

**SECTION 2.2: FUNCTIONALITY EVALUATION**

- (a) Reference Scoring: A maximum of 70 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
<b>1. Experience - Company profile to be provided which consists of the following:</b> <ul style="list-style-type: none"> <li>• Must be on the letterhead of the company;</li> <li>• Background of what the company does;</li> <li>• How long the company has been operating;</li> <li>• Clients for whom similar work has been done</li> </ul>	40
<b>2. References</b>	30
<b>Total</b>	<b>70</b>

Bidders must score the minimum of 50 out of 70 points to be placed on the panel of services providers for this tender.

Criteria will be evaluated as follow:

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

1	Experience	Points
	a. More than 4 - 6 years	40
	b. More than 2 – 4 years	30
	c. More than 0 - 2 years	20
	d. 0 years	0
	<b>Total</b>	

**2. References**

The Bidder is hereby requested to provide a minimum of 5 contactable references. The references should 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.

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

<b>Referee name:</b>	
<b>Postal address</b>	
<b>Contact number of referee:</b>	
<b>Email address:</b>	
<b>Name of Bidder evaluated:</b>	
<b>Project Name:</b>	
<b>Project Description:</b>	
<b>Project Completion date:</b>	
<b>Project duration:</b>	
<b>Final Project Cost:</b>	

<b>COMPLETION OF ASSIGNMENTS WITHIN BUDGET</b>		<b>(1 POINT)</b>
<b>Question</b>	<b>Answer</b>	
Did the bidder complete the project within the allocated Budget?	Good (1 point)	
	Poor (0 points)	

<b>QUALITY OF END PRODUCT</b>		<b>(2 POINTS)</b>
<b>Question</b>	<b>Answer</b>	
Was work executed in accordance with the Project Execution Statement and did the final product match the expectations that were created during the Project Initiation Stage?	Good (2points)	
	Poor (0 points)	

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

TRANSPARENCY AND OPENNESS ON PROGRESS REPORTING (1 POINT)	
Question	Answer
Was the <i>progress reporting, transparent and open</i> ?	Good (1 point)
	Poor (0 points)
PROFESSIONALISM (1 POINT)	
Question	Answer
Professional behaviour at all times, towards Client and all Role Players?	Good (1 point)
	Poor (0 points)

COMPLETION OF WORK (1 POINT)	
Question	Answer
Did the bidder complete the project within the allocated timeframe?	Good (1 point)
	Poor (0 points)

**Additional Remarks/Comments:**


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

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3	References	Points
	a. 5 References that responded positively to questions.	30
	b. 4 References responded positively to questions.	24
	c. 3 References responded positively to questions	18
	d. 2 References responded positively to questions.	12
	e. 1 References responded positively to questions.	6
	f. 0 References responded positively to questions.	0
	<b>Total</b>	

**A bidder that scores less than 50 points out of 70 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, may 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: .....