SECTION 2.2 EVALUATION CRITERIA

2.2.1 EVALUATION SCHEDULE

Prospective bidders must obtain a **minimum of 60% (= or >27 out of 45) in order to qualify and be scored in respect of price and preference**, based on the criteria specified in the table below:

(Your pricing schedule will not be considered if this table is not completed)

Criteria	Scoring criteria	Answer
Years of experience and clear credentials of the bidder in supplying, providing technical support and maintaining photocopiers. ****COMPANY PROFILE(S) MUST FORM PART OF THE PROPOSAL IN ORDER TO BE SCORED.**	Years 1 - 3 (5), > 3 - 6 (10), > 7 (15)	
Employees of bidder based in the GARDEN ROUTE DISTRICT MUNICIPAL AREA tasked to provide dedicated technical support (printer repair & maintenance), to Hessequa Municipality. ****INCLUDE COPIES OF CV'S AND RELEVANT QUALIFICATIONS FOR EMPLOYEES RESPONSIBLE FOR TECHNICAL SUPPORT AND INCLUDE THE NAMES IN THE TABLE PROVIDED BELOW.**	No of Staff 1 - 3 (5), > 3 - 6 (10), > 7 (15)	
Number of recent contracts secured in Local Government for a three-year period or longer, relevant to this tender. ****ATTACH A LIST OF INSTITUTIONS WHERE ACCOUNTS / CONTRACTS WERE SUCCESSFULLY SECURED FOR A 3-YEAR PERIOD OR LONGER. CONTRACTS MUST RELATE TO PROCUREMENT OF THE SAME OR SIMILAR SERVICE AND MUST HAVE BEEN RENDERED DURING THE LAST 10 YEARS.**	No of Accounts 1 - 3 (5), 4 - 7 (10), > 7 (15)	
Total	**45 (max)**	

Name	Contact number	Email Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Initials of Service Provider's Authority: .....

****PLEASE NOTE:** INCLUDE PROOF AS PART OF THE PROPOSAL IN ORDER TO BE EVALUATED.

Note: *A minimum of* ***27 points*** *is required in respect of the abovementioned evaluation criteria before your pricing will be considered.*

Failure to provide the information or adhere to the conditions as stated above, may result in no points being awarded and your tender being declared non-responsive.

DECLARATION,

I, THE UNDERSIGNED (NAME) .....

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE: .....

NAME: .....

CAPACITY: ..... DATE: .....

Initials of Service Provider's Authority: .....