



*Request for Proposal:*

**APPOINTMENT OF A SERVICE  
PROVIDER FOR OCCUPATIONAL  
HEALTH SERVICES AT THE COEGA  
DEVELOPMENT CORPORATION  
WELLNESS CENTRE.**

Contract N<sup>o</sup>  
CDC/178/25

**Classification: Public**

***07 July 2025***

**Name of Bidder:** \_\_\_\_\_



## **DOCUMENT INFORMATION SHEET**

**Title of Document** : *Appointment of a Service Provider for Occupational Health Services at the Coega Development Corporation Wellness Centre.*

**Type of Document** : *Request for Proposal*

**Contract Number** : *CDC/178/25*

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## DOCUMENT CONTROL SHEET

The purpose of this form is to ensure that documents are reviewed and approved prior to issue. The form is to be bound into the front of all documents released by the CDC.



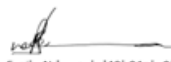
**PROJECT NAME** : *Appointment of a Service Provider for Occupational Health Services at the Coega Development Corporation Wellness Centre and CDC Satellite Offices*

**DOCUMENT TITLE** : *Request for Proposal - Appointment of a Service Provider for Occupational Health Services at the Coega Development Corporation Wellness Centre and CDC Satellite Offices*

**DOCUMENT No.** : *CDC-SBU-RFP-002-25*

### SIGNING OF THE ORIGINAL DOCUMENT

We, the undersigned, accept this document as a stable work product to be placed under formal change control as described by the Change Control Procedure document.

ORIGINAL	Prepared by	Reviewed by	Approved by
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<b>Distribution:</b>	Bid Specification Committee
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Date:	Signature:	Signature:	Signature:

## REQUEST FOR PROPOSAL

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## REQUEST FOR PROPOSAL

**CONTRACT NUMBER: CDC/178/25**

**CONTRACT DESCRIPTION:**

***APPOINTMENT OF A PROFESSIONAL SERVICE PROVIDER FOR OCCUPATIONAL  
HEALTH SERVICES AT THE COEGA DEVELOPMENT CORPORATION WELLNESS  
CENTRE***

*The Coega Development Corporation (CDC) is headquartered in the City of Gqeberha, Nelson Mandela Bay Municipality, South Africa, with a strategic operational footprint in South Africa and beyond the borders in the African continent. The CDC's vision is to be the leading catalyst for the championing of socio-economic development. This it seeks to achieve through the development and operation of the 9 003-hectare Coega Special Economic Zone (SEZ), a transshipment hub and a leading investment destination in Africa, providing highly skilled competence and capacity for the execution of quality complex infrastructure and related projects throughout South Africa and selected markets on the African continent, and advisory on the development of industrialization and logistics zones. The CDC's advanced capabilities are successful enablers in economic zone development and management, real assets management, infrastructure planning and development for National, Provincial, Local Government Departments and State-owned Entities, technology integration while realising related socio-economic impact areas such as skills and SMME development. The foundational culture of the CDC's approach, backed by core values, is innovation and continuous improvement.*

*The CDC attracts local and foreign investment into the Coega Special Economic Zone (SEZ) and the Nelson Mandela Bay Logistics Park (NMBLP); conceptualises and develops complex, multi-disciplinary projects; and provides programme management, strategic advisory, economic research and human capital services. It manages the entire development and service provision through innovative approaches that combine multi-disciplinary skills.*

## **INVITATION AND SCOPE OF WORK**

The Coega Development Corporation was issued Environmental Authorizations (EAs) for the change in land-use (Reference no. A24/29/3/20/7 and Reference no. 12/12/20/628/7/4) by the Department of Environmental Affairs. One of the conditions of these EAs is that the CDC must comply with all provisions of the Occupational Health & Safety Act (Act No. 85 of 1993). In compliance with this condition, the National Health Act and the OHS Act as a whole, the CDC is legally required to perform medical surveillance on employees exposed to substances or conditions that may be hazardous to their health within the Coega Special Economic Zone (SEZ) and Implementing Agent services.

The CDC thus is looking for a Service Provider that will provide Occupational Health Services in the Coega SEZ and Satellite Offices (East London, Pretoria, Cape Town, Mthatha and Durban, for a duration of five (5) years.

The Occupational Health Services required include:

- a) the screening of all employees to ensure that their health is of a satisfactory standard to carry out the job they are appointed for.
- b) support and advice to those who may already be off sick from work and are returning to their normal duties.
- c) promoting a healthy lifestyle to employees, to minimise the occurrence of physical and psychological illnesses.
- d) Further undertake the services of Medicals Surveillance to the Contractors with works in the SEZ.

Competent Service Providers are required to propose a methodology for achieving the required objectives stated below.

1. The Preferred Service Provider will be required to develop a Health Surveillance Program that will be reviewed or modified annually, as appropriate depending on work conditions and exposures concerned, which is inclusive of:
  - 1.1.1. Establishing the employee's state of health before starting employment to collect baseline data for future reference, to ensure correct placement of personnel and to determine suitability for the job for which they applied.
  - 1.1.2. Establishing and maintaining employees' state of health through periodic employment health examinations in line with established processes, procedures and practices — for all CDC employees including satellite offices (including satellite offices i.e. East London, Durban, Pretoria, Cape Town and Mthatha).
  - 1.1.3. Establishing the employees' state of health when leaving employment (exit), thereby ensuring all work-related health issues are documented fully, and the employer's obligations are understood.
  - 1.1.4. Promote optimal health status of employees through identifying
    - a) Treatable medical conditions that may render them temporarily unable to work;
    - b) Chronic illnesses that may have no bearing on their fitness to work, but which threaten their personal long-term health, by referring them for remediation.
  - 1.1.5. Develop a monthly progress report as prescribed by CDC
  - 1.1.6. Issuing of medical certificates of fitness by the Occupational Medical Practitioner(s) / Occupational Health Nurse Practitioners.
  - 1.1.7. The existing surveillance program must be reviewed for implementation and updated as and when the legislation changes. The surveillance program is comprised of, but is not limited to:
    - a) Working at heights
    - b) Asbestos health surveillance.
    - c) Lead health surveillance.
    - d) Manganese health surveillance.
    - e) Iron Ore health surveillance.
    - f) Chrome health surveillance.
    - g) Ionizing Radiation.

- h) Non-ionizing radiation.
- i) Drivers and Plant Operators Medical Surveillance.
- j) Working in confined spaces
- k) Noise Health Surveillance
- l) Biological Testing
- m) Lung function testing
- n) TB Management
- o) Vision testing
- p) Audiometric assessment
- q) Electrocardiography
- r) Radiology and Ultrasonography

1.1.8. The Occupational Health Services shall be carried out in line with but not be limited to the following requirements:

- a) Compensation of Occupational Injuries and Disease Act No. 130 of 1993.
- b) Occupational Health and Safety Act No. 85 of 1993 and all the Related Regulations.
- c) National Health Act No. 56 of 1974 as Amended.
- d) Nursing Act No. 33 of 2005 as Amended.
- e) Employment Equity Act (Act 55 of 1998).
- f) The National Road traffic Act (Act 93 of 1996) and Regulations.
- g) Labour Relations Act No. 66 of 1995.
- h) Basic Conditions of Employment Act No. 75 of 1995.
- i) Medicines and Related Substances Act No. 101 of 1965 as Amended.
- j) National Environmental Waste Management Act No. 59 of 2008.
- k) Civil Aviation Act No. 13 of 2009.
- l) Merchant Shipping Act No. 57 of 1951 (Eyesight and Medical Examination Regulations, 2004).
- m) National Archives of SA Act No. 43 of 1996.
- n) Health Professions Act No. 56 of 1974 as amended.
- o) Promotion of Access to Information Act No. 2 of 2000.
- p) Provincial by-laws where applicable.
- q) Relevant SANS on sterilization of medical equipment.

1.1.9. Conditions/Requirements to comply with once Service Provider is operational

- a) SANS 16001:2013 Wellness and Disease Management System
- b) International Standards and Best practices.
- c) Environmental Authorization for the Coega SEZ
- d) CDC HIV/AIDS policy
- e) CDC Safety, Health, Environmental and Quality (SHEQ) Policy
- f) CDC Zone Labour Agreements
- g) CDC Zone Rules
- h) CDC Leave Policy

- 
- i) CDC Recruitment Management Policy
  - j) ISO 14001 & ISO 45001
  - k) SANS 10248-1:2008 Management of Healthcare Risk Waste from a Healthcare Facility
  - l) SANS 10083:2013 Measurement and Assessment of Occupational Noise for Hearing Conservation Purposes
- 1.2.** To conduct health risk assessments, document findings, preventative and/or corrective action plans for implementation within the CDC.
- 1.3.** Determine what categories of exposures are present at the work place, with the potential to cause illness. (i.e. biological, chemical, ergonomic, physical, psychosocial).
- 1.4.** Review the health risk assessments annually and when legislative and/or CDC operational changes occur.
- 1.4.1.1. The health risk assessment should aim to determine the potential and actual impacts of the CDC processes on the health and safety of employees, taking into consideration the occupational hygiene surveys.
  - 1.4.1.2. The health risk assessment should demonstrate the relationship between consequences and likelihood to ascertain a level of risk for each hazard.
  - 1.4.1.3. Develop a medical surveillance matrix, which outlines the healthcare, risks, level of risk and the medical screening requirements (tests and frequency). The medical surveillance matrix should also identify the impact of work processes on the physical, ergonomic, and psychological wellbeing of the employee.
  - 1.4.1.4. Through the analysis of the medical surveillance data, walkthroughs in the operational areas and occupational hygiene survey reports, high-risk areas in need of environmental intervention will be identified through health risk assessments.
- 1.5.** Propose and manage record keeping programme for all health surveillances, comply with applicable legislative requirements, implement CDC procedures for record keeping and ensure that all files are safe, accessible, and available at all times to relevant personnel
- 1.6.** Monthly reports of record-keeping programme to be submitted to the CDC.
- 1.7.** Develop and implement an annual awareness programme for all CDC (including satellite offices i.e. East London, Durban, Pretoria, Cape Town and Mthatha).
- 1.8.** Provide assistance on treatment and referral of all injury on duty (IOD), of all the cases that need further management, partake in Occupational Diseases or IOD investigations, and maintain monthly reporting of all confirmed cases for submission to the CDC.
- 1.9.** Provide Primary Health Care considering the identified health trends obtained from the current and previous health statistical data and submit a report of all Primary Health Care cases to the CDC on a monthly basis.
- 1.10.** Provide a programme for monitoring and management of the chronic diseases, as per approved protocols, SANS 16001 and best practices: Hypertension; Diabetes Mellitus; Asthma; Epilepsy; HIV/AIDS and TB. Develop and submit a monthly progress report of the programme to the CDC.
- 1.11.** Provide assistance in ensuring that SANS 16001: 2013 is implemented and maintained accordingly, as and when required.



- 1.12.** Conduct HIV/AIDS counselling and appropriate referral system to ensure adequate management of employees as per SANS 16001: 2013. Furthermore, educate affected employees on the benefits of disclosing HIV status to their respective employers for proper support and assistance. Develop and submit a consolidated report of all referrals to the CDC on a quarterly basis.
- 1.13.** Assist the CDC in the management of communicable disease outbreaks as per legislative requirements, when necessary.
- 1.14.** Ensure management of resources by implementing the following:
- 1.14.1. To provide staff with the technical credibility, competence, and statutory registrations required to provide the daily health care services.
  - 1.14.2. Ensure that all relevant personnel managing the day-to-day clinic services are professionally indemnified.
  - 1.14.3. Ensure operations of the day-today clinic services are managed through a booking system that complies with the CDC standards, with a monthly report of all bookings to be submitted to the CDC
  - 1.14.4. To ensure that the minimum necessary equipment required for executing the clinic services is specified and made available including emergency equipment and services as and when necessary
  - 1.14.5. Ensure that the CDC asset register is updated upon purchasing the necessary equipment for the health care services and develop a maintenance plan for servicing the equipment. The maintenance plan shall be reviewed and modified annually and/or when necessary.
  - 1.14.6. To provide a detailed schedule of the work to be executed and the relevant time frames. The schedule will be reviewed and modified annually, with each revision submitted to the CDC.
  - 1.14.7. Key personnel with the relevant qualification(s), professional registrations, and required minimum experience. Professional registration certificates are to be submitted annually to prove/verify validity throughout the duration of the Contract.
  - 1.14.8. Occupational Medical Practitioner – Post grad Diploma in Occupational Medicine, MB ChB, HPCSA registration as medical practitioner, Dispensing license, & minimum of 3 years' experience
  - 1.14.9. Occupational Health Nursing Practitioner (OHNP) – SANC registration as Occupational Health Nurse Specialist and registration with any other voluntary organisation, Dispensing license/qualification, Audiometry certificate/qualification, Spirometry certificate/qualification, and minimum of 3 years' experience
- 1.15.** The Service Provider must ensure continuity of service by a suitably qualified and registered locum occupational medical practitioner and locum occupational health nurse practitioner in instances when they will be required as per specifications.
- 1.16.** In order to manage any conflict of interest, the preferred bidder would be required to recuse himself / herself from consulting privately with all CDC employees, SEZ Tenants and Contractors providing / that will be providing a service at the SEZ.

**1.17.** The operating days and hours of the CDC Wellness Centre shall be weekly from Monday – Friday, 08H00 – 16H00.

**1.18.** The Service Provider must ensure availability of Ambulance Services for all CDC events.

### **CONDITIONS OF TENDER**

- (a) The CDC's Procurement Policy and Procedures shall apply.
- (b) The following shall apply:
  - (i) Public Finance Management Act (PFMA);
  - (ii) National Treasury Regulations;
  - (iii) Preferential Procurement Policy Framework Act, 2000;
  - (iv) Preferential Procurement Regulations, 2022;
  - (v) National Qualifications Framework Amendment Act, (12 of 2019);
  - (vi) Skills Development Act, (97 of 1998);
  - (vii) Occupational Health and Safety Act and Regulations, Act (85 of 1993);
  - (viii) Compensation for Occupational injuries and disease Act (130 of 1993);
  - (ix) B-BBEE Act Number 53 of 2003 (as amended by Act number 46 of 2013); and
  - (x) NEMA National Environmental Management Act (107 of 1998);
  - (xi) Disaster Management Act (57 of 2002);
  - (xii) Protection of Personal Information Act, (Act No. 4 of 2013)
  - (xiii) National Health Act No. 56 of 1974 as Amended.
  - (xiv) Nursing Act No. 33 of 2005 as Amended.
  - (xv) Employment Equity Act (Act 55 of 1998).
  - (xvi) The National Road traffic Act (Act 93 of 1996) and Regulations.
  - (xvii) Labour Relations Act No. 66 of 1995.
  - (xviii) Basic Conditions of Employment Act No. 75 of 1995.
  - (xix) Medicines and Related Substances Act No. 101 of 1965 as Amended.
  - (xx) National Environmental Waste Management Act No. 59 of 2008.
  - (xxi) Civil Aviation Act No. 13 of 2009.
  - (xxii) Merchant Shipping Act No. 57 of 1951 (Eyesight and Medical Examination Regulations, 2004).
  - (xxiii) National Archives of SA Act No. 43 of 1996.
  - (xxiv) Health Professions Act No. 56 of 1974 as amended.
  - (xxv) Promotion of Access to Information Act No. 2 of 2000.
  - (xxvi) Provincial by-laws where applicable.
  - (xxvii) Relevant SANS on sterilization of medical equipment.
  - (xxviii) Any other regulations
- (c) The 80/20 preference point system will be used where points allocation will be as follows:
  - Price – 80.00,
  - Specific Goals – 20.00

- (d) Bidders must be VAT registered, and bids must be submitted VAT inclusive. Non-VAT vendors who submit bids for contracts that would, if successful, take their annual turnover above the threshold of R 1 million are obliged to include VAT in the prices quoted and must therefore immediately upon award of the contract register with the South African Revenue Services (SARS) as VAT vendors. The award of contract would be conditional pending the successful bidder submitting proof of registration as a VAT vendor with SARS.
- (e) Bidders (all the members in the Bidding Team in the case of Consortia or Joint Ventures) must provide proof of registration on the National Treasury's Central Supplier Database (CSD) or provide a Treasury CSD registration number e.g. MAAA0.
- (f) CDC will only award the tender to a bidder who is tax compliant. The tax compliance status of the bidders (and all the members in the Bidding Team in the case of Consortia or Joint Ventures) will be verified through CSD and South African Revenue Services (SARS) website.
- (g) Bidders with less than 51% black shareholding (QSEs & Generics) are to submit a valid SANAS Accredited B-BBEE Verification Certificate (with the full applicable B-BBEE elements). Bidders with more than 51% black shareholding (EMEs & QSEs) are to submit a sworn affidavit stamped and signed by the Commissioner of Oaths as per the DTI B-BBEE template. In case of a JV, a consolidated B-BBEE certificate must be submitted as well as individual B-BBEE Certificates/affidavit of their entities to confirm the type of enterprise.
- (h) Bidders and all its Consortium/JV members if any, must confirm their company registration with Companies and Intellectual Property Commission (CIPC) (formerly CIPRO) as CDC will not award any bid to any business that appears on the CIPC List of de-registered businesses. The CDC may verify company registration with CIPC through BizPortal.
- (i) Bidders must complete and sign the POPI Act consent form. In case of Joint Venture/Consortium, a separate form in respect of each party to the JV must be completed.
- (j) The CDC will not award more than five (5) active projects to one bidder, unless three (3) projects have reached 80% completion stage and beyond. Capacity assessment may be conducted in an event that the recommended bidder is the only responsive service provider and has already been awarded five (5) contracts.
- (k) Bidders will be evaluated on functionality and are expected to meet a minimum of 60 points threshold in order to be evaluated further. The evaluation criteria for measuring functionality and weight of each criterion are provided under Table A1 & A2 of the RFP document.
- (l) The successful bidder will be required to comply with the National Archives and Services Act, (43 of 1996), Occupational Health and Safety Act and Regulations, Act (85 of 1993), Compensation for Occupational Injuries and Disease Act, Act (130 of 1993), Disaster Management Act, Act (57 of 2002), Protection of Personal Information Act, (Act No. 4 of 2013), National Health Act No. 56 of 1974 as Amended, Health Professions Act No. 56 of 1974 as amended, Basic Conditions of Employment Act No. 75 of 1995 and, all other relevant and applicable legislations throughout the duration of the contract.
- (m) Public servants are prohibited from doing any form of business with organs of state, whether in their own capacity as individuals or through companies in which they are directors. Verification will be done, and bidders will be disqualified should they be found to be in contravention with the regulations.

