

**Northern Cape Department of Health**

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**BID NUMBER: NCDOH/008/EMS/2025**

**FOR**

**APPOINTMENT OF A PANEL SERVICE PROVIDERS FOR THE RENDERING OF ROAD AMBULANCE SERVICES FOR A PERIOD OF THREE (3) YEARS**

**BID DOCUMENT ISSUED BY:**

**NORTHERN CAPE DEPARTMENT OF HEALTH**

**PRIVATE BAG X059**

**KIMBERLEY**

**8301**

**TEL: (053) 8300 696**

**EMAIL:**  **NCDoH-Tenders@ncpg.gov.za**

**NAME OF BIDDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION 1: BID NOTICE**

**BID NOTICE NO.: NCDOH/008/EMS/2025**

Bids are hereby invited for the **APPOINTMENT OF A PANEL OF SERVICE PROVIDERS FOR ROAD AMBULANCE SERVICES A PERIOD OF THREE (3) YEARS**

Bids documents will be available as from 08 May 2025 on the e-tender portal.

**Legislative requirements**

**The Northern Cape Department of Health (NCDOH) espouses the requirements of section 217 of Constitution of South Africa along with the Public Finance Management Act (Act 1 of 1999), the Preferential Procurement Policy Framework Act 5 of 2000 (PPPFA).**

A formal compulsory briefing session will be held on 14th **May 2025,13H00pm** at **Henrietta Stockdale Nursing College Memorial Road, Kimberley, 8301** where potential bidders will be allowed to ask questions of clarity.

The completed Bid documents must be placed in a sealed envelope, clearly marked with the Number and the Nature of the Service required and should be deposited in the Bid Box situated at Reception area of James Exum Building, Robert Mangaliso Sobukwe Hospital Complex, Department of Health, Du Toitspan Road Belgravia Kimberley 8300 not later than **11:00 on Wednesday, 30 May 2025** when the bids will be opened in public.

Bidders must take note of the following:

* The tender will be evaluated according to the Preferential Procurement Policy Framework Act (PPPFA 5 of 2000) in line with the Preferential Procurement Regulations, 2022.
* Bidders must submit a Centralized Suppliers Database (CSD) Registration Report with the Bid as proof of being registered on the Database, and failure to do so will render the bid non-responsive and will be disqualified.
* Bidders must also submit a Tax Compliance Status PIN code to verify their tax status with SARS.
* Provide a joint venture agreement outlining the conditions of the joint venture.
* Participants of the joint venture should be fully compliant individually but will be treated as one bid for the purposes of the scoring.
* No late bids will be considered.
* The Department of Health reserves the right not to make any award on justifiable grounds in line with the applicable legislative requirements.

Enquiries should be directed to:

**(Technical Enquiries) (Admin Enquiries)**

**Mr. A Moloinyana Mr HC Chipungu**

Tel: 053 831 2884 Tel: 053 8300 696

amoloinyana@ncpg.gov.za  NCDoH-Tenders@ncpg.gov.za

 **SECTION 2: BID SPECIAL CONDITIONS OF CONTRACT**

1. **SPECIAL CONDITIONS OF BID**
	1. The Special Conditions of Contract (SCC) are supplementary to that of General Conditions of Contract. However, where the Special Conditions of Contract are in conflict with the General Conditions of Contract, the Special Conditions of Contract prevail.
2. **BID FORM**
	1. All bids shall be made on the bid forms incorporated in this document.
3. **EVIDENCE OF EXPERIENCE OF BIDDERS**
	1. Bidders shall give satisfactory evidence of actual experience in the class of work being bid for, incorporating the following details:

Employer for whom the work was performed;

Nature of work;

Value of work;

Year completed.

Reference letter and Award Letter from previous work completed.

*Failure to complete this statement may prejudice the bid as being submitted by an inexperienced Bidder and it may be rejected for such reason*.

1. **COMPLETION OF BIDS**
	1. The Bidder shall complete all forms in black ink.
	2. Mistakes made by the Bidder in the completion of the forms shall not be erased.
	3. A line shall be drawn through the incorrect entry and the correct entry shall be written above and the correction initialled by the Bidder.
	4. Failure to observe this rule may lead to the bid being disqualified.
	5. Bids shall be ineligible for consideration unless submitted on the forms bound in this document.
	6. A bid shall not be considered if alterations have been made to the bid form unless such alterations have been duly authenticated by the Bidder, or if any particulars required therein have not been completed in all respects.
	7. No unauthorized amendment shall be made to the bid form or any other part of the bid document. If any such amendments are made, the bid may be rejected.
	8. Bids submitted per this bid document shall not have any qualifications.
	9. Any point of difficulty of interpretation shall be cleared with the Northern Cape Department of Health as early as possible during the bid period.
	10. Should any amendment be found to be of significance, the Northern Cape Department of Health will inform all Bidders accordingly as early as possible.
2. **SUBMISSION OF BIDS**
	1. Each Bidder is required to return the complete set of bid documents with all the required information and complete in all respects.
	2. Bidders shall not tamper with the bid documents which shall be submitted as issued. Any bid documents found to have been unbound and rebound could be deemed to be unacceptable.
	3. Bids should be in a sealed envelope clearly marked:

**“Bid No: NCDOH/008/EMS/2025: APPOINTMENT OF A PANEL OF SERVICE PROVIDER FOR ROAD AMBULANCE FOR A PERIOD OF THREE (3) YEARS**

* 1. The Bidder’s name and address shall be deposited in the Bid Box situated at Reception area of James Exum Building, Robert Mangaliso Sobukwe Hospital Complex, Department of Health, Du Toitspan Road Belgravia Kimberley 8300 not later than **11:00 on Friday, 30 May 2025**
	2. Bids may not be faxed or e-mailed.
	3. Bids shall be opened in public shortly thereafter.
	4. Late bids shall be rejected.
1. **ADDITIONAL INFORMATION REQUIREMENTS**
	1. Bidders shall submit with their bids the information that is applicable and as may be required in terms of the specifications, therefore the Northern Cape Department of Health reserves the right, in the event of such details being insufficient, to call for further information.
	2. The Bidder shall furnish such additional information within three (3) days of being called upon to do so.
2. **WITHDRAWAL OF BIDS**
	1. A Bidder may, without incurring any liability, withdraw its bid.
	2. This will be by written advice and received before the date and time of closure of this bid.
	3. The notice must be received by the Northern Cape Department of Health before the closure of this bid.
3. **COSTS WHICH DEFAULTING BIDDERS MAY BE CALLED UPON TO PAY**
	1. Should the Service Provider, after it has been notified of the acceptance of its bid, fail to enter into a contract when called upon to do so, within the period stipulated in the conditions of the bid or within such extended period as the Department of Health may allow, the Service Provider holds itself liable for any additional expense which may incur in having to call for bids afresh and/or in having to accept any less favourable bid and that if it purports to withdraw its bid within the period for which it has agreed that it shall remain open for acceptance.
	2. The Service Provider shall indemnify the specified from any claim capable of being made against it either under the statute or common law in respect of any damage to any person or property arising out of the execution of this contract.
4. **MINIMUM WAGES**
	1. Any bid that contains proposals for wages that are less than the minimum wage according to sector determination shall be rejected.
	2. A Firm Price for a period of three years including employee increments is required.
5. **ACCEPTANCE OR REJECTION OF BIDS**
	1. Bids may be rejected if they show any items not originally included in the bid document.
	2. Conditional or incomplete offers, irregularities of any kind in the bid forms, or if the bid rates and amounts are unbalanced and the Bidder, after having been called upon to adjust same reasonably, fails to do so within a period of three (3) days having received notification to that effect.
	3. The Department of Health does not bind itself to accept the lowest price or any bid and reserves the right to accept the whole or any part of a bid as it may deem expedient, nor will it assign any reason for the acceptance or rejection of any bid, be it the whole or part of a bid.
6. **COMPULSORY BRIEFING SESSION**
	1. A compulsory briefing session with bidders will be held on 14 **May 2025,13h00pm at the Department of Health Henrietta Stockdale Nursing College Memorial Road.**
7. **FAILURE TO RETURN BID DOCUMENTS**
	1. A Bidder who does not submit the bid documents in line with the bid requirements shall be disqualified.

1. **TAXES AND LEVIES**
	1. Bidders shall include Value Added Tax (VAT) in their bid rates.

1. **EVALUATION OF BIDS**
	1. **Preference Points**
		1. Bids will be evaluated based on the 80/20 or 90/10 preference point system in terms of the Preferential Procurement Policy Framework Act (Act 5 of 2000) and the Preferential Procurement Regulations 2022.
	2. **Price**
		1. 80 points will be awarded to the bidder submitting the lowest price (all other bidders will receive points proportionately thereto):
	3. **Calculation of points for specific goals**
		1. The bidder will be allocated points based on the specific goals stated in Table 1 below as may be supported by proof/ documentation stated in the conditions of this tender.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The specific goals allocated points in terms of this bid** | **Number of points****allocated****(80/20 system)** | **Number of points****allocated****(90/10 system)** | **Number of points claimed (80/20 system)****(To be completed by the tenderer)** | **Number of points claimed (90/10 system)****(To be completed by the tenderer)** |
| Who had no franchise in national elections before the 1983 and 1993 Constitution (100% Black Owned Company)) | 10 | 5 |  |  |
| Who is Female (100% Female Owned Company) | 4 | 2 |  |  |
| Who is youth (100% Youth Owned Company  | 4 | 2 |  |  |
| Who has a disability (100% Disabled Owned Company) | 2 | 1 |  |  |

* + 1. **Bidders are required to submit, together with their bids, the following: -**

Proof of its Specific Goals points claimed / status of contributor.

The Specific Goals supporting documents required to verify claimed points may be in line with the specified requirements include:

* Disability Ownership: valid medical documentary proof.
	+ 1. A bid will not be disqualified from the bidding process if the bidder does not submit a certificate substantiating the SPECIFIC GOALS.
		2. Such bidders will score 0 out of maximum of 20 points for SPECIFIC GOALS
		3. The Central Supplier Database will be used to verify the specific goals other than the specific goals stated under paragraph 14.
1. **BID VALIDITY PERIOD**
	1. Bids must remain valid for a period of HUNDRED AND TWENTY (120) days from the closing date of the bid.
2. **ACCEPTANCE OF BID**
	1. The Department does not bind itself to accept the lowest or any bid received and reserves the right to accept the whole or part of the bid.
3. **PENALTIES**
	1. If the bidders fail to deliver in line with the contractual obligations without valid, acceptable reasons, the Department of Health reserves the right to cancel the contract.
4. **GENERAL INFORMATION FOR BIDDERS**
	1. The Northern Cape Department of Health (NCDOH) espouses the requirements of section 217 of Constitution of South Africa along with the Public Finance Management Act (Act 1 of 1999), the Preferential Procurement Policy Framework Act 5 of 2000 (PPPFA).
	2. NCDOH seeks to appoint a panel of service providers for the provision road ambulance services to the department of Health.
	3. The NCDOH will determine the number of service providers (“bidder”), if any, is appointed in response to this request for submission of proposals and reserves the right not to appoint the highest Scoring bidder based on sound justification in line with the Preferential Procurement Regulation (2022).
5. **LOCAL ECONOMIC DEVELOPMENT**
	1. The Northern Cape Department of Health further espouses the principal of stimulating the local economy through the departmental procurement processes.
	2. The Department thus encourages bidders to be provincially based and further encourages the participation of small and emerging travel agencies to participate in this bid.
	3. The Department advises that the services be rendered from an office located in Kimberley or any of the five (5) districts within the Northern Cape.
6. **CONFLICT OF INTEREST**
	1. Service providers are required to provide services that are professional, objective and impartial.
	2. Service providers must ensure that there is no conflict of interest between obligations and responsibilities to other clients and the services set out in the special and technical specifications to this bid.
	3. In the event of any uncertainty in this regard, full disclosure in the submitted proposal should be considered.
	4. Non-disclosure of a conflict of interest will be ground for termination of the contract.
7. **CONFIDENTIALITY AGREEMENT**
	1. The successful service providers will have access to confidential data or information and the bidders should subscribe to the requirements of the Protection of Personal Information Act (POPIA).
	2. The appointment of a successful bidder is subject to that bidder agreeing to the contents of, and signing, the NCDOH standard Non-Disclosure Agreement.
8. **DISCLAIMER**
	1. The Northern Cape Department of Health (NCDOH) reserves the right to withdraw this bid at any time, without prior notice and without liability to compensate and/or reimburse any party.
	2. The NCDOH reserves the right to perform due diligence which might include, undertaking site visits.

**SECTION 3: GENERAL CONDITIONS OF CONTRACT**

1. **GENERAL CONDITIONS OF THE CONTRACT**

* 1. The latest General Conditions of Contract [GCC] and Contract Law shall be applicable to this Quotation and obtainable by visiting the National Treasury website at [www.treasury.gov.za](http://www.treasury.gov.za).
	2. Bidders are required to refer to the General Conditions of the contract uploaded with this bid on the e-tender portal.
	3. Bidders must familiarize themselves with these GCCs.
	4. Bidders must initial each page of the General Conditions of the Contract and submit with the bid.

**SECTION 4: TECHNICAL SPECIFICATIONS**

**Public-Private Partnership Specifications Document** **Northern Cape Emergency Medical Services (NCEMS) & Private Emergency Services**

1. **Purpose and Scope**
	1. This document outlines the specifications for a Public-Private Partnership (PPP) between the Northern Cape Emergency Medical Services (NCEMS) and private emergency service providers. The purpose of this partnership is to enhance emergency medical response, optimize resource utilization, and ensure standardization in service provision and billing.
2. **Objectives**
* Improve emergency medical service (EMS) response times.
* Ensure uniform service delivery standards.
* Optimize resource sharing between public and private EMS providers.
* Establish a standardized billing system for private services used by NCEMS.
* Maintain a high level of care and patient safety.
* Improve service delivery in underserved and rural areas.
* Foster collaboration between public and private healthcare sectors.
* Ensure accountability and transparency in service provision.
1. **Partnership Structure**
* **NCEMS Responsibilities:**
	+ Coordination and dispatch of emergency medical resources.
	+ Oversight and compliance enforcement of private EMS services.
	+ Payment and reimbursement processing for authorized private EMS use.
	+ Data collection and performance evaluation to enhance efficiency.
	+ Establishment of response zones and coverage areas.
* **Private EMS Responsibilities:**
	+ Adherence to response time and patient care standards.
	+ Provision of personnel, ambulances, and equipment as per agreed standards.
	+ Submission of accurate reports and invoices for services rendered.
	+ Participation in joint training exercises and continuous improvement programs.
	+ Compliance with regulatory requirements and reporting obligations.
	+ Cater to the Northern Cape Emergency Medical Services package.
	+ The Vehicles must be fit for the road, (consider 4x4 Vehicles) especially areas like Namakwa, JTG and Pixley.
	+ Must have Licensed bases with in the areas they are operating in
	+ Those bases must be certified to be compliant with the EMS Regulation at the time of signing the contract.
	+ Minimum of Intermediate life support within their employ.
	+ Be able to provide the service 24/7
	+ Be able to provide a service between the districts and throughout the province

**4. Service Levels & Response Requirements**

* **Intermediate Life Support (ILS):**
	+ Staffed by at least one Ambulance Emergency Assistant (AEA) or Emergency Care Assistant (ECA).
	+ Staffed by at least one Basic Ambulance Assistant (BAA).
	+ Staffed by at least one Critical Care Assistant (CCA)
	+ Equipped for IV therapy, advanced airway management, and cardiac monitoring.
* **Advanced Life Support (ALS):**
	+ Staffed by at least one Paramedic (ECP),(ANT) or (ECT).
	+ Equipped for intubation, defibrillation, medication administration, and critical care transport.
	+ The Full Scope of the ALS Ambulance Specs are outlined in Annexure 1
* **Specialized Response Teams:**
	+ Includes hazardous materials (HAZMAT) response, disaster response teams, and specialized trauma units.
	+ Requires additional certification and training.
* **Response Time Targets:**
	+ Urban: 30 minutes.
	+ Rural: 60 minutes.
	+ Remote: 60+ minutes (as per feasibility study).

**5. Standardized Billing Framework** Billing is standardized across private EMS providers based on service levels:

* Call out fee (under 100km travel to scene) **R1066.20**
* **ILS Transport:** **R2900**per call out up to 45 minutes.
	+ Every 15Minutes there after **(ILS):R980.00**
	+ Per KM (>100KM) Distance traveled by patient **(ILS): R55.00**
	+ Per KM (>100KM) Return non carrying patients **(ILS): R 11.00**
* **ALS Transport:** R4,800.20 per call-out up to 60 Minutes
	+ Every 15Minutes there after **(ALS): R1300.10**
	+ Per KM (>100KM) Distance traveled by patient **(ALS): R110.00**
	+ Per KM (>100KM) Return non carrying patients **(ALS): R11.00**
* **Activation/Call out fee:** **R1500.00**
* **Specialized Medical Evacuation (Air/Water Rescue):** Case-by-case assessment.
* **Medic Standby for Public Events:** Based on risk assessment and response level.
* **Mass Casualty Incidents:** Costs covered under special emergency funds and assessed based on deployment size.

