

SECTION 2.2: FUNCTIONALITY EVALUATION CRITERION

- (a) Reference Scoring: A maximum of 100 points will be awarded at the sole discretion of the Municipality's Bid Evaluation Committee based on the information provided and will be split as follows.

| CRITERIA | POINTS |
|--|------------|
| 1. Experience - Company profile to be provided which consists of the following: | |
| <ul style="list-style-type: none"> • Must be on the letterhead of the company; • Background of what the company does; • How long the company has been operating; • Clients for whom similar work has been done | 20 |
| 2. References | 50 |
| 3. Locality | 30 |
| Total | 100 |

Criteria will be evaluated as follow:

1. Experience (Company profile to be provided as stated above)

| 1 | Experience | Points |
|---|--------------------------|-----------|
| | a. More than 7 -10 years | 20 |
| | b. More than 3 - 7 years | 15 |
| | c. 1 - 3 years | 10 |
| | d. No experience | 0 |
| | Total | 20 |

To qualify for experience points, the bidder must **submit an appointment letter** which was made out in the name of the bidder to deliver cleaning related services. The date of appointment will be used to allocate points for experience.

2. References

The Bidder is hereby requested to provide a minimum of 5 contactable references. The references should complete, score and sign Form A: Original Completed Form A to be included in the tender documentation. Points for References will be allocated as indicated in the tables below. Please note that the information provided can be verified by the Municipality. Please note that no or incomplete information is provided for functionality 0 points will be allocated.

The references must specifically be for rendering cleaning related services by the bidder, no other references will be considered.

FORM A: NOMINATED REFERENCES FOR BIDDER**Background information of Nominated Referees**

| | |
|-----------------------------------|--|
| Referee name: | |
| Postal address | |
| Contact number of referee: | |
| Email address: | |
| Name of Bidder evaluated: | |
| Project Name: | |
| Project Description: | |
| Project Completion date: | |
| Project duration: | |
| Final Project Cost: | |

| COMPLETION OF ASSIGNMENTS ON TIME | | (1 POINT) |
|---|----------------------|------------------|
| Question: | Answer | |
| Did the bidder complete the project within the time frame | Excellent (1 Points) | |
| | Poor (0 Points) | |

| QUALITY OF SERVICE | | (1 POINT) |
|--------------------------------------|---------------------|------------------|
| Question | Answer | |
| What was the quality of the service? | Excellent (1 Point) | |
| | Poor (0 Points) | |

| COMPLETION OF ASSIGNMENTS WITHIN BUDGET | | (1 POINT) |
|--|---------------------|------------------|
| Question | Answer | |
| Did the bidder complete the project within the allocated Budget? | Excellent (1 Point) | |
| | Poor (0 Points) | |

Initials of Service Provider's Authority:

| QUALITY OF END PRODUCT (1 POINT) | |
|---|---------------------|
| Question | Answer |
| Was work executed in accordance with the Project Execution Statement/specifications and did the final product/service match the expectations that were created during the Project Initiation Stage/as per specifications? | Excellent (1 Point) |
| | Poor (0 Points) |

| TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (1 POINT) | |
|---|---------------------|
| Question | Answer |
| Was the <i>progress reporting, transparent and open</i> ? | Excellent (1 Point) |
| | Poor (0 Points) |

| PROFESSIONALISM (1 POINT) | |
|---|---------------------|
| Question | Answer |
| Professional behaviour at all times, towards Client and all Role Players? | Excellent (1 Point) |
| | Poor (0 Points) |

Additional Remarks/Comments:

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I, the undersigned, hereby certify that the above information is, to the best of my knowledge, correct and a true reflection.

Signature of Deponent

Date of declaration

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|---|----------------------|
| Question: | Answer |
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| QUALITY OF SERVICE (1 POINT) | |
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| Question | Answer |
| What was the quality of the service? | Excellent (1 Point) |
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| COMPLETION OF ASSIGNMENTS WITHIN BUDGET (1 POINT) | |
|--|---------------------|
| Question | Answer |
| Did the bidder complete the project within the allocated Budget? | Excellent (1 Point) |
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Initials of Service Provider's Authority:

| 2 | References (a Positive response will be seen as 6 points out of 6 per reference) | Points |
|---|--|-----------|
| | a. 5 References that responded positively to questions | 50 |
| | b. 4 References responded positively to questions | 40 |
| | c. 3 References responded positively to questions | 30 |
| | d. 2 References responded positively to questions | 20 |
| | e. 1 Reference responded positively to questions | 10 |
| | f. 0 References responded positively to questions or no references | 0 |
| | Total | 50 |

3. Locality

| 3 | Locality | Points |
|---|--|-----------|
| | a. Town in area which the service is rendered. (25 km radius applicable) | 30 |
| | b. Hessequa region | 10 |
| | c. Western Cape and other | 0 |
| | Total | 30 |

30 Points will be awarded to a bidder should a bidder permanently reside in an area not more than 25 KM's from the Caravan Park which he/she submit a tender for. Bidders residing in Slangrivier will in the event of submitting a bid for Witsand Caravan Park receive 30 points for locality. The address of the bidder on the tender document will be used for allocating points.

A bidder that scores less than 60 points out of 100 in respect of "functionality" will be regarded as submitting a non-responsive proposal and will be disqualified.

The proposal scoring the highest points for price and preference will normally be awarded the contract although the Municipality reserves the right to make an award, at its sole discretion, to any bidders or combination of bidders.

EVIDENCE OF FUNCTIONALITY SHOULD BE ATTACHED IN AN ANNEXURE ATTACHED TO THE TENDER DOCUMENT.

Failure to provide the information as stated above, will result in no points being awarded to tenderer.

DECLARATION,

Initials of Service Provider's Authority:

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: