SECTION 2.2:   MBD 3.1 PRICING SCHEDULE – FIRM PRICES

PLEASE NOTE: ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED

Item No	Description	Unit	Quantity	Rate	Cost (VAT Excl.)
1.	Project Inception Report (including Project Plan, Payment Schedule, Team Setup)	Report	1		
2.	Draft Capital Expenditure Framework (CEF) Report	Report	1		
3.	Final CEF Report with Executive Summary	Report	1		
4.	GIS Mapping Component (including Map Book and Spatial Data Layers)	Package	1		
5.	Monthly Progress Reports	Report	7		
6.	Attendance of Virtual Project Committee Meetings (6 meetings x 2 hours)	Hour	12		
7.	Council Briefing and Presentations	Session	2		
8.	Compilation of Portfolio of Infrastructure Projects	Table	1		
9.	Prioritisation and Budget Scenario Development	Package	1		
10.	Updated Implementation Plan	Report	1		
11.	Project Close-Out Report	Report	1		
12.	Meeting Minutes, Agendas, Attendance Registers	Set	8		
13.	Data Preparation and Submission (Excel, Word, GIS formats)	Package	1		
14.	Actual travelling expense	km			
Sub Total (Excl. VAT)					
VAT 15% (If Registered)					
TOTAL COST (Incl. VAT)					

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

Pricing Instructions:

- The traveling will be based on the AA rates. This is to be managed during the implementation phase.

  As per the Cost Containment prescripts, the service provider must note that the contract price is exclusive of all travel and subsistence costs and if considered to be claimed, such costs will be reimbursed in accordance with the national travel policy of the National Department of Transport.

Tenderers should price on the pricing schedule as indicated above. Failure to adhere to the above, will result in 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: ....