**6. Quality Assurance & Compliance**

* All private EMS providers must be registered with the Health Professions Council of South Africa (HPCSA).
* Annual compliance audits will be conducted.
* Training and certification of personnel must be up-to-date.
* Regular reporting and performance reviews will be required.
* Implementation of technology for GPS tracking and electronic patient care reporting (ePCR).
* Strict adherence to infection control and equipment sterilization standards.

**7. Dispute Resolution**

* Any disputes regarding billing, service quality, or compliance will be mediated by an independent oversight committee.
* Failure to adhere to agreed standards may result in penalties or termination of the partnership agreement.
* A formal appeal process will be established for providers to dispute compliance issues or payment delays.
* Legal recourse will be available in severe cases of breach of contract or misconduct.

**8. Implementation & Review**

* The agreement is valid for a renewable period of three years.
* Bi-annual reviews will be conducted to assess effectiveness and compliance.
* A joint steering committee will oversee implementation and make necessary adjustments.
* Data-driven decision-making will be used to enhance service efficiency and reduce response times.

**9. Risk Management & Contingency Planning**

* Development of contingency plans for large-scale disasters and pandemics.
* Resource allocation for emergency stockpiling of medical supplies and PPE.
* Cybersecurity measures to protect patient data and operational information.
* Mutual aid agreements with neighbouring provinces for large-scale emergencies.

 **ANNEXURE 1**

**ALS AMBULANCE SERVICES SPECIFICATIONS**

**Northern Cape Emergency Medical Services: ALS Ambulance Usage and Requirements**

**1.ALS Ambulance Usage**

1.1.ALS ambulances must be used exclusively for clinical emergencies (both primary and secondary) and patient evacuation to fixed medical facilities.

1.2. They may also be used for inter-hospital transfers within the Northern Cape and interprovincial transfers.

1.3. Interprovincial transfers require prior authorization from the Head of Department (HoD) or Delegated official.

1.4. The service will be provided to the Northern Cape Department of Health on a case-by-case basis.

1.5. No other person or organization may activate these services without approval from a delegated official within the Department.

1.6. Costing may be quoted in different formats, such as a fixed hourly rate or a sliding scale (e.g., half-hourly, pro-rata).

1.7. No price increases will be permitted during the three-year term without prior approval from the Department.

1.8. The Northern Cape Department of Health does not guarantee a minimum or maximum number of ALS cases per month.

1.9. The service is designed to meet the emergency medical needs of the Northern Cape population indiscriminately.

**2. Ambulance Requirements**

2.1. The service provider must be able to supply ALS ambulances for emergency medical response and patient evacuation, whether from accident scenes or healthcare facilities within the Northern Cape.

2.2 Services must comply with the EMS regulations of 2017.

2.3 The service provider must provide proof of adequate insurance and indemnity, covering:

* Patients in transit
* Personnel of the administration
* Equipment supplied or installed

2.4 Response time must not exceed:

* 30 minutes for urban cases
* 60 minutes for rural cases

2.4.1 Exceptions to these response times may be granted by the authorizing official in cases of traffic congestion or the unavailability of a closer ambulance.

2.4.2 Any deviation from the response time limits must be approved by the authorizing official and must not be automatic.

2.5 ALS ambulances must be registered under EMS regulations and have a valid operating license (not a temporary license).

**3. Duration**

3.1 The service will commence upon the signing of the Service Level Agreement (SLA) and will continue for three years.

3.2 The contract may be renewed by mutual agreement between the Administration and the service provider.

**4. ALS Ambulance Contents**

4.1 The successful service provider must supply:

* One fully equipped ALS ambulance with a medical crew, including at least one Advanced Life Support-qualified personnel (preferably an Emergency Care Practitioner - ECP).
* A patient stretcher, attendance seat, and a bunk for an escort.
* An oxygen delivery system, including tanks and outlet points, as per EMS regulations.
* Capability to accommodate an incubator for neonatal cases.

4.2 Ambulance service management must fully comply with Section 26 (26.a to 26.w) of the EMS regulations of 2017.

**5. Management**

5.1 A single case dispatch desk, located at the Provincial Health Operations Center (PHOC), will control all ALS ambulance dispatches. All movements must be reported to PHOC, including:

* Mobile to scene
* Arrival on scene
* Mobile from scene
* Arrival at destination (health facility)

5.2 All requests for ALS ambulance services must be routed through PHOC.

5.3 ALS ambulances may only be deployed for emergency response and evacuation. No organization other than EMS may use them without prior approval from the delegated official in the Department of Health.

5.4 The Department of Health reserves the right to utilize alternative ambulance services on a rotational basis as needed.

**6. Financial Administration**

6.1 Service providers must provide detailed cost breakdowns for ALS ambulance services on a per-case basis, with no minimum or maximum usage requirements.

Any cost escalation must be outlined and managed accordingly.

6.2 Claims must be submitted to the Department of Health with a PHOC authorization number. Claims without this number will not be processed for payment.

6.3 All service provider prices must be in South African currency and include VAT.

**7. Co-operation**

7.1 The Administration and the service provider must always:

* Maintain the highest degree of good faith in all matters related to the service.
* Ensure full disclosure of relevant service information.
* Cooperate in all aspects of service provision
1. **BID EVALUATION CRITERIA**
	1. Bids will be evaluated on an 80/20 or 90/10-point system in line with the Preferential Procurement Policy Framework Act (PPPFA) No.5 of 2000 and section 38(1)(a)(iii) of the Public Finance Management Act 1 of 1999 as amended by Act NO.29 of 1999 and Preference Procurement Regulations 2022.
	2. The evaluation will be carried out in three (3) phases, namely:
* Phase 1- Compliance & statutory requirements
* Phase 2 – Functionality
* Phase 3 - Price & specific goals
	1. **Price & specific goals**
		1. The 80/20 or 90/10 preference points system:

Ps = 80/90(1-Pt-Pmin)

 Pmin

Where:

Ps = Points scored for price by bid under consideration

Pmin = Lowest acceptable consideration

Pt = Price of bid under consideration

* + 1. The department is under no obligation to award the bid to the bidder scoring the highest or lowest points.
	1. **Preferential Claims**
		1. Points scored for specified goals as contemplated by the PPPFA and its regulations are then calculated separately and added to the points scored for the price to obtain the final score
		2. **Specified Goals**
			1. Calculation of points for Preferential Points– specific goals will be allocated in the following manner.
			2. The points scored for price must be added to the points scored for specific goals to obtain the bidder’s total points scored out of 100.
			3. If two or more bids have equal total points, the successful bid will be awarded to the one with the highest points for specific goals.
			4. If two or more bids are equal in all respects, the successful bidder will be the one with the highest functionality percentage and the last option will be the drawing of lots.
			5. The bidder will be allocated points based on the goals stated in Table 1 below as may be supported by proof/ documentation stated in the conditions of this tender.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The specific goals allocated points in terms of this bid** | **Number of points****allocated****(80/20 system)** | **Number of points****allocated****(90/10 system)** | **Number of points claimed (80/20 system)****(To be completed by the tenderer)** | **Number of points claimed (90/10 system)****(To be completed by the tenderer)** |
| Who had no franchise in national elections before the 1983 and 1993 Constitution (100% Black Owned Company)) | 10 | 5 |  |  |
| Who is Female (100% Female Owned Company) | 4 | 2 |  |  |
| Who is youth (100% Youth Owned Company  | 4 | 2 |  |  |
| Who has a disability (100% Disabled Owned Company) | 2 | 1 |  |  |

1. **Compliance & Statutory requirements (Returnable documents)**
	1. Submitted documents must be composed of the following:
* SBD 1 - Invitation to Bid
* SBD 3.3 - Pricing Schedule
* SBD 4 - Declaration of interest
* SBD 6.1 - Preference Points Claim Form
* Tax Compliance Status PIN
* CSD registration report.
* CIPC/CIPRO Company registration Documrnts
* Letters of reference or Award letter from previous clients (Must be on the official letterhead of that institution) with office contact details.
	1. **Phase 2 – Functionality**
		1. Submitted documents must be composed of the following:
		+ Reference of the services previously provided on the letterhead of referee
		+ Two (2) years Audited financial statements
		+ Bank Guarantee or Bank Statement of at least of R350 000
	2. **Phase 3 - Price & specific goals**
		1. Submitted documents must be composed of the following:
* Pricing Schedule 3.1
* Specific goals SBD 6.1

**SECTION 5: FORMS TO BE COMPLETED BY THE BIDDER**

 SBD1

PART A

INVITATION TO BID

|  |
| --- |
| **YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (***NAME OF DEPARTMENT/ PUBLIC ENTITY***)** |
| BID NUMBER: | **NCDOH/008/EMS/2025** | CLOSING DATE: 30 May 2025 |  | CLOSING TIME: | 11h00 |
| DESCRIPTION | **APPOINTMENT OF A PANEL OF SERVICE PROVIDERS FOR ROAD AMBULANCE SERVICES FOR A PERIOD OF THREE (3) YEARS** |
| **BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT *(STREET ADDRESS)*** |
| **Reception area of James Exum Building, Robert Mangaliso Sobukwe Hospital Complex, Department of Health, Du Toitspan Road Belgravia Kimberley 8300** |
|  |
|  |
|  |
| **BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO** | **TECHNICAL ENQUIRIES MAY BE DIRECTED TO:** |
| CONTACT PERSON | **Mr. Hachiyona Chipungu** | CONTACT PERSON | **Mr. A Moloinyana** |
| TELEPHONE NUMBER | **053 8300 696** | TELEPHONE NUMBER | **053 831 2884** |
| FACSIMILE NUMBER |  | FACSIMILE NUMBER |  |
| E-MAIL ADDRESS |  **NCDoH-Tenders@ncpg.gov.za** | E-MAIL ADDRESS | **amoloinyana@ncpg.gov.za** |
| **SUPPLIER INFORMATION** |
| NAME OF BIDDER |  |
| POSTAL ADDRESS |  |
| STREET ADDRESS |  |
| TELEPHONE NUMBER | CODE |  | NUMBER |  |
| CELLPHONE NUMBER |  |
| FACSIMILE NUMBER | CODE |  | NUMBER |  |
| E-MAIL ADDRESS |  |
| VAT REGISTRATION NUMBER |  |
| SUPPLIER COMPLIANCE STATUS | TAX COMPLIANCE SYSTEM PIN: |  | **OR** | CENTRAL SUPPLIER DATABASE No:  | MAAA |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE | TICK APPLICABLE BOX][ ]  Yes [ ]  No | B-BBEE STATUS LEVEL SWORN AFFIDAVIT  | [TICK APPLICABLE BOX][ ]  Yes [ ]  No |
| ***[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]*** |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED? | [ ] Yes [ ] No [IF YES ENCLOSE PROOF] | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? | [ ] Yes [ ] No[IF YES, ANSWER THE QUESTIONNAIRE BELOW ] |
| **QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS** |
| IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? [ ]  YES [ ]  NODOES THE ENTITY HAVE A BRANCH IN THE RSA? [ ]  YES [ ]  NODOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? [ ]  YES [ ]  NODOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? [ ]  YES [ ]  NOIS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? [ ]  YES [ ]  NO **IF THE ANSWER IS “NO” TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.**  |

PART B

TERMS AND CONDITIONS FOR BIDDING

|  |
| --- |
| 1. **BID SUBMISSION:**
 |
| * 1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
	2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.**
	3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
	4. **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**
 |
| 1. **TAX COMPLIANCE REQUIREMENTS**
 |
| 1. BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2. BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER’S PROFILE AND TAX STATUS.
3. APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE [WWW.SARS.GOV.ZA](http://www.sars.gov.za).
4. BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
5. IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
6. WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
7. NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE.”
 |

**NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID**.

SIGNATURE OF BIDDER: ……………………………………………

CAPACITY UNDER WHICH THIS BID IS SIGNED: ……………………………………………

(Proof of authority must be submitted e.g. company resolution)

DATE: …………………………………………...

 **SBD4**

**BIDDER’S DISCLOSURE**

1. **PURPOSE OF THE FORM**

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

1. **Bidder’s declaration**

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest[[1]](#footnote-1) in the enterprise,

 employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Identity Number** | **Name of State institution** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

……………………………………………………………………………………

……………………………………………………………………………………

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

* + 1. If so, furnish particulars:

…………………………………………………………………………….

…………………………………………………………………………….

1. **DECLARATION**

I, the undersigned, (name)……………………………………………………………………. in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1 I have read and I understand the contents of this disclosure;

3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium[[2]](#footnote-2) will not be construed as collusive bidding.

3.4In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

* 1. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

……………………………… ..……………………………………………

 Signature Date

……………………………… ………………………………………………

 Position Name of bidder

 SBD 6.1

**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022**

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

1. **GENERAL CONDITIONS**
	1. The following preference point systems are applicable to invitations to tender:
* the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
* the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).
	1. **To be completed by the organ of state**

 (*delete whichever is not applicable for this tender*).

1. The applicable preference point system for this tender is the 90/10 preference point system.
2. The applicable preference point system for this tender is the 80/20 preference point system.
3. Either the 90/10 or 80/20 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.
	1. Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:
4. Price; and
5. Specific Goals.
	1. **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

|  |  |  |
| --- | --- | --- |
|  | **POINTS** | **POINTS** |
| **PRICE** |  **80** |  **90** |
| **SPECIFIC GOALS** |  **20** |  **10** |
| **Total points for Price and SPECIFIC GOALS**  | **100** | **100** |

* 1. Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.
	2. The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.
1. **DEFINITIONS**
2. **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
3. **“price”** means an amount of money tendered for goods or services, andincludes all applicable taxes less all unconditional discounts;
4. **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
5. **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
6. **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).
7. **FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES**
	1. **POINTS AWARDED FOR PRICE**

3.1.1 **THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS**

A maximum of 80 or 90 points is allocated for price on the following basis:

 **80/20 or 90/10**

or

 Where

 Ps = Points scored for price of tender under consideration

 Pt = Price of tender under consideration

 Pmin = Price of lowest acceptable tender

* 1. **FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT**
		1. **POINTS AWARDED FOR PRICE**

A maximum of 80 or 90 points is allocated for price on the following basis:

 **80/20 or 90/10**

or

Where

 Ps = Points scored for price of tender under consideration

 Pt = Price of tender under consideration

 Pmax = Price of highest acceptable tender

1. **POINTS AWARDED FOR SPECIFIC GOALS**
	1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
	2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
2. an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

1. any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**

***(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.***

***Note to tenderers: The tenderer must indicate how they claim points for each preference point system.*)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The specific goals allocated points in terms of this tender** | **Number of points****allocated****(80/20 system)****(To be completed by the organ of state)** | **Number of points****allocated****(90/10 system)****(To be completed by the organ of state)** | **Number of points claimed (80/20 system)****(To be completed by the tenderer)** | **Number of points claimed (90/10 system)****(To be completed by the tenderer)** |
| **RACE** | 10 | 5 |  |  |
| Who had no franchise in national elections before the 1983 and 1993 Constitution (100% Black Owned Company) |  |  |  |  |
| **GENDER**  | 4 | 2 |  |  |
| 100 % Female Owned Company |  |  |  |  |
| **YOUTH** | 4 | 2 |  |  |
| 100 % Youth Owned Company |  |  |  |  |
| **DISABILITY** ( Medical report issued by a Specialist to be submitted) | 2 | 1 |  |  |
| 100 % Disabled Owned Company |  |  |  |  |

 **DECLARATION WITH REGARD TO COMPANY/FIRM**

* 1. Name of company/firm…………………………………………………………………….
	2. Company registration number: …………………………………………………………...
	3. TYPE OF COMPANY/ FIRM

 Partnership/Joint Venture / Consortium

 One-person business/sole propriety

 Close corporation

 Public Company

 Personal Liability Company

 (Pty) Limited

 Non-Profit Company

 State Owned Company

[Tick applicable box]

* 1. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
1. The information furnished is true and correct;
2. The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
3. In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
4. If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
	1. disqualify the person from the tendering process;
	2. recover costs, losses or damages it has incurred or suffered as a result of that person’s conduct;
	3. cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
	4. recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
	5. forward the matter for criminal prosecution, if deemed necessary.

……………………………………….

**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME**: ……………………………………………………….

**DATE:** ………………………………………………………

**ADDRESS**: ………………………………………………………

 ………………………………………………………

 ………………………………………………………

 ………………………………………………………

 **SBD 3.3**

**PRICING SCHEDULE**

1. **Pricing Instructions:**
	1. State the rates and prices in Rand unless instructed otherwise in the tender conditions.
	2. All prices shall be tendered in accordance with the units specified in this schedule.
	3. Where a value is given in the Quantity column, a Rate and Price (the product of the Quantity and Rate) is required to be inserted in the relevant columns.
	4. The successful tenderer is required to fulfil the specifications and outcomes for the items tendered against. The tenderer must therefore tender prices/rates only on items that they have fulfilled the requirements for and by submission of the relevant supporting documentation. Only items in the Pricing Schedule table with a positive rand value will be considered as a valid tender pricing for that item and any other notation in the table would be considered as that item not being tendered for.
	5. The Tenderer may be requested to clarify nil rates, or items regarded as having nil rates; and the Employer may also perform a risk analysis with regard to the reasonableness of such rates.
	6. Provide fixed rates and prices for the duration of the contract that are not subject to adjustment except as otherwise provided for in clause 17 of the Conditions of Contract and as amplified in the Special Conditions of Contract.
	7. This tender would be awarded per item.
	8. Bidders can tender for one or more items and need not tender for all the items.
	9. The rates quoted by the bidder will be used when sourcing quotations. The successful bidder will be required to complete the Quotation Pricing Schedule form which must reflect all costs including, delivery, transportation, VAT and disbursements.
	10. The pricing should be in line with bid specifications.
	11. The bidders should indicate which services there are unable to provide to the department.
	12. **The Department of Health reserves the right to determine a median cost subsequently to the awarding of the bid.**
	13. **In the event where the Department does not provide a pricing schedule, the bidder should provide a quotation/pricing on own format.**

 **SBD 3.1**

**PRICING SCHEDULE – FIRM PRICES**

**(PURCHASES)**

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

 **IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT**

 **PLEASE INCLUDE TOTAL QUOTATION AMOUNT ON THIS DOCUMENT AND LIST THE INDIVIDUAL ITEMS AMOUNTS ON OWN FORMAT.**

|  |
| --- |
| Name of bidder…………………………………… Bid number…………………...............................Closing Time 11:00 Closing date…………………………………………... |

 OFFER TO BE VALID FOR **120** DAYS FROM THE CLOSING DATE OF BID.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ITEM QUANTITY DESCRIPTION BID PRICE IN RSA CURRENCY**

**NO. \*\* (ALL APPLICABLE TAXES INCLUDED)**

* Required by: ………………………………….

- At: Price ………………………………….

…………………………………

**- Does the offer comply with the specification(s)? \*YES/NO**

* **If not to specification, indicate deviation(s) ………………………………….**

* **Period required for delivery ………………………………….**

 **\*Delivery: Firm/not firm**

* **Delivery basis ……………………………………**

**Note: All delivery costs must be included in the bid price, for delivery at the prescribed destination.**

**\*\* “all applicable taxes” includes value- added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies.**

 **SBD 3.1**

* Call out fee (under 100km travel to scene) **R**…..
* **ILS Transport:** per call out up to 45 minutes. **R……**
	+ Every 15Minutes there after **(ILS): R……**
	+ Per KM (>100KM) Distance traveled by patient **(ILS): R…….**
	+ Per KM (>100KM) Return non carrying patients **(ILS): R …….**
* **ALS Transport:** R4,800.20 per call-out up to 60 Minutes **R……**
	+ Every 15Minutes there after **(ALS): R ……**
	+ Per KM (>100KM) Distance traveled by patient **(ALS): R……**
	+ Per KM (>100KM) Return non carrying patients **(ALS): R……**
* **Activation/Call out fee:** **R**…….
* **Specialized Medical Evacuation (Air/Water Rescue):** **R……**

Case-by-case assessment.

* **Medic Standby for Public Events:** **R……**

Based on risk assessment and response level.

* **Mass Casualty Incidents:** **R………**

Costs covered under special emergency funds and assessed

based on deployment size.

**CERTIFICATION OF CORRECTNESS OF INFORMATION SUPPLIED IN THIS DOCUMENT**

 I/we, THE UNDERSIGNED, WHO WARRANT THAT I AM DULY AUTHORISED TO DO SO ON BEHALF OF THE BIDDER, CERTIFY THAT THE INFORMATION SUPPLIED IN TERMS OF THIS DOCUMENT IS CORRECT AND TRUE, THAT THE SIGNATORY TO THIS DOCUMENT IS DULY AUTHORISED AND ACKNOWLEDGE THAT:

7.(1) The bidder will furnish documentary proof regarding any bidding issue to the satisfaction of the Department of Health, if requested to do so.

7.(2) If the information supplied is found to be incorrect and/or false then the Department of Health, in addition to any remedies it may have, may: -

1. Recover from the contractor all costs, losses or damages incurred or sustained by the Department as a result of the award of the contract, and/or
2. Cancel the contract and claim any damages which the Department of Health may suffer by having to make less favourable arrangements after such cancellation.

**SIGNED ON THIS** ................... **DAY OF** ......................................... **20** .......... **AT** ………

....................................................................... .............................................................

**SIGNATURE OF BIDDER OR DULY NAME IN BLOCK LETTERS**

**AUTHORISED REPRESENTATIVE**

**ON BEHALF OF (BIDDER’S NAME)** ...........................................................................

**CAPACITY OF SIGNATORY** ...........................................................................

**NAME OF CONTACT PERSON (IN BLOCK LETTERS, PLEASE)** …………………………..

……………………………………………………….....................................................................

**POSTAL ADDRESS** ………………………………………………………………………………..

................................................................................................................................................

**TELEPHONE NUMBER**: ...................................................

**FAX NUMBER**: ...................................................

**CELLULAR PHONE NUMBER**: ...................................................

**E-MAIL ADDRESS**: ……….…………………………….….......................................

**DECLARATION THAT INFORMATION ON CENTRALSUPPLIER DATABASE (CSD) IS CORRECT AND UP TO DATE**

**(To be completed by bidder)**

**THIS IS TO CERTIFY THAT I (name of bidder/authorised representative)**

**……………………………………………………………………………………………………………**

**WHO REPRESENTS (state name of bidder)**

**………........................................................................................................................................**

**I AM AWARE OF THE CONTENTS OF THE CENTRAL SUPPLIER DATABASE WITH RESPECT TO THE BIDDER’S DETAILS AND REGISTRATION INFORMATION, AND THAT THE SAID INFORMATION IS CORRECT AND UP TO DATE AS ON THE DATE OF SUBMITTING THIS BID.**

**AND I AM AWARE THAT INCORRECT OR OUTDATED INFORMATION MAY BE A CAUSE FOR DISQUALIFICATION OF THIS BID FROM THE BIDDING PROCESS, AND/OR POSSIBLE CANCELLATION OF THE CONTRACT THAT MAY BE AWARDED ON THE BASIS OF THIS BID.**

**.......................................................................**

**SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE**

**DATE:....................................................**

**SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE**

**COMPLETION OF BIDDING FORMS**

PLEASE NOTE THAT THIS BID IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 AND THE GENERAL CONDITIONS OF CONTRACT.

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.

2. Under no circumstances whatsoever may the bid forms be retyped or redrafted.

Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.

3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.

4. Bids submitted must be complete in all respects.

5. Bids shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.

6. Each bid shall be addressed in accordance with the directives in the bid documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any bid other than that shown on the envelope. If this provision is not complied with, such bids may be rejected as being invalid.

7. All bids received in sealed envelopes with the relevant bid numbers on the envelopes are kept unopened in safe custody until the closing time of the bids. Where, however, a bid is received open, it shall be sealed. If it is received without a bid number on the envelope, it shall be opened, the bid number ascertained, the envelope sealed and the bid number written on the envelope.

8. A specific box is provided for the receipt of bids, and no bid found in any other box or elsewhere subsequent to the closing date and time of bid will be considered.

9. No bid sent through the post will be considered if it is received after the closing date and time stipulated in the bid documentation, and proof of posting will not be accepted as proof of delivery.

10. No bid submitted by telefax, telegraphic or other electronic means will be considered.

11. Bidding documents must not be included in packages containing samples. Such bids may be rejected as being invalid.

12. Any alteration made by the bidder must be initialled.

13. Use of correcting fluid is prohibited

14. Bids will be opened in public as soon as practicable after the closing time of bid.

15. Where practical, prices are made public at the time of opening bids.

16. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

17. The bidder must initial each and every page of the document.

**CONDITIONS OF BID**

1. I/We hereby bid to supply all or any of the supplies and/or to render all or any of the services described in the attached documents to the Northern Cape Department of Health (hereinafter called the “Department”) on the terms and conditions and be in accordance with the specifications stipulated in the bid documents (and which shall be taken as part of and be incorporated into this bid) at the prices and on the terms regarding time for delivery and/or execution inserted therein.

2. I/we agree that:

(a) the offer herein shall remain binding upon me and open for acceptance by the Department of Health during the validity period indicated and calculated from the closing time of the bid;

(b) this bid and its acceptance shall be subject to Treasury Regulations 16A issued in terms of the Public Finance Management Act, 1999, the National Treasury General Conditions of Contract and Standard Bidding Documents, with which I/we am fully acquainted;

(c) if I/we withdraw my bid within the period for which I/we have agreed that the bid shall remain open for acceptance, or fail to fulfil the contract when called upon to do so, the Department may, without prejudice to its other rights, agree to the withdrawal of my bid or cancel the contract that may have been entered into between me and the Department. I/we will then pay to the Department any additional expenses incurred by the Department having either to accept any less favourable bid or, if fresh bids have to be invited, the additional expenditure incurred by the invitation of fresh bids and by the subsequent acceptance of any less favourable bid. The Department shall have the right to recover such additional expenditure by set-off against monies which may be due to me under this or any other bid or contract or against any guarantee or deposit that may have been furnished by me or on my behalf for the due fulfilment of this or any other bid or contract and pending the ascertainment of the amount of such additional expenditure to retain such monies, guarantee or deposit as security for any loss the Department may sustain by reason of my default;

(d) if my bid is accepted, the acceptance may be communicated to me by registered post, and that the South African Post Office Limited shall be treated as delivery agent to me;

(e) the law of the Republic of South Africa shall govern the contract created by the acceptance of my bid and I choose *domicilium citandi et executandi* in the Republic at (full physical address) :

 ............................................................................................................................

 .............................................................................................................................

3. I/we furthermore confirm that I/we have satisfied myself as to the correctness and validity of my bid: that the price(s), rate(s) and preference quoted cover all of the work/item(s) and my obligations under a resulting contract, and I accept that any mistakes regarding the price(s) and calculations will be at my risk.

4. I/we hereby accept full responsibility for the proper execution and fulfilment of all obligations and conditions devolving on me under this agreement, as the Principal(s) liable for the due fulfilment of this contract.

5. I/we agree that any action arising from this contract may in all respects be instituted against me and I/we hereby undertake to satisfy fully any sentence or judgement which may be pronounced against me as a result of such action.

6. I/we confirm that I/we have declared all and any interest that I or any persons related to my business has with regard to this bid or any related bids by completion of the Declaration of Interest Section.

1. the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise. [↑](#footnote-ref-1)
2. Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract. [↑](#footnote-ref-2)