

SECTION 2.3: PRICING SCHEDULE

Pricing conditions:

1. That all travel and accommodation, including the required PPE be included in the daily rate of the pricing proposal.
2. That the number of days as indicated in the specifications is not fixed and can change as the need arise and budget allows.
3. Pricing escalations for the outer years can be indicated either as lump sum amount or by percentage increase.

	Town	Daly rate (VAT Excl.)	Estimate number of days	ESTIMATED PRICE (YEAR 1) VAT EXCL.	ESTIMATED PRICE (YEAR 2) VAT EXCL.	ESTIMATED PRICE (YEAR 3) VAT EXCL.
1	Gouritsmond Beach					
	Cost of service per day at min of 4 lifeguards					
	Cost of service per day for additional 2 lifeguards during peak times.					
2	Gouritsmond Tidal Pool					
	Cost of service per day at min of 2 lifeguards					
3	Preekstoel Beach					
	Cost of service per day at min of 4 lifeguards					
	Cost of service per day for additional 2 lifeguards during peak times.					
4	Lappiesbaai Beach					
	Cost of service per day at min of 4 lifeguards					
	Cost of service per day for additional 2 lifeguards during peak times.					

Initials of Service Provider's Authority:

5	Stilbaai West Beach					
	Cost of service per day at min of 4 lifeguards					
6	Stilbaai Riviermond					
	Cost of service per day at min of 2 lifeguards					
7	Jongensfontein Beach					
	Cost of service per day at min of 4 lifeguards					
8	Witsand Beach					
	Cost of service per day at min of 4 lifeguards					
	Cost of service per day for additional 2 lifeguards during peak times.					
9	Witsand Tidal Pool					
	Cost of service per day at min of 4 lifeguards					
10	De Mist Swimming Pool (Riversdale)					
	Cost of service per day at min of 2 lifeguards					
11	Heidelberg Swimming Pool					
	Cost of service per day at min of 2 lifeguards					
Sub-Total (Excl. Vat)						

HESSEQUA MUNICIPALITY

HES-TECH 03/2526

Vat 15 % (If Registered)					
Total (Incl. Vat)					

Tenderers must price on the pricing schedule as indicated above.

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: