

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. <u>Experience - Company profile to be provided which consists of the following:</u>	
<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 	50
2. References	50
Total	100

Criteria will be evaluated as follow:

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

1.	Experience	Points
	a. More than 10 years	50
	b. More than 5 – 10 years	40
	c. More than 3 - 5 years	25
	d. 1 – 3 years	15
	e. 0	0
	Total	

2. References

The Bidder is hereby requested to provide a minimum of **5 contactable references**. The references must 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 will be verified by the Municipality. **The completed form A document, included in this document, is the only document which will be accepted for the bidder to score points.**

Points will be allocated as per points allocation per question.

FORM A: NOMINATED REFERENCES FOR BIDDER (1)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Project Name:	
Project Description:	
Period of Project:	
Project duration:	
Final Project Cost:	

COMPLETION OF ASSIGNMENTS ON TIME (2 POINTS)	
Question:	Answer
Did the bidder complete the medicals correctly?	Excellent (2 Points)
	Poor (0 Points)

QUALITY OF ABOVE REPORTS (3 POINTS)	
Question	Answer
What was the quality of the medical reports?	Excellent (3 Points)
	Good (2 Points)
	Fair (1 Point)
	Poor (0 Points)

Initials of Service Provider's Authority:

QUALITY OF END PRODUCT (3 POINTS)	
Question	Answer
Were medicals done and the reports provided within the requested time?	Excellent (3 Points)
	Poor (0 Points)

TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (2 POINTS)	
PROFESSIONALISM	
Question	Answer
Professional behaviour at all times, towards employees and the client?	Excellent (2 Points)
	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

FORM A: NOMINATED REFERENCES FOR BIDDER (2)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Project Name:	
Project Description:	
Period of Project:	
Project duration:	
Final Project Cost:	

COMPLETION OF ASSIGNMENTS ON TIME (2 POINTS)	
Question:	Answer
Did the bidder complete the medicals correctly?	Excellent (2 Points)
	Poor (0 Points)

QUALITY OF ABOVE REPORTS (3 POINTS)	
Question	Answer
What was the quality of the medical reports?	Excellent (3 Points)
	Good (2 Points)
	Fair (1 Point)
	Poor (0 Points)

Initials of Service Provider's Authority:

QUALITY OF END PRODUCT (3 POINTS)	
Question	Answer
Were medicals done and the reports provided within the requested time?	Excellent (3 Points)
	Poor (0 Points)

TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (2 POINTS)	
PROFESSIONALISM	
Question	Answer
Professional behaviour at all times, towards employees and the client?	Excellent (2 Points)
	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

FORM A: NOMINATED REFERENCES FOR BIDDER (3)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Project Name:	
Project Description:	
Period of Project:	
Project duration:	
Final Project Cost:	

COMPLETION OF ASSIGNMENTS ON TIME		(2 POINTS)
Question:	Answer	
Did the bidder complete the medicals correctly?	Excellent (2 Points)	
	Poor (0 Points)	

QUALITY OF ABOVE REPORTS		(3 POINTS)
Question	Answer	
What was the quality of the medical reports?	Excellent (3 Points)	
	Good (2 Points)	
	Fair (1 Point)	
	Poor (0 Points)	

Initials of Service Provider's Authority:

QUALITY OF END PRODUCT (3 POINTS)	
Question	Answer
Were medicals done and the reports provided within the requested time?	Excellent (3 Points)
	Poor (0 Points)

TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (2 POINTS)	
PROFESSIONALISM	
Question	Answer
Professional behaviour at all times, towards employees and the client?	Excellent (2 Points)
	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

Initials of Service Provider's Authority:

FORM A: NOMINATED REFERENCES FOR BIDDER (4)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Project Name:	
Project Description:	
Period of Project:	
Project duration:	
Final Project Cost:	

COMPLETION OF ASSIGNMENTS ON TIME (2 POINTS)	
Question:	Answer
Did the bidder complete the medicals correctly?	Excellent (2 Points)
	Poor (0 Points)

QUALITY OF ABOVE REPORTS (3 POINTS)	
Question	Answer
What was the quality of the medical reports?	Excellent (3 Points)
	Good (2 Points)
	Fair (1 Point)
	Poor (0 Points)

Initials of Service Provider's Authority:

QUALITY OF END PRODUCT (3 POINTS)	
Question	Answer
Were medicals done and the reports provided within the requested time?	Excellent (3 Points)
	Poor (0 Points)

TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (2 POINTS)	
PROFESSIONALISM	
Question	Answer
Professional behaviour at all times, towards employees and the client?	Excellent (2 Points)
	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

FORM A: NOMINATED REFERENCES FOR BIDDER (5)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Project Name:	
Project Description:	
Period of Project:	
Project duration:	
Final Project Cost:	

COMPLETION OF ASSIGNMENTS ON TIME (2 POINTS)	
Question:	Answer
Did the bidder complete the medicals correctly?	Excellent (2 Points)
	Poor (0 Points)

QUALITY OF ABOVE REPORTS (3 POINTS)	
Question	Answer
What was the quality of the medical reports?	Excellent (3 Points)
	Good (2 Points)
	Fair (1 Point)
	Poor (0 Points)

Initials of Service Provider's Authority:

QUALITY OF END PRODUCT (3 POINTS)	
Question	Answer
Were medicals done and the reports provided within the requested time?	Excellent (3 Points)
	Poor (0 Points)

TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (2 POINTS)	
PROFESSIONALISM	
Question	Answer
Professional behaviour at all times, towards employees and the client?	Excellent (2 Points)
	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.

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Signature of Deponent

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Date of declaration

2	References	Points
	a. 5 or more 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
	Total	

A bidder that scores less than 70 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 THE TENDERER.

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: