	National Development Plan
NHI	National Health Insurance
OSS	Operation Sukuma Sakhe
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PLO	Project Liaison Officer
PPE	Personal Protective Equipment
PSP	Professional Service Providers
SA	South Africa
StatsSA	Statistics South Africa
TB	Tuberculosis

2. Project Details

2.1. The Facility

- Facility Name : Dundee Hospital
- Facility Number : F001777
- Facility Type : Hospital - District
- Facility Owner : Government - Provincial
 - Portion : -
 - Deeds Description : ERF1585 Dundee
 - Title Deed Number : T1424/1906

2.2. Location

- Province : KwaZulu-Natal
- District Municipality : Umzinyathi (DC24)
- Local Municipality : Endumeni (KZN241)
- Ward : 02
- Cadastral description:
 - Latitude : -28.1729023
 - Longitude : 30.22973983
- Street address (or directions) : 121 McKenzie Street Dundee,
- Postal address : Private Bag X2011, Dundee, 3000
- Telephone number : 0 34 212 1111

2.3. The Project details

- Project Name : Renovations to the existing building to provide a new accommodation for Community Service Professionals
- KZN-DOH Project Number : TBC
- Project Code : TBC
- Project Details / Scope : Renovate the existing double storey building to provide accommodation for the Community Service Professionals
- Project Type : Infrastructure Development - Projects
- Budget Programme Number : Programme 8
- Budget Programme Name : Health Facilities Management
- Sub-programme : Sub-Programme 8.3: District Hospital Services
- Infrastructure Programme Name : Not part of a Programme
- Nature of Investment : Rehabilitation, Renovations & Refurbishment
- Nature of Investment Sub- status : Renovations

2.4. Oversight Team

- Provincial Champion : Mr B G Gcaba (Chief Director Infrastructure Development)
- Provincial Power User : Ms M De Goede (Director: Infrastructure Planning)
- Project Sponsor : Dr T T Moji: Acting DDG: District Services

- Project Control Group :
 - Corporate Services : Mr B Shezi: DDG: Corporate Management Services
 - Umzinyathi Health District : Mrs P. Mbatha
 - Dundee Hospital Management : Mrs TT Vilakazi
- Project Approver : Mr B G Gcaba
- Project Verifier : Ms Z Thwala
- Dundee Hospital Management :

Mrs TT Vilakazi	CEO
Ms P.P Dlamini	Medical Manager
Mr I.M Gubevu	Systems Manager
Mrs N.T MKhize	Nursing Manager
Mr A.L Sokhela	HR Manager
Ms N Zulu	Finance Manager

2.5. Project Background

2.5.1. A Short History

A small Swedish Mission Hospital (Betania Hospital) was built in 1896 by Baroness Posse; this hospital served the community of Dundee until the first Government Hospital in Dundee was built in 1898. This Cottage hospital was used as a military hospital during the Battle of Talana in October 1899.

In 1928 – 1930 there was an argument as to where the new hospital was to be built – at the present site or at Ryley’s Hill. The new hospital was built in 1931 and opened on Tuesday, the 15th December 1931 at 3 p.m. by Mayoress A.J. Oldacre. The public had an opportunity to inspect the buildings. After the opening a Grand Carnival Ball was held in the evening in aid of the X-ray Fund. The new hospital was built too close to the cemetery therefore one row of trees was planted on the hospital premises and another row of trees at the cemetery to block the view. A maternity wing was added and opened in February 1949

A separate non-European hospital block was built in 1956 and opened in April of that year. This block has two new maternity wards and 7 extra wards.

The small Swedish Hospital (Betania Hospital) closed down in 1973 and Dundee Hospital absorbed all the patients and staff.

The old European hospital was too small to cater for the community; therefore new additions were added to the old hospital. The new improvements was built at a cost of approximately R1½ million and opened in November 1977. Back in 1977 the new hospital complex was the second largest hospital in Northern Natal.

The wards in the old section of the hospital were renovated and turned into administrative offices.

2.5.2. Situation today

Dundee Hospital has a total of 224 beds with 204 usable beds .This figure excludes 31 COVID beds for adults. Bed utilisation rate is 45 percent. Dundee Hospital is a referral for Umzinyathi and some clients from UThukela for cataract surgery. The Hospital is also chosen to be a step down for neonates for UMzinyathi and to decant Newcastle of stable neonate.

The Hospital receives a number of community service offices including Medical intern doctors. There is a shortage of accommodation to house the Community service officers in the hospital. Currently they are residing in the leased accommodation around Dundee town.

The Hospital needs 20 additional units in the facility to house the interns and the scarce skilled staff.

2.5.3. Current Services offered at Dundee Hospital

- Casualty Dept/Trauma
- Choice of Termination of Pregnancy (CTOP)
- Crisis Centre
- Dental Clinic
- Dietetics
- Eye Clinic
- Family Planning Clinic
- General Medical
- General Surgical
- Heliport/Helipad
- Infectious Cases
- Maternity
- Medical Laboratory Services
- Medical Male Circumcision (MMC) high volume centre
- Theatres
- Occupational therapy
- Orthopaedic
- Physiotherapy
- Primary Health Care Services
- Speech therapy & audiology
- [Telemedicine](#)
- X-ray
- VCT Clinic
- Would care clinic

2.6. The Site:

This project is the provisioning of additional accommodation for Community Service Professionals in Dundee Hospital.

2.6.1.1. Strategic location of site:



Photo 1: Site location of Dundee Hospital
 SOURCE: Google Maps



Photo 2: Aerial view showing the proximity of the Site in Dundee Provincial Hospital
SOURCE: Google Maps

- **Restrictions:**
There are no known restrictions



Figure 1: Property Boundaries
SOURCE Google Maps

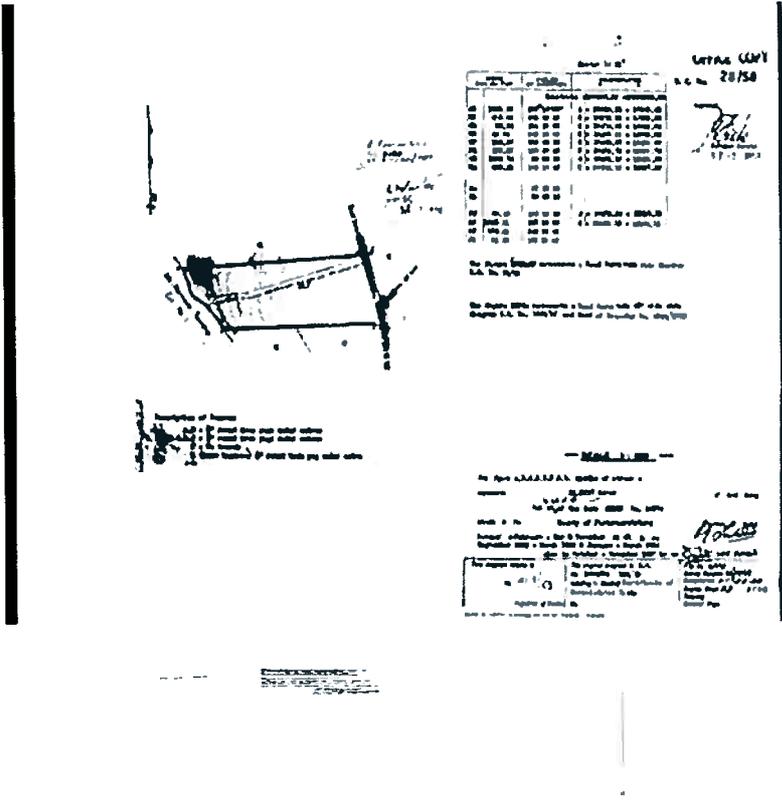


Figure 2: SG Diagram

- Land use definition
Zoning – The existing hospital zoning will not be impacted.
- Heritage components
No known issues affecting the site, however this must be verified with AMAFA
- Survey of the site
Existing building Survey not required.
- Geo-technical information
Not required for this project.
- Traffic impact study
No need for traffic Impact Study, the site is in the existing hospital and it is not expected that the additional accommodation will affect the traffic.
- External circulation
 - Access to the site: Access to the site site will be through the main entrance of the hospital
 - Access to Public transport: Access to public transport is via the Main entrance
 - Pedestrian routes: Pedestrian access to the site will be from the main entrance and security check point then via existing roads and walkways
 - Roads: Existing roads
 - Walkways: Existing Walkways both formal and informal.
 - Parking: Numbers to be verified

- Climatic conditions

The Dundee lies on 1255m above sea level. There is warm temperate in Dundee. When compared with winter, the summers have much more rainfall. This location is classified as Cwb by Köppen and Geiger. The average annual temperature in Dundee is 17.1 °C | 62.7 °F. In a year, the rainfall is 765 mm | 30.1 inch.

The driest month is June, with 8 mm | 0.3 inch of rainfall. In January, the precipitation reaches its peak, with an average of 132 mm | 5.2 inch

The warmest month of the year is January, with an average temperature of 21.5 °C | 70.7 °F. At 10.8 °C | 51.4 °F on average, June is the coldest month of the year.

SOURCE: <https://en.climate-data.org/africa/south-africa/kwazulu-natal/dundee-14874/>

- Any Severe events of concern: Dundee experienced some severe storms recently

- Aviation

Not needed for this site

- Seismic activity

The last recorded earthquake closer to Dundee was in North West of Vryheid on 09 February 2021 with 2.7 magnitudes.

- Radio towers

No towers affecting the site

- Site orientation

The site is facing north

- Security and access control

The building that is being renovated is in the hospital and the existing security for the hospital will cater for this building as well.

- Flood plain risks

The flood risk is not high; however the storm water management is required

- Existing infrastructure

There is an existing infrastructure however the capacity will be confirmed if it will be able to accommodate the additional accommodation.

- Bulk services (Services required is discussed in detail later in the document):

- Sewerage: The existing system will be used however the capacity will be examined
- Water: Available but additional harvesting and storage will be required
- Electricity: There is existing electricity however it will be assessed to confirm the adequacy
- Storm water: To be provided

3. Strategic Background

3.1. Strategic Impact or Objective

Source: *20 Years of community service in South Africa: what have we learnt?* By Steve Reid¹

“The recruitment and retention of health professionals in rural and underserved areas is a global challenge that no country has managed to solve satisfactorily. In 2010, the World Health Organization (WHO) developed a comprehensive set of guidelines based on the best available evidence for the recruitment and retention of healthcare professionals in rural and remote areas. The guidelines focus on four core categories, namely educational interventions, regulatory interventions, financial incentives, and professional and personal support. One of the regulatory interventions within this offering is compulsory service, which places this strategy within a broader set of options for increasing the supply of health professionals in areas that are difficult to staff.

The Health Professions Amendment Act No. 56 was signed into law by President Nelson Mandela in 1998, beginning a system of mandatory community service in the public health sector for all health professionals in South Africa. The first cohort of doctors began their year-long service in July 1998, followed by a much larger cohort in January 1999. All other categories of health professionals followed in successive years, with the largest cohort of professional nurses joining in 2005.

Compulsory CS is an effective strategy for recruiting health professionals to rural and underserved areas, but it is ineffective in retaining them in the absence of complementary longer-term human resource interventions.”

The KwaZulu-Natal Department of Health participate in the Community Service year programme. As such there is an annual need to house a number of community services medical professionals. This number can vary from year to year. *“The allocation process allows CS applicants to nominate their choice of sites from a prescribed list of approved health facilities drawn up by the provincial Departments of Health, the South African National Defence Force, and the Department of Correctional Services. These posts are identified according to the availability of funding, rather than actual relative need in terms of objective indicators such as vacancy rates for each category of staff in each province or district. Applicants are requested to select five options of their choice from the list, and these preferences are then submitted directly to the NDoH, which allocates applicants to different sites according to certain criteria. Provincial bursary-holders who have a service obligation to their provinces of origin, are given first priority for placement. Other social factors such as family responsibility are then taken into account on an individual basis. Around 50% of CS officers in each professional group were allocated to rural hospitals. This could be regarded as successful in terms of the objective of improved provision of health services, since about half of the South African population was located in rural areas in 1998.”*

Projects are generally created by the identification of a Strategic need and in diagrammatic form it is explained as follows:



¹ Primary Health Care Directorate, Faculty of Health Sciences, University of Cape Town

3.2. Project Outcome

The rural position of Dundee District Hospital make it very difficult to attain staff and it is necessary to provide a safe and pleasing environment in which staff and especially Community Service Staff can reside, rest and socialise. This in turn should result in better service delivery.

3.3. Project Output

The project aim to provide a maximum number of accommodations that can be achieved in the available space on site. The units will be to accommodate Community Service Professionals and other community service medical professionals and it must address:

- A design that is appropriate for the function intended to be carried out within the spaces designed.
- An ergonomically safe and risk-free living environment
- Compliance with quality assurance principles
- Design close relationships with nature
- Design with environmental efficiency as a primary goal
- Design that is flexible and adaptable to change

Due to the ongoing drought, focus must be placed on water saving, harvesting and recovering systems. Green initiatives should be considered.

The project must include recreational and external areas.

3.4. Project Actions

The various tasks that must be carried out in order to deliver planned results can include;

- Stakeholder engagement with facility, the district and provincial programmes
- Stakeholder engagement with community at initiation stage and construction stage
- Project Planning
- Designs, specifications, etc.
- Documentation
- Tender process
- Construction
- Commissioning
- Training

3.5. Project Input

The resources that are needed in order to carry out the tasks, including staff, skills and materials can include the following:

3.5.1. Project Team

KZN Department of Health - Infrastructure Development

Table 1: KZN-DOH Infrastructure Team

Team Member	Skill level required
Project Leader	Project Management skill required
Architect	Level 10: Architect
Electrical Engineer	Level 10: Engineer
Mechanical Engineer	Level 10: Engineer
Civil/Structural Engineer	Level 10: Engineer
Quantity Surveyor	Level 10: Quantity Surveyor
Health and Safety Liaison	Level 10: Health and Safety Officer
Administrative support	Finance, Admin and PMS skills required

KZN Department of Health – General

Table 2: KZN-DOH General Team

Team Member	Skill level required
Corporate Services Liaison	Must have knowledge of provincial and departmental policies re Housing/Accommodation Must have knowledge of provincial and departmental policies re Community Services
District Hospital Services Liaison	Must have knowledge of provincial and departmental policies re Community Services
IT Services Liaison	Must have knowledge of provincial and departmental policies re IT services
Security Services Liaison	Must have knowledge of national, provincial and departmental policies re security, level of security required
Infection Prevention Control (IPC) Liaison	Must have knowledge of national, provincial and departmental policies re IPC, materials and fittings for accommodation
Hospital Management Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies re Housing/Accommodation Must have knowledge of Hospital Infrastructure and Maintenance plans
Umzinyathi Health District Liaison	Must have decision-making delegations Must have knowledge of provincial and departmental policies Housing/Accommodation Must have knowledge of Hospital Infrastructure and Maintenance plans

Implementing Agent KwaZulu-Natal Department of Public Works

Table 3: Implementing Agent Team

Team Member	Skill level required
Project Leader	Project Management skill required. 5 years' experience in the Health planning environment
Architect	University degree, Professional registration and 3 years post registration experience in the health field
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience
Administrative support	Finance, Admin and WMS skills required

3.5.1.1. External Resources required

External Resources may only be procured if there is an insufficient in-house skill available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4.

Should external resource be required, it is recommended that the following be considered (as is required to augment any In-house capacity):

Table 4: External Team

Team Member	Skill level required
Principal Agent	University degree, Professional registration and 3 years post registration experience Project Management skill required. 5 years' experience in the Health planning environment
Architect	University degree, Professional registration and 3 years post registration experience in the health field
Town Planner	University degree, Professional registration and 3 years post registration experience
Electrical Engineer	University degree, Professional registration and 3 years post registration experience
Mechanical Engineer	University degree, Professional registration and 3 years post registration experience
Civil/Structural Engineer	University degree, Professional registration and 3 years post registration experience
Quantity Surveyor	University degree, Professional registration and 3 years post registration experience
Land Surveyor	5 Years' Experience in the Surveying Field
Geotechnical Engineer	University degree, Professional registration and 3 years post registration experience
Sustainable Specialist	5 Years' Experience in the Infrastructure environment
General building contractor	CIBD 5GB
Community Liaison Officer	Experience and knowledge of applicable legislations and policies Management capabilities is recommended

3.5.1.2. Additional resources required

Over and above the preceding, it is expected that the following resources will be required:

- Contracting Management staff
- Contracting Admin staff
- Contracting Supervisory staff
- Construction Artisans
- Construction workers
- Casual Labour
- Specialist sub-contractors
- Applicable construction materials
- Required construction equipment and machinery

3.6. Statutory Requirements

3.6.1. Legislation

- Legislation: Minimum applicable legislation (latest version) include:
 - Architectural Profession Act, 2000 (Act No. 44 of 2000)
 - Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003)
 - Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996)
 - Construction Industry Development Board Act, 2000 (Act No. 38 of 2000)
 - Engineering Profession Act, 2000 (Act No. 46 of 2000)
 - Government Immovable Assets Management Act (Act No. 19 of 2007)
 - Landscape Architectural Profession Act, 2000 (Act No. 45 of 2000)
 - National Archives and Record Services of South Africa Act, 1996 (Act No. 43 of 1996)
 - Occupational Health and Safety Act, 1993 (Act No. 85 of 1993)
 - Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000)
 - Project and Construction Management Professions Act, 2000 (Act No. 48 of 2000)
 - Public Finance Management Act, 1999 (Act No. 1 of 1999)
 - Quantity Surveying Profession Act of 2000 (Act No. 49 of 2000)
 - South African Schools Act, 1996 (Act No. 84 of 1996)
 - National Health Act, Act No. 61,2003
 - Division of Revenue Act, Act 10 of 2015
 - Spatial Planning and Land Use Management Act, Act 16 of 2013 and Regulations
 - Occupational Diseases in Mines and Works Act, 78 of 1973
 - Health Professions Act, Act 56 of 1974 (as amended)
 - National Policy for Health Act, Act 116 of 1990
 - Tobacco Products Control Amendment Act, Act 12 of 1999 (as amended)
 - Criminal Procedure Act, Act no 51 of 1977 (as amended)
 - Public Service Act of 1994
 - Employment Equity Act, Act No 55 of 1998 (as amended)
 - State Information Technology Act, Act no 88 of 1998
 - Skills Development Act, Act no 97 of 1998
 - Promotion of Access to Information Act, Act no 2 of 2000
 - Promotion Of Administrative Justice Act, Act No. 3 of 2000
 - Promotion of Equality and Prevention of Unfair Discrimination Act, Act No 4 of 2000
 - Council for the Build Environment Act, Act No 43 of 2000
 - Preferential Procurement Regulations, 2017
 - Other Sector Specific Acts of Parliament
- Policies:
 - KwaZulu-Natal Department of Health Employee Housing Policy
- Norms and Standards: Minimum applicable Norms and Standards
 - IUSS
- Other requirements:
 - Treasury Instructions Notes No. 4 of 2015/16 in terms of Public Finance Management Act (PFMA); and
 - Circular 77 for Model Supply Chain Management (SCM) policy for infrastructure procurement and delivery management.

- Statutory Permissions Required
 - Land:
 - Acquisition: Land Ownership to be confirmed and if necessary to be transfer
 - Leases: None required
 - Consolidations/Subdivisions: None required
 - Applications
 - Planning and Development Act: Not Required
 - Environmental Impact Assessment: Not required
 - AMAFA approval: Requirement to be confirmed
 - Municipal Approval: Required
 - Access to Provincial /National Roads: Not Required
 - Other: any other approvals to be confirmed by the Project Team

3.7. Situational Analysis

3.7.1.1. Overview of Umzinyathi Health District



Map 1: Umzinyathi District

The uMzinyathi District Municipality is a Category C municipality located in the north and central areas of the KwaZulu-Natal Province. The municipality is bordered in the north by Amajuba Municipality, in the south-east by Umzinyathi Municipality, in the south-west by uMgungundlovu Municipality, in the east by King Cetshwayo Municipality, and in the west by uThukela Municipality.

The district consists of four local municipalities: Endumeni, Nquthu, uMsinga and Umvoti. The district lies between the main N3 Corridor between Durban and Gauteng and the Coastal Corridor, running along the east coast.

The more developed urban areas include Dundee and Greytown, which can be viewed as a strong regional centre with substantial commercial and agricultural activity. The seat of uMzinyathi is Dundee.

Area: 8 652km²

Cities/Towns: Dundee, Glencoe, Greytown, Kranskop, Nquthu, Pomeroy

Main Economic Sectors: Community, social and personal services (27.4%), agriculture, hunting, forestry and fishing (22.6%), wholesale and retail trade (15.9%), manufacturing (14.8%), financial, insurance, real estate and business services (7.3%), electricity and construction (6.3%), transport, storage and communication (3.5%)

SOURCE: <https://municipalities.co.za/resources/122/umzinyathi-district-municipality>

3.8. Scope of the Project

3.8.1. Brief overview of the Project Scope

- Renovate, alter and extend the existing double storey building to provide twenty single bed self-contained units with provision of one disabled unit.
- Provision to be made for communal spaces, laundry areas, waste areas and recreational areas
- The room set up will be as per category A units (IUSS Nursing Education institution Guide line). The reference will be Rietvlei Hospital staff accommodation consisting of 1 bedroom flats module
- Structural investigation to warrant that the double storey building is structural sound and can be safely altered must be conducted prior to the renovations.
- Provide parking for the units.
- Guardhouse with a control room
- High clear view fence to have spikes or barbed wire separating the main hospital and the residence
- CCTV on staircases
- Card readers as per DOH standards
- Sliding gate at the main entrance to the accommodation and an access control passenger gate to the hospital.
- Surveillance cameras on main circulation areas

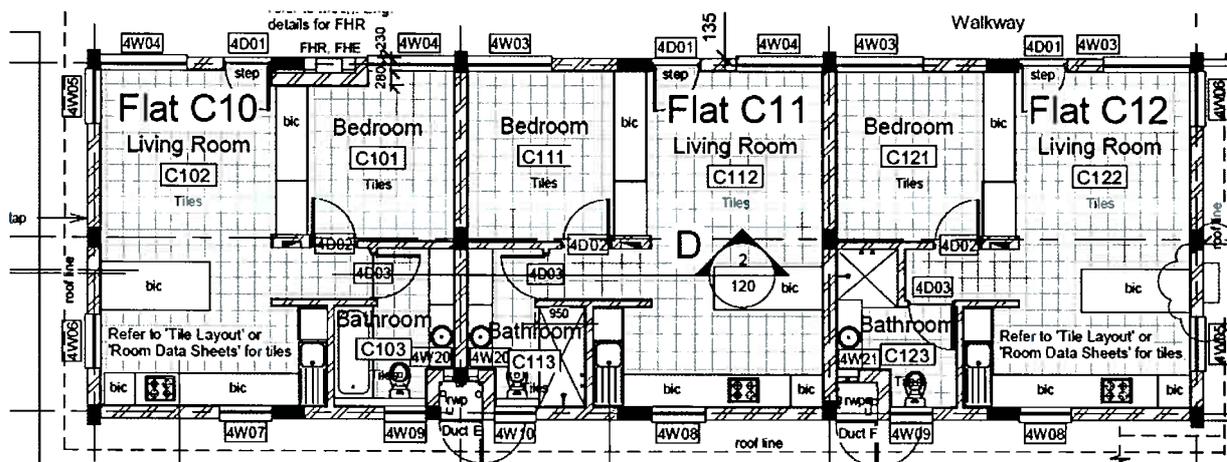


Figure 3: 1 Bedroom Flat Module

SOURCE: Rietvlei Hospital Staff Accommodation

Furthermore it is required that the following be addressed:

- Access control
- Security
- Roads and parking (relating to project)
- Landscaping
- Recreational areas
- Green initiatives
- Maintenance strategies

Rietvlei Hospital Accommodation As-built drawings can be made available.

4. Technical Brief

4.1. Detail Scope of Work

4.1.1. External Circulation to site

- Entrances
The main entrance of the hospital in Mackenzie Road and there is a second gate that is closer than the building that is renovated which is in Tandy Street that will be used to access the accommodation. The accommodation block can be accessed via the Tandy Street and the accommodation block has its own entrance with the main entrance accessible via the Ground floor and the fire escape door.
- Vehicular and Pedestrian Access and Parking

The scope of the project includes the driveway and parking for the residents. There will be no visitor's parking.

Pedestrian traffic mostly follows formal roads or makes use of informal routes. It is not envisaged that additional walkways would be required; however this must be determined on site.

4.1.2. Entrance Design

Both entrances to Dundee Hospital are catered with security personnel however the accommodation block requires its own security and access control with the following minimum controls:

- Security Gate to main entrances
- Access control to main entrances

4.1.3. Security and Access control

The accommodation is within the hospital. The current access control will be used for the accommodation in addition to the requirements that are specified on the project scope.

The building and units must include security gates to all doors and all windows to have burglar bars. Fire evacuation will be planned according to SANS 10400.

4.1.4. Orientation and Rational Planning Principles

There is an existing double story building that will be renovated; the maximum of 20 units will be achieved by extending and adding to the available space using the current norms and standards.

The design of the project must:

- Respond to the local climate. Sunlight and natural ventilations should be provided as far as possible.
- Have integrated external and Internal areas
- Be appropriate space norms and room design
- Be designed so that it is appropriate for the functions intended to be carried out within the planned spaces
- Be ergonomically safe and a risk-free work environment for rest and relaxation
- Comply with quality assurance principles
- Be designed that balance requirements for need and capital, and recurrent budget considerations

- Be designed close relationships with nature
- Be designed with enviro-friendly efficiency as primary goal
- Be designed that is flexible and adaptable to future change
- ensure that the functional and aesthetic requirements of furniture and fittings, fabric and finishes are met
- Use of latest technology and innovations to aid in the lifespan and maintenance of the project

4.1.5. Building and Engineering Services

- Mechanical Services
 - No mechanical services are envisaged
- Electrical Services
 - Electricity is available on site. Efficiency of supply must be verified
 - Backup/ Emergency system are not required however street and area lights must be on emergency power
 - Lighting protection are to be provided
 - Space heating may be considered
- Civil Engineering
 - Water is, due to the ongoing drought a major problem. A borehole on the site is should be provided. There is water storage on the hospital site. Both potable water and fire water systems are to be provided to the site.
 - It is recommended that green initiatives such as water harvesting, saving and recovery systems be investigated and considered.
 - Sewer is available on site, however capacity must be verified.
 - Storm water need to be designed bearing in mind water harvesting, saving and recovery systems
- Other Bulk Services
 - No IT systems is envisaged
 - Electronics - access control
 - Telecommunications systems are envisaged
 - Entertainment systems are to be investigated and consulted with the Hospital Management

4.1.6. Green Building Initiatives

Green initiatives must be considered and may include:

- Solar
- Water harvesting, saving and recovery systems
- Energy efficiency equipment and fittings
- Landscaping

4.1.7. Accommodation schedule

The following accommodation schedule is a guide and must be developed and verified by KZN-DOPW.

Table 5: Proposed accommodation schedule

Area	No	No of persons	Size	Total	Room/area allowance
			m ²	m ²	
1 Bedroom units	TBC	TBC	34	1190	
Bedroom	1	max 2	9	9	1 x double bed or 2 x single beds Bedside table/s Built in cupboard with hanging space and shelves
Bathroom	1		4	4	Toilet Shower Hand wash basin Cabinet and/or small cupboard
Kitchenette	1		9	9	Open plan Small stove Sink Small domestic fridge Microwave oven
Lounge	1		12	12	Open plan 4 seater lounge set Coffee table Desk and chair TV Cupboards
2 Bedroom units	TBC	max 72	40	160	
Bedroom	2	max 4	9	18	1 x double bed or 2 x single beds Bedside table/s Built in cupboard with hanging space and shelves
Bathroom	1		4	4	Toilet Shower Hand wash basin Cabinet and/or small cupboard
Kitchenette	1		12	12	Open plan Small stove Sink Small domestic fridge Microwave oven
Lounge	1		15	15	Open plan 6 seater lounge set Coffee table Desk and chair TV Cupboards

Area	No	No of persons	Size	Total	Room/area allowance
			m ²	m ²	
1 Bedroom unit (Disabled friendly)	1	max 2	45	45	
Bedroom	1	max 2	12	12	1 x double bed or 2 x single beds Bedside table/s Built in cupboard with hanging space and shelves
Bathroom	1		6	6	Toilet Shower Hand wash basin Cabinet and/or small cupboard
Kitchenette	1		12	12	Open plan Small stove Sink Small domestic fridge Microwave oven
Lounge	1		15	15	Open plan 4 seater lounge set Coffee table Desk and chair TV Cupboards
Communal Spaces			64	64	
Laundry	2		12	24	No to be finalised during planning Washing machines Sinks Ironing boards
Patio	2		20	40	
Service spaces			64	64	
Cleaner's room	2		6	12	Sink Hooks Cupboard Hand wash basin
Stores	2		6	12	
Waste Area	2		8	16	Refuse bins
Drying yard	2		12	24	

4.1.8. Space requirements

All spaces requirements are as per the accommodation schedule above and applicable reference documents.

4.1.9. KZN-DOH Area requirement and related costing guidance

Refer to IUSS Health Facility Guides Order of Magnitude calculator for new accommodation.

4.1.10. Standard specifications for the use of materials in the building

Refer to applicable reference documents.

4.1.11. Branding/aesthetic design preferences and requirements

Refer to the KZN Health Corporate Communications for provincial preferences.

4.2. Comparative Examples

• **Accommodation**

Rietvlei Hospital: Rietvlei staff accommodation

- This facility serves as a good example of what is to be achieved.



Photo 3 & 4: External views of Rietvlei Hospital Staff Accommodation (pre-occupation)

SOURCE: Michelle de Goede

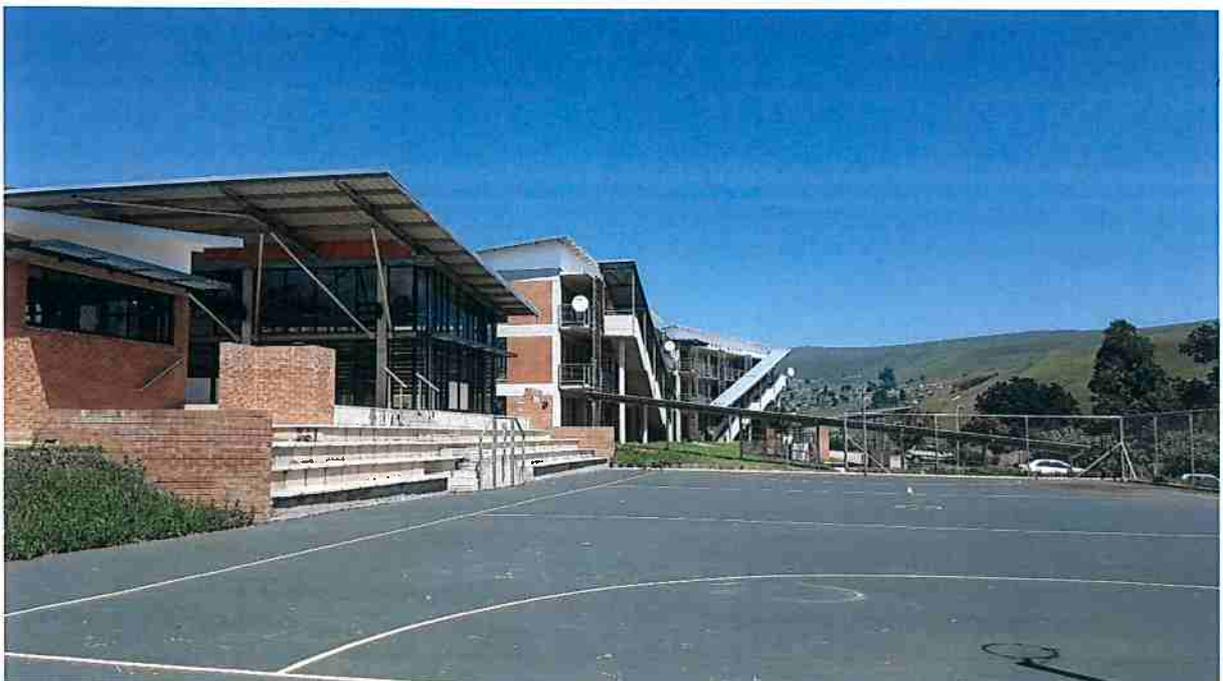


Photo 5 & 6: External views of Rietvlei Hospital staff Accommodation – recreation area (post-occupation)

SOURCE: PMIS



Photo 7: External views of Rietvlei Hospital Staff Accommodation (post-occupation)
SOURCE: PMIS

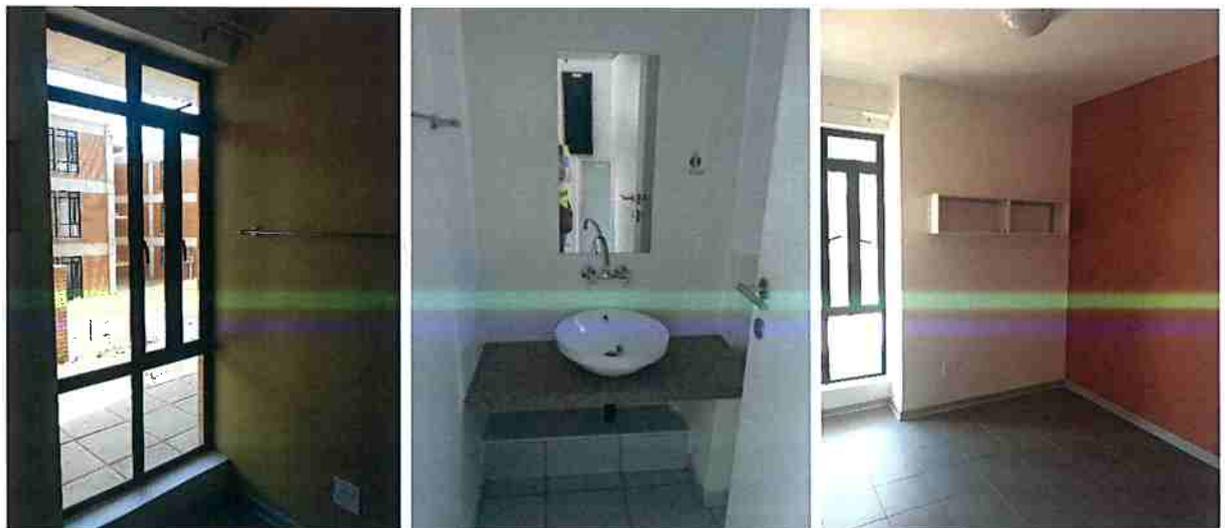


Photo 8, 9 & 10: Internal views of Rietvlei Hospital Staff Accommodation (pre-occupation)
SOURCE: Michelle de Goede

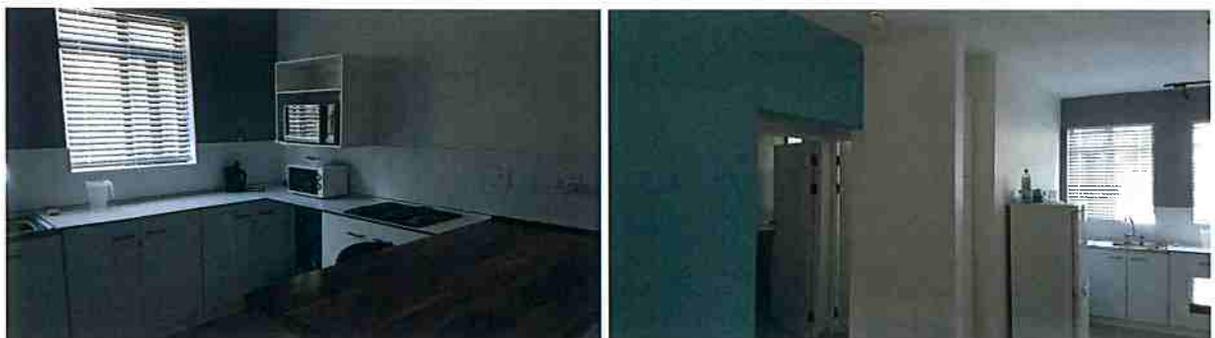


Photo 11 & 12: Internal views of Rietvlei Hospital Staff Accommodation (post-occupation)
SOURCE: PMIS

5. Project / Programme Management and Cost control

5.1. Project Management

5.1.1. IDMS guidelines

NO PROJECT CAN PROCEED UNTIL THE IDMS STAGE HAS BEEN SIGNED OFF BY THE APPROPRIATE COMMITTEE – Please refer to Departmental Infrastructure Standard Operating Procedures (SOPS)

The following FIDPM stages are applicable to this project;

Stage 1 PROJECT INITIATION / PREFEASIBILITY

Stage 1 A

- Deliverable Initiation report OR Prefeasibility study approved

Stage 1 B

- Deliverable Project brief approved

Stage 2 CONCEPT / FEASIBILITY

- Deliverable Concept and viability report, OR Feasibility report approved

Stage 3 DESIGN DEVELOPMENT

- Deliverable Design development report approved

Stage 4 DESIGN DOCUMENTATION

- Deliverable Design documents report approved

Stage 5 WORKS

- Deliverable Works completion report approved

Stage 6 HANDOVER

- Deliverable Handover / Record information report approved

Stage 7 CLOSE OUT

- Deliverable Close out report is accepted

5.1.2. Project Management Plan / Resource Management

The following Project Management plan is a guideline.

Table 6: Proposed Project Plan

ITEM	ELEMENTS
Needs Assessment/Analysis:	This project cannot be undertaken utilising only in-house skills due to insufficient capacity. It is recommended that an Implementing Agent, ie KwaZulu-Natal Department of Public Works, be appointed to manage the project. KZN-DOPW are requested to undertake a need analysis to determine if they have the necessary skills to undertake this project in-house or if it is envisaged that Professional Service Providers will be appointed.

ITEM	ELEMENTS
Brief:	The Implementing Agent is required manage the implementation of the project (as per the current SLA) to successful completion within time, cost and to the required specification and to manage all project associated risks for minimum impact.
Consultancy Brief: (If applicable)	The Consultant team:- Are to manage the project to successful completion within time, cost and to the required specification and to manage project associated risks for minimum impact. Must develop, design, document, manage and close the project May not proceed with any stage (IDMS) of the work until the KZN-DOH is satisfied with the stage of the project. Must clarify any uncertainties, discrepancies, etc to the satisfaction of KZN-DOH Is expected to deliver a well-designed, cost effective, low maintenance facility that will suit the needs of the x community and KZN-DOH Must adhere to the timeframes for the work to be completed as presented.
Evaluation and Engagement:	The project may not proceed to any stage until KZN-DOH is satisfied with the current stage (wherever that is) of the project; KZN-DOH will follow the IDMS principles for approval and evaluation

5.1.3. Project Risk Plan

Informed decision-making is critical to the success of any project. Crucial to this success is the identification of risks and how they will be managed. The following risks have been identified prior to the projects start. These risks are not all inclusive and will be reviewed as the project progresses.

The following is some of the risk identified. However it is required that the Implementer develops a full risk plan. This is not an inclusive list and must be reviewed at each stage.

Table 7: Risk Log

Risk	Owner	Probability (low/med/high)	Consequence (L/M/H)	Actions
Project delays due to the delay in procurement of Service Providers/ Consultants	KZN-DOPW and or DOH	High	High	Proper Procurement management to be done
Delays in implementing the project due to pressure groups, change in legislation and other third party influenced activities.	KZN-DOPW and or DOH	High	High	Ensure that all EPWP and CPG are properly defined at tender stage and implemented accordingly after the contractor has been appointed.
Financial Hazards such as statutory wage increases and unduly high inflation.	KZN-DOPW and or DOH	High	High	KZN-DOPW or DOH and the appointed Professional Team to ensure that all Financial Risks are factored on the Project Budget.
Default or abandonment of the contract by the Contractor or insolvency of the Contractor.	KZN-DOPW and or DOH	High	High	KZN- DOPW or DOH Project Leader and the Professional Team to ensure that the Contractor furnishes surety for

Risk	Owner	Probability (low/med/high)	Consequence (L/M/H)	Actions
				part of the contract value and this can be invoked in the event of default.
Negligence by the Professional Team resulting into faulty design and contract documentation or poor contract supervision and administration	KZN-DOPW and or DOH	High	High	SCM and Project Leader to ensure that the appointed Professionals are adequately insured for this risk.
Community involvement	KZN-DOPW and or DOH	High	High	Proper management of project On-going consultation with community

5.1.4. Occupational Health and Safety Baseline plan

5.1.4.1. The project must comply with the requirements of the Occupational Health & Safety Act 85 of 1993 and its regulations.

5.1.4.2. A Construction Work Permit is required if the intended work will:

- The project will exceed 365 days and will involve more than 3600 persons days of construction work
- The tender limit is grade 8GB or higher of the Construction Industry Development Board (CIDB) grading.

5.1.4.3. The Implementing Agent must at least 30 days before that work is to be carried out, apply to the provincial director in writing for construction work permit to perform construction work.

5.1.4.4. A Health & Safety Agent must be appointed.

5.2. Communication Plan

The following plan is a guideline.

- **Strategies**
In order to ensure good communication, frequent engagement will take place though out the project life cycle. The engagements must include:
 - Stakeholder engagement meetings
 - Planning meetings
 - Update meetings
 - Report back meetings
 - Site meetings
 - No media communication except by KZN-DOH Communication
- **Methodologies**
Communication will be done though the following methods:
 - Meetings
 - Minutes

- Telecommunication
- E-mails
- Reports
- Letters
- Feedback information
- Delivery

Communication will be delivered through:

 - Telecommunication
 - E-mails
 - Postal services
 - Internal registry services
- Personnel

Communication will be between KZN-DOH Infrastructure Development (KZN-DOH ID) and:-

 - KZN-DOH Head Office sections
 - KZN-DOH Umzinyathi Health District
 - Dundee Hospital
 - KZN-DOPW
 - Consultant team (if appointed)

Communication is expected to take place between:

 - KZN-DOH Umzinyathi Health District and Community
 - KZN-DOH ID and IA
 - IA and Consultants (if appointed)
 - IA and Dundee Hospital
 - IA and Contractor/s
 - Between Consultants (if appointed)

5.3. Project Milestones

Table 8: MILESTONES and TASKS

Professional Milestones	FIDPM	Milestone	Date	% Project Complete
		PROJECT START DATE	24-11-2020	0%
Stage 1	Stage 1A Stage 1B	PRE-FEASIBILITY/ BRIEF	25-03-2022	3%
Stage 2	Stage 2	FEASIBILITY	31-08-2023	10%
Stage 3 Stage 4	Stage 3 Stage 4	DESIGN	28-02-2024	30%
		TENDER	30-09-2024	40%
Stage 5	Stage 5	CONSTRUCTION		
		Construction 0 - 25%	31-03-2025	51%
		Construction 26 - 50%	31-07-2025	61%
		Construction 51 - 75%	30-11-2025	70%
		Construction 76 - 100%	30-06-2026	81%
		PRACTICAL COMPLETION	01-07-2026	81%
	Stage 6	HANDED OVER	31-08-2026	84%
	Stage 5	WORKS COMPLETION	30-09-2026	91%
Stage 6	Stage 7	FINAL COMPLETION	31-12-2026	96%
		CLOSE OUT	30-09-2027	100%

5.4. Project Cost Breakdown

The project cost is made up of the following elements:

- Infrastructure component
- Operating costs

The Project Leader and Project Manager are responsible to ensure that necessary controls are in place and that the budgets are not exceeded without a fully motivated and approved submission to the CFO and HOD.

5.4.1. Construction estimated cost

Building Cost		
Funding source		
Budgetary Item	Amount	Explanatory Notes
Current Estimated Building Cost	R 25 765 000.00	Date of estimate: 12 January 2023
Pre-tender escalation	R 772 950.00	3% of construction cost
Contract escalation	R 1 803 550.00	7% of construction cost
Estimated Fees	R 5 217 412.50	15 % of construction cost
Contingency	R 2 576 500.00	10 % provision
VALUE ADDED TAX (VAT)	R 3 864 750.00	15 % of the total cost
Estimated Building Cost (incl. VAT)	R 40 000 162.50	

5.4.2. Operations estimated cost or additional cost

The construction of the accommodation is expected to increase operational costs. The expected cost will be for:

- Taxes
- Water
- Electricity
- Service staff

and the total cost will be determined once the new accommodation is operational.

5.4.3. Current financial year cash flow

Table 9: Estimated Monthly Cash flow (AIP)

Estimated Cash flow for current year (Total Construction cost + Fees, incl VAT)											
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0	0	0	0	0	0	0	0	0		0	0

5.4.4. Project duration cash flow

Cash flow relates to building costs only?

What if estimate does not reasonably match U-AMP amount? (Expansion required?)

Table 10: Projected Annual Cash flow

MTEF and beyond	Fees	Construction	Total
Prior years			
Yr 22/23	0	0	0
Yr 23/24	R 400 000.00	0	00
Yr 24/25	R 2 347 836.00	R 6 000 000.00	R 8 347 836.00
Yr 25/26	R 1 000 000.00	R 22 400 000.00	R 23 400 000.00
Beyond MTEF	R 1 469 576.50	R6 782 750.00	R 8 252 326.50
TOTAL	R5 217 412.50	R34 782 750.00	R 40 000 162.50

6. Procurement

6.1. Procurement Strategy

The Procurement Strategy has been prepared by Department of Health. The project is not in the current Infrastructure Programme Management Plan (IPMP) and has been identified as a new project. It sets out the Delivery Management Strategy as well as the Procurement and Contracting Arrangements proposed for each project requiring the procurement of Consultants (Professional Services) or Contractors (Works).

6.1.1. FIDPM Procurement gates

The FIDPM procurement gates must be implemented. The FIDPM states:

- 6.1.1 Infrastructure procurement shall be undertaken in accordance with all applicable Infrastructure Procurement-related legislation and this Framework.
- 6.1.2 Infrastructure procurement shall be implemented in accordance with procurement gates prescribed in clause 6.2 and the CIDB prescripts. If deemed necessary by the institution, Accounting Officer or Accounting Authority can, over and above procurement gates prescribed in clause 6.2, introduce additional procurement gates.
- 6.1.3 Procurement Gate 1 and 2 shall be informed by the Programme Management Control Point Deliverables in terms of Section 5.1.2 above.
- 6.1.4 Given the peculiarity of the institution, the procurement of Professional Service Providers (PSPs) and Contractors can occur at any points in the IDM Processes.
- 6.1.5 The Accounting Officer or Accounting Authority must ensure that a budget is available and cash flow is sufficient to meet contractual obligations and pay contractors within the time period provided for in the contract.
- 6.1.6 Procurement gates provided in 6.2 shall be used, as appropriate, to:

Infrastructure Procurement Requirements

- a) Authorise commencement to the next control gate;
- b) Confirm conformity with requirements; and/or
- c) Provide information, which creates an opportunity for corrective action to be taken.

6.1.2. Formulation Process

The 5-step process for the preparation of the Delivery Management Strategy and the Procurement and Contracting Arrangements is summarised below.

- Establishing the Base Information
 - Step 1: Establishing the project scope, the control budget, the implementation milestones, the programme and the cash flow is included in this document
 - *Procurement Gate 1 (PG1): Obtain permission to start with the procurement process.*
 - *Dundee Hospital: Renovations to the existing building to provide Accommodation for Community Service Professionals need to be procured*
 - *The broad scope of work for procurement is contained in this document*
 - *The estimate financial value of proposed procurement is R 40 000 162.50*

PG 1 will be complete once this Brief has been approved by the Health Infrastructure approval Committee and the Head: Health.

Step 2: Collect available CIDB data for contractors in terms of their classifications, grading, ownership and availability within the project area. According to CIDB, this project will be a level 7 GB contract



Home

Register of Contractors

[Disciplinary gazettes and case law reports](#)
[National Treasury Database of Restricted Suppliers](#)
[National Treasury Register for Tender Defaulters](#)

Select by Status:

Select by Region: (Registered head office address region)

Select by Designation and class:

Select by CRS Number: (Please list CRS numbers separated by commas, eg 100001,100002)

Select by Contractor Name: (Please enter a partial or complete organisation name)

Select Potentially Emerging

Town / City Filter: (Reloading the town filter will clear existing searches)

Figure 4: CIDB Levels

SOURCE: www.cidb.co.za

Formulate the Delivery Management Strategy for Works

Step 1: Identify opportunities for clustering projects into packages (rather than implementing as individual projects) to achieve greater efficiency, economy of scale or for other reasons discussed in further detail below – **This project cannot be clustered as there is no similar project in the area**

Step 2: Assess the resource requirements for the project and weigh internal capacity against that of the DOPW (or other external Implementing Agency) to determine whether the project is better suited to in-house or external implementation – **This is yet to be determined by KZN-DOPW, however if required provision has been made below**

- Identify suitable Contracting Arrangements for Works
 - Step 1: Consider alternative contracting arrangements and select the most suitable strategy for the project as expanded upon below
 - Step 2: The best strategy to secure financial offers and to establish the basis for remuneration for the services to be provided in terms of the contract
 - Step 3: Identify the appropriate Contractual arrangement (Form of Contract) for the implementation of the works

- Identify an appropriate Procurement Strategy for Works (where Works are required)
 - Step 1: The Procurement Procedure will be the standard KZN-DOPW procedure

Step 2: the procurement programme is imbedded in the project milestone as reflected in this document. The anticipated bid award date is 30 September 2024.

Step 3: The project is currently in FIDPM stage 1 B.

- Identify suitable Contracting Arrangements for Services

Step 1: The parameters for the procurement of technical and/or professional services and the mechanism for appointment, will be based on the outcome of the needs analysis to be performed by KZN-DOPW

Step 2: The most suitable Contracting Strategy is expanded on below

Step 3: The appropriate Form of Contract for the provision of these services are indicated below

- *Procurement Gate 2 (PG2): Approval for procurement strategies that are to be adopted*

Construction:

- *Standard KZN-DOPW procurement strategies will be followed*
- *The recommended procurement strategy for construction is Design by Employer*
- *Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.*
- *The proposed contracting and pricing strategy are:
Bill of Quantities
JBCC contract*
- *Contractors are to be paid on a monthly value based on actual works completed as*

PSP's:

- *Needs analysis to be done to determine if in-house skills are insufficient, if the skills are insufficient, then:*
 - *Standard KZN-DOPW procurement strategies will be followed*
 - *The recommended procurement strategy for PSP's are the CIDB PSP contract*
 - *Opportunities for promoting preferential procurement in line with legislative provisions and the Construction Sector Code will be included in the project documents.*
 - *The proposed contracting and pricing strategy will be based on Standard Services rendered by PSP as is contained in the various applicable gazettes*
 - *PSP's are to be paid at the end of each approved stage or on a proven monthly value based on a percentage of the current stage*

PG 2 is complete when procurement strategies that are to be adopted are approved.

6.1.3. Primary and Secondary Objectives

While the primary objective of an infrastructure project is the delivery of functional infrastructure such as buildings, plant and equipment, roads, electricity or water, the project will, where possible, incorporate secondary (or developmental) socio-economic objectives such as targeted procurement and employment, local economic development, skills development, Job creation and so on.

These objectives are given equal importance and although Developmental objectives do not appear in the IPMP as individual items they are cross-cutting in the formulation of procurement and implementation strategies.

The Primary and Secondary Objectives for this project are listed below:

- For this project the primary objective is the procurement and delivery the required output/s within budget, to the required standard and within the specified timeframe. This is detailed in the document above.
- The secondary objectives aims at socio-economic benefits which will be achieved through a combination of targeted procurement, skills development and job creation through the development and construction stages of the project

6.1.4. Delivery Management Strategy

The Delivery Management Strategy for this project is a follows.

6.1.4.1. Professional Services

The project team has been identified in the document above under 3.5.1 Project Team above.

The Contracting Arrangements required for the IPMP are as follows:

Table 11: Contracting Arrangements for Professional Services

Professional services needed	Procurement Strategy / Type of Appointment	Contracting strategy	Pricing Strategy	Form of Contract
Full service	Traditional Separate	Design by Employer	Gazetted Fee	CIDB Consultants appointment

6.1.4.2. For Works

The Strategic Arrangements required for the IPMP is:

Table 12: Strategic Arrangements

Delivery Management Strategy for Works			Contracting Arrangements for Works			Procurement Arrangements for Works		
Delivery Mode	Implementer	Estimated Project Control Budget	Contracting strategy	Pricing strategy	Form of Contract	Procurement Procedure	Estimated Bid/Tender Award Date	Comments / Current Stage
Individual Project	KZN-DOPW or DOH	R 40 000 162.50	Design by Employer	BOQ	JBCC	Public Open Tender	30 September 2024	FIDPM 1B

6.1.5. Additional Procurement Gates

The following additional Procurement Gates must be applied on this project by KZN-DOPW or DOH:

- Procurement Gate 3 (PG3): Approval for procurement documents
 - Procurement documents will completed and will comprise of:
 - For Construction:
 - Drawings
 - Specifications
 - Bills of quantities

- For PSP's
Standard KZN-DOPW tender documentation

PG 3 is complete when the procurement document is approved.

- Procurement Gate 4 (PG4): Confirmation of cash flow
 - Confirmation sufficient cash flow to meet contractual obligations will be done prior to project proceeding to the Bid Specification Committee (BSC).
 - The control measures for payment of contractors within the time period provided for in the contract include monthly invoices, checked and recommended by the project leader and approved for Payment documents

PG 4 is complete when cash flow is approved

- Procurement Gate 5 (PG 5): Solicit tender offers by:
 - Submission of tender documents to KZN-DOPW BSC and Bid Award Committee (BAC)
 - Inviting tender offers via advertisement in Local papers and Government systems
 - Closing of tenders and recording of received tenders
 - Preparation of a report on tender offers received
 - Safe filing of received tenders

PG 5 is complete when all received tender offers are duly accounted for.

- Procurement Gate 6 (PG 6): Evaluation of tender offers in terms of undertakings and parameters established in procurement documents.
 - Open and record tender offers received by Bid Evaluation Committee (BEC)
 - Evaluation of tenders to:
 - Determine whether or not tender offers are complete.
 - Determine whether or not tender offers are responsive.
 - Evaluation of tender submissions.
 - Preparation of a risk analysis.
 - Preparation a tender-evaluation report and submit to BAC for approval

PG 6 is complete when the evaluation report is reviewed and recommendations are ratified.

- Procurement Gate 7 (PG7): Award the contract.
Notification of successful tenderer and unsuccessful tenderers
 - Adherence to Appeals process
 - If no appeals, compilation contract document and signing thereof by all parties
 - Safe filing of contract.
 - Receipt of required documents in terms of the contract from the Contractor

PG 7 is complete when the tenderer has provided evidence of complying with all requirements stated in the tender data and formally accepts the tender offer in writing and issues the contractor with a signed copy of the contract

- Procurement Gate 8 (PG 8): Administer the contract and confirm compliance with all contractual requirements.
 - Capturing contract award data.
 - Administration contract in accordance with the terms and provisions of the contract

- Site hand over
- Progress and technical meeting
- Monthly progress reports
- Monthly payments
- Snag lists
- Ensure compliance with contractual requirements
 - Completion certificates
 - Close out reports
 - Assets management prescripts adhered to
 - Final payments
- Confirmation contract is complete

PG 8 is complete when contract completion/termination data is captured.

7. Expanded Public Works Programme and Community Participation Goal

The project shall be subject to the Expanded Public Works Program (EPWP) which is aimed at alleviating and reducing unemployment. Employment statistics will still be required to be submitted for projects below this value for recording and reporting to the EPWP system but all other EPWP guidelines may not be included.

Projects that have initial estimates exceeding R30 Million shall be subject to both Expanded Public Works Program (EPWP) and Contract Participation Goal (CPG).

Requirements for this project are outlined below:

7.1.1. Employment Requirements

The recruitment process shall be aligned with the self-targeting, community and geographic. In order for youth to be eligible they must at least be:

- 16 years old and not older than 35 at the time of the start of the work
- Reside within the ward in which the project is to be implemented. (In the event that there are insufficient participants in the ward, then participants may be drawn from neighbouring wards (close to the project site)).
- Be available to work on the dates as required by the project.
- Apply or register for the work in accordance with the manner specified by the recruiting body

The Implementing Agent must endeavour to meet the demographic targets for, namely:

- 55% women
- 55% youth
- 2% persons with disabilities. Persons with disabilities shall be actively sought for participation in the programme must be recruited based on consultation with local structures and community associations for persons with disabilities

The prioritisation of participants to be recruited shall be agreed upfront (e.g., female-headed households, those receiving social grants, etc.). Other special considerations include: to ensure fairness and equity, the following criteria are suggested to help in targeting the poorest of the poor, namely persons who come from households:

- where the head of the household has less than a primary school education
- that have less than one full time person earning an income
- where subsistence agriculture is the source of income

Persons receiving social grants, including disability grants, are eligible to participate in the EPWP.

7.1.2. Definition of the local area

The area considered for recruitment consist of 80% Umzinyathi Health District and 60% Endumeni Local Municipality

7.1.3. Appointment of the Project Steering Committee

A full Appointment of the Project Steering Committee will be required and CIDB Guidelines to be followed

7.1.4. Appointment of the Project Liaison Officer (PLO)

Appointment of a Project Liaison Officer (PLO) will be required

7.1.5. Branding Requirements (PPE and Site branding)

Branding will be required for the site, Uniforms and Tender documentation

7.1.6. Determination of the Labour Rate

The labour rate must in line with KZN-DOPW guidelines

8. Commissioning

The purpose of commissioning a facility is to ensure that construction work is completed according to the approved drawings and specifications, that equipment is in place and all areas are operationally ready such that the buildings can function fully upon occupation by the end user. According to the IUSS document a commissioned building is one deemed ready for service, ie the building may become fully operational for its intended purpose.

Project commissioning is the process of assuring that all systems and components of a building are:

Designed

Installed

Tested

Operated and

Maintained according to the operational requirements of the owner.

This process must involve all disciplines and must include systems validation and verification through inspecting and testing every operational component of the building project from the individual functions, such as instruments and equipment – including complex, systems and sub-systems. The process oversees:



This process is to prepare the facility management and assist them develop systems to operate the facility once construction is complete. Commissioning Systems for this project include:

- Fixed Equipment
- Loose Equipment and Furniture
- Human Resource / Staffing
- Consumables
- Facilities Management, which includes:
 - Governance and the delegation of Authority
 - Legal requirements
 - Hospital Financial Management
 - Organizational Development Strategy
 - Hospital Information Management
 - Hospital Information Technology
 - Communication Strategy
 - Maintenance, guarantees and contracts

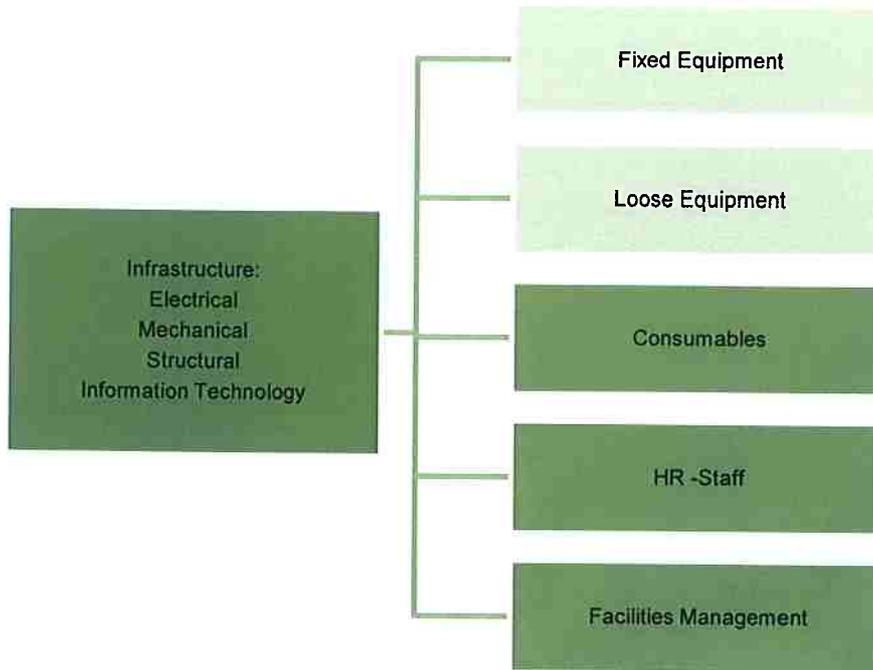


Figure 5: Key elements in the commission process as per IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014

The 3 Major components of commissioning which will be considered are:

- Building Component
- Equipment Component
- Operational Component

These are parallel processes occurring throughout the project which must be initiated at the beginning of the project before construction.

It is advised that an operational commissioning team be established chaired by the facility head. The objective is to ensure that the infrastructural, equipment and operational programmes are aligned and co-ordinated.

It is recommended that the commissioning team steps correspond with the Framework for Infrastructure Delivery and Procurement Management (FIPDM) process as set out in the IUSS document.

(IUSS Health Facility Guides – Commissioning Health Facilities Draft 1.4 April 2014)

9. Organisational Development

Dundee Hospital is a functioning Hospital there is no organizational development needed for the accommodation however the hospital will provide cleaners for the communal spaces.

10. External Appointments

External Resources may only be procured if there is an insufficient in-house skill available within the Implementing Agent. Justification must be provided in terms of National treasury Instruction No 2 of 2017/2018 and specifically item 4.

10.1. Appointment of External Implementing Agent – KwaZulu-Natal: Department of Public Works

KZN-DOH has entered into a legally binding Service Level Agreement with KZN-DOPW. However, over and above the agreements, the following expectations by KZN-DOH are highlighted:

- Effective Project management
- Effective management of PSP (where applicable)
- Effective Cost Control
- Effective Risk Management
- Effective Time management
- Effective communication
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

10.2. Appointment of External Service Providers

Should external resource be required, it is recommended that the below be considered (as is required to augment any In-house capacity).

The IA will enter into a legally binding agreement with each Consultant. However, over and above the agreements, the following expectations by KZN-DOH from the consultants are highlighted:

- Cost effective proposals including where possible alternative economic proposals
- A Maintenance conscious facility and including a baseline maintenance plan at the end of the project
- An Environmental conscious facility
- A Facility that will stand the test of time
- Consideration to alternative, but tested and accepted construction methods, systems and installations
- Timeous response time and provision of documents including the following:
 - Programmes and milestones
 - Designs, reports and specifications
 - Cost reports
 - EPWP reports
 - Completion certificates
 - As-built drawings, specifications, manuals, baseline maintenance plan, certificate

- Close-out report
- Compliance to Legislative requirements
- Compliance to Policies
- Compliance to Norms and Standards (both National and Provincial)

10.3. Appointment of Contractors or Suppliers

The IA will enter into a legally binding agreement with the Contractor or Supplier. However, over and above the agreement, the following expectations by KZN-DOH from the Contractor or Supplier are highlighted:

- Effective Time management
- Effective Project Management
- Effective Cost Management
- Effective Resource Management
- Effective Communication
- Adherence/Compliance to all applicable Legislation
- Adherence/Compliance to all applicable policies
- Adherence/Compliance to all applicable norms and standards

10.4. Roles and Responsibilities of the Department of Health

The roles and responsibilities are highlighted below:

- Effective management and co-ordination of all stages of the project
- Effective management and co-ordination to all legislative requirements
- Quality control and compliance.
- Effective manage Procurement preparation processes in terms of the PFMA, FIDPM and Treasury Regulations.
- Contract and project management
- Effective Financial management.
- Effective Time Management
- Manage completion processes and retention periods.
- Manage timeous and complete Close-out of Project including as-built documentation, manuals compliance certificates and related documentation.
- Manage all required reporting, documentation and archiving of documents
- Where an IA has been appointed, DOH will have an oversight role

11. Contact Numbers

Department of Health: Infrastructure Development

Contact Person Tokozani Madikane
Tel 033 – 940 2567
Mobile 083 657 8024
Email Thokozani.Madikane@kznhealth.gov.za

Department of Health: Corporate Services

Contact Person Mrs P Maharaj
Tel 033 395 2148

Department of Health: Dundee Hospital

Contact Person Mrs TT Vilakazi: CEO
Mr I.M Gubevu: Systems Manager
Tel 034 212 1111

Umzinyathi Health District

Contact Person Mrs P. Mbatha: Acting District Director
Mr A. Buthelezi: District Engineer
Tel 034 299 9100

Implementing Agent KZN Department of Public Works

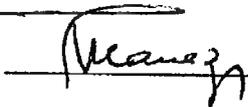
Contact Person Ms Z Pfute
Tel 033 355 5500

12. Signatures

Signatories

The following Facilities, Programmes and their Managers, Directors or Leaders have been fully advised and have read and understood the contents of this document.

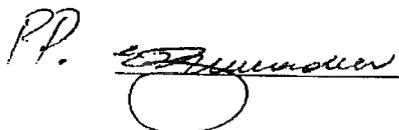
Name: Mrs TT Vilakazi
Designation: Dundee Hospital: CEO
Date: 18/06/21

Signature: 

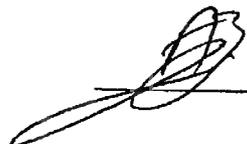
Name: Mr I.M Gubevu Mrs Z.S.J. Khambele
Designation: Dundee Hospital: Systems Manager Acting Systems manager
Date: 18/06/21

Signature: 

Name: Mrs P. Mbatha
Designation: Umzinyathi District : Acting District Director
Date: 21/06/21

Signature: 

Name: Mr A. Buthelezi
Designation: Umzinyathi District : District Engineer
Date: 21/06/2021

Signature: 

**APPENDIX E:
FORM A - SCHEDULE OF TEAM
MEMBERS PROPOSED FOR THE
PROJECT**

FORM A

SCHEDULE OF TEAM MEMBERS PROPOSED FOR THE PROJECT

Please note that if any of the information disclosed in the table below is found to be dishonest or inaccurate, this may result in the withdrawal of any award already and a repudiation of this agreement. Further appropriate action may also be taken.

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Architect Firm:(Lead Consultant)					
<ul style="list-style-type: none">Lead Professional:					
<ul style="list-style-type: none">Support Professional/Candidate:					
Structural Engineer Engineering Firm:					
<ul style="list-style-type: none">Lead Professional:					
<ul style="list-style-type: none">Support Professional/Candidate:					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Civil Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					
Electrical Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Mechanical Engineering Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					
Quantity Surveying Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					

PROPOSED TEAM MEMBERS	REGISTERED WITH RELEVANT PROFESSIONAL COUNCIL (YES/NO)	DATE OF REGISTRATION AS A PROFESSIONAL / CANDIDATE	PROFESSIONAL REGISTRATION IN GOOD STANDING (YES/NO)	PROFESSIONAL REGISTRATION NUMBER	YEARS OF POST REGISTRATION EXPERIENCE
Construction Health and Safety Firm:					
<ul style="list-style-type: none"> Lead Professional: 					
<ul style="list-style-type: none"> Support Professional/Candidate: 					

APPENDIX F:

CURRICULUM VITAE TEMPLATE

CURRICULUM VITAE TEMPLATE



1. Personal Details

Name:	
Date of Birth:	
Current Employer:	
Current Position Held:	

2. Education (Degrees, Diplomas, Bachelor/B Tech and Post Graduate Qualifications ONLY)

Qualification	Year Obtained	Institution



3. Professional Registration/s

Professional Body	Year Obtained	Expiry Date	Category of Professional Registration

4. Relevant Project Experience (Provide a maximum of 3 relevant projects)

Name of Project	Client	Project Start Date	Project End Date	Project Value	Role on Project

APPENDIX G:

RETURNABLES – RESPONSIVENESS

**APPENDIX H:
RETURNABLES – ELIGIBILITY
CRITERIA**

**REGISTERED PROFESSIONAL
ARCHITECT CERTIFICATE AND
PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL
STRUCTURAL ENGINEER
CERTIFICATE AND PROFESSIONAL
INDEMNITY**

**REGISTERED PROFESSIONAL CIVIL
ENGINEER CERTIFICATE AND
PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL
QUANTITY SURVEYOR CERTIFICATE
AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL
ELECTRICAL ENGINEER CERTIFICATE
AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL
MECHANICAL ENGINEER CERTIFICATE
AND PROFESSIONAL INDEMNITY**

**REGISTERED PROFESSIONAL
CONSTRUCTION HEALTH AND SAFETY
CERTIFICATE AND PROFESSIONAL**

**APPENDIX I:
RETURNABLES – FUNCTIONALITY
CRITERIA**

LEAD ARCHITECT CV

**LEAD ARCHITECT PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED FINAL
ACCOUNT SUMMARY/REFERENCE
LETTERS**

LEAD STRUCTURAL ENGINEER CV

**LEAD STRUCTURAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF AWARD /
SIGNED FINAL ACCOUNT
SUMMARY/REFERENCE LETTERS**

LEAD CIVIL ENGINEER CV

**LEAD CIVIL ENGINEER COMPLETION
CERTIFICATES, LETTERS OF AWARD /
SIGNED FINAL ACCOUNT
SUMMARY/REFERENCE LETTERS**

LEAD QUANTITY SURVEYOR CV

**LEAD QUANTITY SURVEYOR PROJECT
COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED FINAL
ACCOUNT SUMMARY/REFERENCE
LETTERS**

LEAD ELECTRICAL ENGINEER CV

**LEAD ELECTRICAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF AWARD /
SIGNED FINAL ACCOUNT
SUMMARY/REFERENCE LETTERS**

LEAD MECHANICAL ENGINEER CV

**LEAD MECHANICAL ENGINEER
PROJECT COMPLETION
CERTIFICATES, LETTERS OF AWARD /
SIGNED FINAL ACCOUNT
SUMMARY/REFERENCE LETTERS**

**LEAD CONSTRUCTION HEALTH AND
SAFETY CV**

**LEAD CONSTRUCTION HEALTH AND
SAFETY COMPLETION CERTIFICATES,
LETTERS OF AWARD / SIGNED FINAL
ACCOUNT SUMMARY/REFERENCE
LETTERS**

TEAM ORGANOGRAM

ARCHITECT DISCIPLINE ORGANOGRAM

STRUCTURAL ENGINEERING DISCIPLINE ORGANOGRAM

CIVIL ENGINEERING DISCIPLINE ORGANOGRAM

**QUANTITY SURVEYING DISCIPLINE
ORGANOGRAM**

ELECTRICAL ENGINEERING DISCIPLINE ORGANOGRAM

MECHANICAL ENGINEERING DISCIPLINE ORGANOGRAM

**CONSTRUCTION HEALTH AND SAFETY
DISCIPLINE ORGANOGRAM**