



**COR8061/2025- REQUEST FOR BIDS FOR THE PROVISION OF EMPLOYEE WELLNESS SERVICES FOR A PERIOD OF FIVE (5) YEARS AT AIRPORTS COMPANY SOUTH AFRICA.**

**CLARIFICATION 01**

1. How exactly would you want the wellness campaigns to be priced?

The scope includes wellness day management, monthly communication, wellness gifts, et cetera, and sports wellness event coordination. But the pricing note says to exclude wellness campaigns from the pricing schedule. I wanted to find out if these are expected to be billed only as a third-party pass-through cost-plus markup, or whether some campaign management element is expected to be absorbed into the fixed monthly fees.

**THE WELLNESS DAY MANAGEMENT/COORDINATION AND MONTHLY COMMUNICATION ARE THE RESPONSIBILITY OF THE CRMS. HOWEVER, THE COST OF RUNNING THE CAMPAIGNS, THE WELLNESS GIFTS AND INCENTIVES SHOULD BE BILLED ONLY AS A THIRD-PARTY PASS-THROUGH COST-PLUS MARKUP.**

2. I would like to ask how a joint venture should be structured and if NPO's are allowed to bid for it.

**BOTH INCORPORATED AND UNINCORPORATED JVS ARE PERMITTED TO BID (NPO's ARE ALSO PERMITTED TO BID).**

**FIND THE FOLLOWING CORE LEGISLATIVE REQUIREMENTS FOR UNINCORPORATED JVS:**

- **JV AGREEMENT: MUST BE WRITTEN, SIGNED, AND OUTLINE CONTRIBUTIONS, PERCENTAGE OF PARTICIPATION, AND RISK MANAGEMENT.**
- **REGISTRATION: JV MUST BE REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD).**
- **TAX COMPLIANCE: AT TENDER STAGE, EACH MEMBER MUST SUBMIT THEIR OWN TAX CERTIFICATE. AT AWARD, JV MUST REGISTER BANK ACCOUNT IN NAME OF JV AND GET A TAX CERTIFICATE IN NAME OF JV.**
- **B-BBEE: SUBMIT A CONSOLIDATED B-BBEE CERTIFICATE IN THE NAME OF THE JV.**
- **SIGNATORY AUTHORIZATION: A FORMAL RESOLUTION FROM EACH COMPANY IN THE JV MUST AUTHORIZE A SPECIFIC PERSON TO SIGN THE TENDER DOCUMENTS.**

3. Regarding the requirement that bidders must demonstrate a minimum of five (5) years cumulative experience in providing Wellness Campaigns for clients with a minimum headcount of 2,000 employees each.
  - I. Does the requirement mean that each reference letter submitted must reflect services rendered to a single client with at least 2,000 employees, or would it be acceptable where the wellness campaigns formed part of services delivered across organisational units or programmes within larger institutions whose total employee complement exceeds 2,000?

**DEMONSTRATE THAT THE ORGANIZATION YOU SERVICED (YOUR CLIENT) HAS A MINIMUM EMPLOYEE HEADCOUNT OF 2000.**

- II. In cases where reference letters do not explicitly state the client's total employee headcount, would ACSA accept supporting documentation (such as organisational profiles, annual reports, or confirmation letters indicating staff complement) to strengthen compliance with this requirement?

**YES, ANY VERIFIABLE SUPPORTING DOCUMENTATION WILL BE ACCEPTED.**

4. Under section 4: Management of employee wellness campaigns - there is a requirement to provide corporate wellness gifts to all offices:
  - a. How many of these are required per annum, i.e. how many campaigns will require gifts

**THESE NUMBERS ARE NOT KNOWN UPFRONT, WHICH IS WHY THEY SHOULD BE EXCLUDED FROM YOUR PRICING.**

- b. Where do we price for this on the pricing table?

**DO NOT PRICE FOR THESE ITEMS.**

#### 5. **Executive Wellness Programme**

The second-last bullet under this section states: "Bidders will be required to provide proof of medical malpractice insurance cover for the medical practitioners that will be assigned for the Executive medical evaluations."

- I. Kindly confirm whether this requirement refers specifically to General Practitioners (GPs) who will be conducting the executive medical evaluations?



**THE MALPRACTICE INSURANCE IS REQUIRED FOR THE OFFSITE SERVICE PROVIDER AND THEIR DOCTORS FOR THE EXECUTIVE MEDICALS.**

- II. Please advise whether the proof of insurance must be submitted within 10 working days after contract award, or if it can be provided at the stage when the executive medicals are scheduled? This is asked as the medical practitioners assigned may change between the award date and the actual execution of the medicals.

**THIS IS REQUIRED WITHIN 10 WORKING DAYS OF AWARD. SHOULD THE PRACTITIONERS ASSIGNED CHANGE, UPDATED DOCUMENTATION WILL BE REQUIRED.**

- III. When submitting proof of insurance, please confirm whether a full policy document is required or if a confirmation letter of insurance will suffice.

**ANY OF THE FOLLOWING ARE ACCEPTABLE:**

- **CERTIFICATE OF INSURANCE/INDEMNITY: A FORMAL DOCUMENT CONFIRMING YOUR COVERAGE, POLICY NUMBER, AND THE PERIOD OF VALIDITY.**
- **POLICY SCHEDULE: THE SPECIFIC DOCUMENT OUTLINING THE LIMITS OF LIABILITY, COVERAGE SCOPE, AND INSURED DETAILS.**
- **PROOF OF INSURANCE LETTER: A LETTER FROM THE INSURER INDICATING THAT PREMIUM PAYMENT HAS BEEN ALLOCATED, OFTEN DOWNLOADABLE FROM THE INSURER'S PORTAL.**
- **MEMBERSHIP CERTIFICATE: FOR MEDICAL PROTECTION SOCIETIES, THIS SERVES AS EVIDENCE OF MEMBERSHIP AND ACTIVE INDEMNITY COVER.**

**6. Evaluation Criteria – Company Experience**

The document states that *“Ongoing projects are not permitted.”*

Kindly confirm whether reference letters from current clients would be acceptable in the following instances:

- I. Where the client has awarded us a subsequent contract/tender (i.e. a repeat appointment), or

**YES, THIS IS ACCEPTABLE IF YOU HAVE BEEN AWARDED A SEPARATE CONTRACT (I.E NEW CONTRACT NUMBER PER APPOINTMENT).**



- II. Where the client has renewed our contract for an additional period (e.g. 1–3 years).

**NO, AN ADDENUM TO A CONTRACT IS A CONTINUATION OF THE SAME CONTRACT.**