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KwaZulu-Natal, 4399
www.moseskotaneinstitute.com

REQUEST FOR QUOTATIONS (RFQ)

Ref No	MKIQ108/2022
Description	Wellness Intervention Service Requirements
Closing date and time to submit quotation	31 March 2023 at 16:30
Quotation and enquires must be emailed to:	Sinenhlanhla.ngqulunga@moseskotane.com
Technical enquires must be emailed to:	Nompilo.mngoma@moseskotane.com

Disclaimer

- MKI reserves its right not to appoint.
- MKI reserves its right to negotiate the price with the winning bidder.

Terms and Conditions

- Quotations must be emailed by no later than 31 March 2023 at 16h30.
Quotations received after the closing time and date will not be considered.
- All prices must be all-inclusive. Only firm prices will be accepted. Non-firm prices (including prices subject to rates of exchange variations will not be considered)
- Quotations to be valid for a period of 90 days from the closing date of the bid.

1. Background

The Moses Kotane Institute is an entity of the KwaZulu-Natal (KZN) Provincial Government through the Department of Economic Development, Tourism and Environmental Affairs (EDTEA), with a mandate to conduct world-class research into training, skills development, and provincial strategic economic sectors; and to strategically lead on innovation and maritime coordination and implementation activities to respond to the needs of the provincial economy. MKI generally aims to provide timely and accurate research to support the attainment of radically transformed inclusive and sustainable economic growth for the province in partnerships with the public and private sectors.

MKI is looking for a service provider to provide Employee Wellness Programme (EWP) through counselling and support to all employees of MKI and their immediate family members who experience social, psychological, and psychiatric problems either at work or at home.

To assess student needs and risks which will need to be effectively managed through the WP. MKI recognizes that if it is to realise its intent, it must nurture and constantly develop its winning formulae- a combination of excellence, quality, participative management, and empowerment. The organisation also realizes that this will only be achieved if it continues to look after its investment, made through bursary funding. To this end, MKI seeks to provide a comprehensive and holistic Wellness Programme for its bursary holders.

MKI views the Wellbeing Programme as a strategic intervention designed to produce individual and organisational benefits by identifying and proactively managing student's personal, health, and work-related concerns and challenges. MKI is currently funding 120 students at different institutions across the county although the beneficiaries hail from KwaZulu Natal, however, the numbers may vary due to funding dependent. The quotation should therefore cover a **maximum of 130 employees**.

The scope of work should incorporate the following:

- Wellness Programmes
- Stakeholder assessment (beneficiaries)
- Programme design and strategy
- Project set-up and planning
- Needs analysis and risk identification.
- Online services
- Social/Psychological/Psychiatric Counselling Services
- Awareness and education programmes to promote healthy lifestyle choices and coping skills.
- HIV and AIDS Counselling services.
- Frequent awareness and visibility programmes.
- Provision of independent medical assessments and opinions as and when required.
- Periodic reporting and In-depth analysis inclusive of recommendations.
- Critical incident and Trauma Management (including debriefing services).
- Financial and legal advice.
- The EWP service provider shall render a 24-hour telephone service (during and after hours 24/7/365)
- Provide face-to-face counselling to the bursary holders as and when required.
- All the above will be done in collaboration with HR wellness of the organization.

If any additional services are rendered, service providers must outline such separately.

2. PROJECT OUTPUT/OUTCOMES

Service providers are required to produce the following deliverables:

A detailed project plan for the implementation of this project. The project plan should provide a clear overview of timelines, milestones, roles, and responsibilities.

This document should present a detailed business case for the EWP and include a detailed plan for the implementation of the programme within the next 2 years.

Emphasis will be placed on:

Presenting a sound argument for the implementation of the programme.

A detailed integrated report on the stakeholder analysis and the assessment of needs and risks including feedback and recommendations to stakeholders. This report is to integrate the results from all assessments conducted and should benchmark findings against South African data and provide projected costings of behavioral risks where possible. The report should draw on a multitude of information sources and evidence the suitability of the research method in reaching the intended beneficiaries.

A strategy document on EWP. This document should be firmly based on the assessments mentioned above and should be grounded on international and local best practice, key strategic objectives and challenges should be highlighted.

3. EVALUATION METHODOLOGY (matrix)

MANAGEMENT EXPERIENCE

Service provider will be expected to provide their **management profiles** with references including the case manager (5yrs min exp as case manager for EWP) assigned to deal with MKI.

COMPANY EXPERIENCE

Service providers are required to provide proof/evidence that they have facilitated or performed similar projects in the previous ten (10) years accompanied by correspondence from three (3) contactable references. Knowledge about public sector or state-owned entities challenges and will be an advantage.

ACCREDITATION AND RELEVANT QUALIFICATIONS

Service providers are required to provide **CVs** of their health professionals and legal and financial advisers with their **relevant tertiary qualifications** and **proof of registration with the relevant accredited bodies**.

DURATION

Implement and coordinate an approved system as a contracted service provider for a 2-year period.

The following documents to be submitted with the quotation.

- a) Proof of company registration
- b) Valid tax clearance certificate/pin
- c) Valid BBBEE certificate by a SANAS accredited agency/company or affidavit
- d) Bank account confirmation letter
- e) Proof of registration on the Treasury Central Supplier Database (CSD)
- f) Supplier declaration form (attached hereto)

NB: Failure to submit the above documents will lead to disqualification.

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
 - 2.1 Full Name of bidder or his or her representative:
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 - 2.2 Identity Number:
 - 2.3 Position occupied in the Company (director, trustee, shareholder²):
.....
 - 2.4 Company Registration Number:
 - 2.5 Tax Reference Number:
 - 2.6 VAT Registration Number:
 - 2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹"State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

²"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? YES / NO

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:

.....

Name of state institution at which you or the person connected to the bidder is employed :

.....

Position occupied in the state institution:

.....

Any other particulars:

.....

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2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES / NO

2.7.2.1 If yes, did you attached proof of such authority to the bid
YES / NO
document?

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

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2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

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2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

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2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.

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2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? **YES/NO**

2.11.1 If so, furnish particulars:

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.....
.....

3 Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	Personal Tax Reference Number	State Employee Number / Persal Number

4 DECLARATION

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

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

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME INTERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF THE CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder