

|  |  |
| --- | --- |
| **REQUEST FOR QUOTATION (RFQ) NUMBER:** | **PR****10110623 (Please use this number as reference when sending quotations and supporting documentation)** |
| **DESCRIPTION**  | The Road Accident Fund (RAF) wishes to appoint a suitable service provider to provide Guest Speakers for Women’s Day Event for RAF Offices in August 2025.  |
| **RFQ ISSUED DATE** | **15 July 2025** |
| **RFQ VALIDITY PERIOD** | 30 days from the closing date.  |
| **CLOSING DATE AND TIME** | **23 July 2025 at 14:00** |
| **EXPECTED DATE SERVICES IS REQUIRED** | **August 2025 (As detailed on the specification on page 6)** |
| **COMPULSORY BRIEFING SESSION** | **N/A**  |
| **DELIVERY ADDRESS OF GOODS/SERVICES** | **In and around the offices of the RAF for each Office** |
| **RFQ RESPONSES MUST BE EMAILED TO:** | **For Head office all quotations should be emailed to** rfq.procurement@raf.co.za **Failure to follow these instructions will result in your quote not being considered.** |
| **ENQUIRIES REGARDING THIS RFQ SHOULD BE SUBMITTED VIA E-MAIL TO** | Enquires can be directed at this e-mail address Ntsakob@raf.co.zaFor further enquiries, you may contact Ntsakoon 012 649 2023 |

**Important Notes to this RFQ:**

* **Service providers/suppliers should ensure that RFQ responses are emailed to the correct email address;**

**(**rfq.procurement@raf.co.za**)**

* **If the quotation is late, it shall not be accepted for consideration;**
* **The RAF reception is generally accessible 8 hours a day (07h45 to 16h00); 5 days a week (Monday to Friday) for delivery of goods;**
* **All suppliers are required to complete and sign all Annexures to this document (Standard Bidding Documents and documents for submission under Mandatary Evaluation, where applicable).**
* **Historically Disadvantaged Individuals (HDI)\* claimed points for Race and Gender will be verified through CSD;**
* **Suppliers who have a disability must provide a valid medical certificate issued by a registered medical practitioner as proof of disability;**
* **RAF will conduct business ONLY with CSD Registered suppliers.**
* **Should you not be contacted within 14 working days, consider your proposal/quotation unsuccessful.**

**Prohibition of Gifts & Hospitality:**

“Except for specific goods or service procured by the Road Accident Fund, service providers/suppliers are required not to offer any gift, hospitality or other benefit to any RAF official. To avoid doubt, branded marketing material is considered to be a gift. Furthermore, should any RAF official request a gift, hospitality or other benefit, the service providers is required to report the matter to our toll free fraud line at 0800 005919.”

*\*HDI - means a South African Citizen who (a) due to the apartheid policy, had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983(Act No.110 of 1983) or the Interim Constitution f the Republic of South Africa,1993 (Act No.200 of 1993); (b) is a female; or (c) has a disability.*

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1. TERMS AND CONDITIONS OF REQUEST FOR QUOTATION (RFQ)

**SERVICE PROVIDER/SUPPLIER: ……………………………………………………………………….**

**REGISTRATION NUMBER: ……………………………………………………………………….**

**CSD UNIQUE SUPPLIER REGISTRATION NUMBER: ……………………………………………………………………….**

**ADDRESS: ……………………………………………………………………….**

**CONTACT PERSON: ……………………………………………………………………….**

**TEL: …………………………………………………………………........**

1. RAF’s standard conditions of purchase shall apply.
2. RAF will not conduct business with suppliers whose tax matters are not declared to be in order by SARS.
3. Goods or services shall be delivered and accepted against an official and RAF Award Letter or Purchase Order (PO) signed and duly authorised RAF official.
4. The RAF reserves the right not to make payment or accept the goods or services should the goods or services be delivered to the RAF before the RAF Award Letter or PO is issued. (An official authorised RAF PO should have the Supply Chain Management (SCM): Manager signature or such other official duly authorised in terms of the RAF’s Delegations of Authority and Approval Framework),Description of the item, Quantity of items purchased, Date of delivery of the item, Total amount of the items purchased inclusive of where applicable VAT and other applicable taxes.
5. This RFQ will be evaluated based on the 80/20 preference point system applicable to bids with a Rand value equal to, or above R2 000.01 and up to a rand value of R1 000 000.00 (all applicable taxes included). The RAF may elect to apply the 80/20 preference point system to price quotations with a rand value less than R2 000.01.

I, the undersigned (NAME)……….………………………………………certify that:

I have read and understood the conditions of this RFQ.

I have supplied the required information, and the information submitted as part of this RFQ is true and correct.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. GENERAL CONDITIONS OF CONTRACT

<http://ocpo.treasury.gov.za/Resource_Centre/Legislation/General%20Conditions%20of%20Contract-%20Inclusion%20of%20par%2034%20CIBD.pdf>

1. RFQ SPECIFICATION

#### BACKGROUND TO THE ROAD ACCIDENT FUND

The Road Accident Fund (RAF) is a Schedule 3A Public Entity established in terms of the Road Accident Fund Act, 1996 (Act No. 56 of 1996), as amended.  Its mandate is the provision of compulsory social insurance cover to all users of South African roads, to rehabilitate and compensate persons injured as a result of negligent driving of motor vehicles in a timely and caring manner, and to actively promote the safe use of our roads. The RAF has its headquarters in Centurion - Pretoria and other offices country wide.

#### BACKGROUND OF THE PROJECT

RAF wishes to appoint a suitable service provider to provide Guest Speakers for Women’s Day Event for RAF Offices in August 2025.

1. **DETAILED SPECIFICATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Region** | **Event Venue** | **Date** | **Estimated number of attendees** | **Number of Speakers** | **Duration of the speakers** | **Number of talk show hosts** |
| Head Office, Pretoria and Johannesburg | In and Around Pretoria and Johannesburg  | 15 August 2025 | 900 | 2 | 1 hour | 1 |
| Cape Town | In and around the City Centre | 08 August 2025 | 190 | 2 | 1 hour | 1 |
| Durban | Umhlanga | 29 August 2025 | 231 | 2 | 1 hour  | 1 |
| East London | East London CBD | 29 August 2025 | 148 | 2 | 1 hour | 1 |

 **Important Information**

* Service Providers must source speakers that are locally based at each of the RAF Regional Office specified.

 **The Speaker 1**

* Female Clinical or Counselling Psychologist
* She must be a reputable speaker with public speaking experience, with regular speaking opportunities.
* Discuss Mental Health and Emotional Wellness for Women in the Workplace: Managing stress, burnout, and the emotional load carried by women juggling multiple roles.

 **The Speaker 2**

* Female Medical Doctor (e.g. Gynaecologist or General Practitioner/Sexologist)
* Common Women’s Health Issues – Breast Cancer, Reproductive Health, Hormonal Wellness, etc.

 **Talk Show/Podcast Host**

* The role of the talk show/podcast host is to engage the audience, facilitate dynamic and inspiring conversations with panellists/speakers, ensure smooth flow of the programme, and foster a welcoming, empowering atmosphere for all women attending the events at each Region.
* The host should be female
* Ideally a media personality, motivational speaker, or radio/TV presenter
* Experience with corporate, wellness, or women's events is a plus

1. EVALUATION CRITERIA

 The evaluation criteria will be based on the following requirements:

* Phase 1: Mandatory Requirements
* Phase 2: Evaluation for Price and Specific Goals based on preference point system of 80/20.

**Phase 1: Mandatory Requirements**

 All Service Providers who do not meet all Mandatory Requirements will be disqualified and will not be considered for

 further evaluation on Price and Specific Goals.

 **Service Providers must indicate by ticking (√) correct box indicating that they Comply or Do not comply.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Description** | **Comply** | **Not comply** |
| 1 | **Experience for a Speaker 1**The service provider must submit a portfolio of evidence that the Clinical or Counselling Psychologist recommended for each Region has experience in rendering talks on Mental Health on various public platforms. A **minimum** of three (3) speaking events/platforms for each of the recommended Clinical or Counselling Psychologist per Region must be indicated in a table format **(submitted as an Annexure),** the following must be indicated:**GAUTENG**

|  |  |
| --- | --- |
| Name and Surname of the Clinical or Counselling Psychologist |  |
| Location or area of operation |  |
| HPCSA Registration Number |  |
| Company/Organization One (1) where the talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where the talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**CAPE TOWN**

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| --- | --- |
| Name and Surname of the Clinical or Counselling Psychologist |  |
| Location or area of operation |  |
| HPCSA Registration Number |  |
| Company/Organization One (1) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Location or area of operation |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization three (3) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**DURBAN**

|  |  |
| --- | --- |
| Name and Surname of the Clinical or Counselling Psychologist |  |
| Location or area of operation |  |
| HPCSA Registration Number |  |
| Company/Organization One (1) where the talk was rendered  |
| Type of Event or Speaking Platform |  |
| Location or area of operation |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**East London**

|  |  |
| --- | --- |
| Name and Surname of the Clinical or Counselling Psychologist |  |
| Location or area of operation |  |
| HPCSA Registration Number |  |
| Company/Organization One (1) where the talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where talk was rendered  |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**Please note: The RAF reserves the right to validate and confirm the company’s details submitted.**  |  |  |
| **Substantiate/Comments**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Description** | **Comply** | **Not comply** |
| 2 | **Experience for a Speaker 2:** **Medical Practitioner** (Gynaecologist or General Practitioner/Sexologist)The service provider must submit a portfolio of evidence **for each office** that the recommended Medical Practitioner has rendered health talks on Women’s Health issues. A **minimum** of three (3) speaking events/platforms must be indicated in a table format **(submitted as an Annexure),** the following must be indicated:**GAUTENG**

|  |  |
| --- | --- |
| Name and Surname of the Medical Practitioner |  |
| HPCSA Registration number |  |
| Company/Organization One (1) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where the talk was rendered |
| Type of Event or speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**DURBAN**

|  |  |
| --- | --- |
| Name and Surname of the Medical Practitioner |  |
| HPCSA Registration number |  |
| Company/Organization One (1) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**EAST LONDON**

|  |  |
| --- | --- |
| Name and Surname of the Medical Practitioner |  |
| HPCSA Registration number |  |
| Company/Organization One (1) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**CAPE TOWN**

|  |  |
| --- | --- |
| Name and Surname of the Medical Practitioner |  |
| HPCSA Registration number |  |
| Company/Organization One (1) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Two (2) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topics of Presentation |  |
| Contactable company/organization’s reference |  |
| Company/Organization Three (3) where the talk was rendered |
| Type of Event or Speaking Platform |  |
| Topic of Presentation |  |
| Contactable company/organization’s reference |  |

**Please note: The RAF reserves the right to validate and confirm the companies’ details submitted.**  |  |  |
| **Substantiate/Comments**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Description** | **Comply** | **Not comply** |
| 3 | **Experience for a Talk Show Host** The service provider must submit a portfolio of evidence **for each office** that the recommended Talk Show/Podcast Host has experience in hosting talk shows/podcasts. A **minimum** of three (3) Talk Shows/ Podcasts must be indicated in a table format **(submitted as an Annexure)**, the following must be indicated:**GAUTENG**

|  |  |
| --- | --- |
| Name and Surname of the Talk Show/Podcast Host |  |
| Talk Shows/Podcast Facilitated |
| Talk Show 1 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 2 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 3 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/podcast reference |  |

**DURBAN**

|  |  |
| --- | --- |
| Name and Surname of the Talk Show/Podcast Host |  |
| Talk Shows/Podcast Facilitated |
| Talk Show 1 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 2 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 3 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/podcast reference |  |

**EAST LONDON**

|  |  |
| --- | --- |
| Name and Surname of the Talk Show/Podcast Host |  |
| Talk Shows/Podcast Facilitated |
| Talk Show 1 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 2 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 3 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/podcast reference |  |

**CAPE TOWN**

|  |  |
| --- | --- |
| Name and Surname of the Talk Show/Podcast Host |  |
| Talk Shows/Podcast Facilitated |
| Talk Show 1 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 2 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/Podcast reference |  |
| Talk Show 3 |
| Type of Talk Show/Podcast |  |
| Topic of Talk Show/Podcast |  |
| Contactable Talk Show/podcast reference |  |

**Please note: The RAF reserves the right to validate and confirm the companies’ details submitted.**  |  |  |
| **Substantiate/Comments**  |

 **Phase 2: Price and Specific Goals Evaluations**

The evaluation for Price and Specific Goals shall be based on preference point system of 80/20 and the points for evaluation criteria are allocated as follows:

|  |  |
| --- | --- |
| **Evaluation criteria** | **Points** |
| **1.** | **Price** | **80** |
| **2.** | **Specific Goals**

|  |  |  |  |
| --- | --- | --- | --- |
| # | Specific Goal | Proof | Points Allocation |
| 1 | South African citizen who had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act 200 of 1983) or the Constitution of the Republic of South Africa, 1996. (minimum 51% ownership or more) | CSD Report | 10 |
| 2 | Women (minimum 51% ownership or more) | ID copy / CSD report | 8 |
| 3 | Persons with disabilities (minimum 51% ownership or more) | Valid medical certificate issued by an accredited medical practitioner | 2 |

 | **20** |
| **Total** | **100** |

1. COST BREAK DOWN
2. The service provider/supplier is required to provide a full cost breakdown for each item required on an official company letterhead.
3. In cases where a service provider submits two (2) different offers, the price stated on the RFQ document will be accepted for the basis of the evaluation purposes.
4. The service provider/supplier is required to list all additional costs associated with the services listed above, with the conditions of when such costs will apply.
5. All prices must be VAT inclusive (if VAT registered) and must be quoted in South African Rand (ZAR).
6. No price changes will be accepted after official Purchase Order (PO) is issued.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO.** | **ITEM DESCRIPTION** | **Quantity** | **UNIT PRICE** | **TOTAL PRICE**  |
|  | Speaker 1 (As per the specification) | 4 |  |  |
|  | Speaker 2 (As per the specification) | 4 |  |  |
|  | Talk Show/Podcast Host(As per the specification) | 4 |  |  |
| **TOTAL**  |  |
| **VAT (IF VAT REGISTERED)** |  |
| **GRAND TOTAL (VAT INCLUSIVE - IF VAT REGISTERED)** |  |

1. STANDARD BIDDING DOCUMENTS

SBD 4 Bidders Disclosure

SBD 6.1 in Terms of PPR 2022