PHASE 2: Functionality/Quality Evaluation

Qualifying Bidders must meet the minimum qualifying evaluation score of 80% as per criteria below.

DO NOT USE GREY BLOCKS

					Sub-po	oint sco	ring											
					Team	membe	r											
	Points allocated	Deliverables	Sub points allocated	Sub- criteria	Team	Lead Consultant		Civil Engineer	Structural Engineer	Mechanical Engineer	Electrical Engineer	Quantity Surveyor	Wet Services	IT Specialist	Fire Specialist	Environmental Specialist	Health Planner	Total
				1. Schedule	Detaile	d inform	nation =	Max po	ints ; No	or inc	omplete	Informa	tion = () points	1			
		Schedule (in		(in the form														
	the form of		of Ammandia															
	Appendix D)		Appendix															
		that sets out the roles and		D) of														
		responsibilities	10	proposed team and														
1. Document		of each		state the														
Roles of		proposed		name of the														
Resources	40	team member		Professional														
Proposed	40	and state the		for the														
for the		name and		Project														
Project.		Professional			Detaile	d inform	nation =	Max po	ints ; No	or inc	omplete	Informa	ition = (points		•		
		Registration		2.														
		Number of the		Professional														
		Resident		Registration														
		Professional	8	Number of														
		for the Project.		the														
		(SA councils)		Professional														
				for the														

					Sub-po	oint sco	ring											
Evaluation			Sub points allocated		Team ı	membe	r											
Evaluation criteria	Points allocated	Deliverables		Sub- criteria	Team	Lead Consultant	Architect	Civil Engineer	Structural Engineer	Mechanical Fngineer	Electrical Engineer	Quantity	Wet Services	IT Specialist	Fire Specialist	Environmental Specialist	Health Planner	Total
				Project (Based on Appendix D)														
			12	3. Detailed Curriculum Vitae of each proposed team member (In the form of Appendix E)														
2. Bidder to demonstrate their technical competency, human resource capacity and	59	1. Detailed schedule of resources Refer to Tables 8	39	Minimum required post registration experience Minimum	Detaile points	d inform	nation a	nd meet	ing min	mum r	equirem	ent = 1	point;	No or inc	omplete	Informa	ation = 0	
relevant				required														

					Sub-po	oint sc	oring											
			Sub points allocated		Team	membe	r											
Evaluation criteria	Points allocated	Deliverables		Sub- criteria	Team	Lead Consultant	Architect	Civil Engineer	Structural Engineer	Mechanical Engineer	Electrical Engineer	Quantity Survevor	Wet Services	IT Specialist	Fire Specialist	Environmental Specialist	Health Planner	Total
experience				experience														
in similar				in health														
projects.				projects/														
				planning														
				Minimum														
				required														
				experience														
				in in														
				relevant														
				field														
				Proof of														
				Professional														
				Body														
				Registration														
				per team														
				member														
				Proof of														
				relevant														
				qualification														
				per team														
				member	D-1 "	-1 in C	:	4 1	. N.I		1-4-1-6							<u> </u>
		2. Schedule of	00	D (" (Detaile	a intorr	nation =	1 point	; No or	ıncomp	iete Info	rmation	= 0 po	ints				
		experience on	20	Details of														
		similar health		experience														

					Sub-po	oint sc	oring											
			Sub points allocated		Team ı	nembe	r											
Evaluation criteria	Points allocated	Deliverables		Sub- criteria	Team	Lead Consultant	Architect	Civil Engineer	Structural Engineer	Mechanical Fngineer	Electrical	Quantity	Wet Services	Englineer IT Specialist	Fire Specialist	Environmental Specialist	Health Planner	Total
		projects -		on similar														
		letters of		health														
		award to be		projects (1														
		attached and		project)														
		reference		Letter of														
		letters (projects		award or														
		completed in		appointment Reference														
		the preceding		letter														
		10 years)		Proof of														
		,		completion														
				of project														
				(completion														
				certificate or														
				similar)														
		1. Proof of			Detaile	d inforr	nation =	1 point	; No or i	incomp	olete Inf	ormatior	1 = 0 pc	oints				
		Professional	12	Proof of														
		Indemnity (per		Professional														
	40	team leader)		Indemnity	<u> </u>						2							
3. General	48	2. Proof of						ich facili	•		•		. 16 7	ala NI-C	. 0 '	-1-		
		physical	36	Drackof	Offices	pe pas	ea in K	wa∠uiu-l T	vatai = 2	∠ point	s Based	OUTSIDE	- KwaZ	ulu-Nata	ı = u poli	าเร		
		location (address) of	30	Proof of														
		each team		physical location														
		Cacii (Caiii		iocation														ı

					Sub-p	oint so	corii	ng															
			Sub points allocated	Sub- criteria	Team	memb	er																
Evaluation criteria	Points allocated	Deliverables			Теат	Lead	Consultant	Architect	Civil Engineer	Structural	Engineer	Mechanical	Engineer Electrical	Electrical Engineer	Quantity	Surveyor	Wet Services	Engineer	T Specialist	Fire Specialist	Environmental Specialist	Health Planner	Total
		member. Offices must be fully manned, registered offices		(address) of each team member																			
TOTAL	147																						