- (n) In case of JVs/Consortia the Bidder must include the JV Agreement to enter into a JV/Consortium Agreement.
- (o) It is incumbent upon and the responsibility of the Prospective Bidders to submit their full and correct contact details when they download the RFP Document to enable any communication that the CDC might need to issue to all the Prospective Bidders during the bidding process to be realised. The CDC will not be accountable for any such omission or failure by the Prospective Bidders.
- (p) Any misrepresentation of information will lead to immediate disqualification of the Bidder's Submission. It is imperative that the duly authorised person conducts quality control on all the documentation to be submitted to the CDC as part of this RFP and signs the submission as a correct and sound documentation that the CDC could put its reliance on.
- (q) Bidders are requested to submit a tightly or securely packed bid document to avoid loose papers, with index and dividers. Bidders may use binders/ arch liver files and/or heavy-duty staplers to bind their bid document. Submission with loose papers shall be rejected.
- (r) The CDC reserves the right, in its sole discretion, to reject any bid where it appears to the Employer/Client that the bidder does not comply with any of the requirements set out above.
- (s) The tender validity period for this project is **twelve (12) weeks** from closing date.

The RFP documents can be downloaded free of charge from the CDC Website: [www.coega.co.za](http://www.coega.co.za) or National Treasury e-tender portal publication, Eastern Cape Provincial portal from **12h00 on 11 July 2025** at no cost. The CDC will not take responsibility for any errors that may occur in the downloading of documents. Bidders are therefore required to ensure that they download the full pack with no missing pages

A **Mandatory briefing Meeting** will be held on **Monday, 21 July 2025 from 10H00** to the following address: **Coega Development Corporation Main Office (Enkundleni Boardroom), Coega Business Centre, Cnr. Alcyon Road & Zibuko Street, Zone 1 Coega SEZ, Gqeberha, 6001.**

Briefing notes will be shared with potential bidders who attended the mandatory briefing meeting.

Queries relating to this RFP may be addressed to Ms. Zine Mtanda, Unit Head: Supply Chain Management strictly via e-mail: [tenderscdc17825@coega.co.za](mailto:tenderscdc17825@coega.co.za) between the period of **11 July 2025 to 28 July 2025**. No new queries received **after 28 July 2025** will be considered.

The **closing date** and time for the receipt of complete bid documents is **Monday, 04 August 2025 at 12H00. One original completed bid document** shall be placed in a sealed envelope clearly marked with **CONTRACT NUMBER: CDC/178/25 - APPOINTMENT OF A SERVICE PROVIDER FOR OCCUPATIONAL HEALTH SERVICES AT THE COEGA DEVELOPMENT CORPORATION WELLNESS CENTRE.**

Bids are lodged and submitted at **Document Control office the Coega Development Corporation Main Office, Coega Business Centre, Cnr. Alcyon Road & Zibuko Street, Zone 1 Coega SEZ.** RFP documents will not be opened in public; and no late submissions will be considered.

Incomplete RFP Document and failure to provide mandatory information required in this bid will result in the submissions being deemed null and void and shall be considered non-responsive.

Telegraphic, telexed, tippexed, facsimiled, emailed submissions will not be accepted.

**No telephonic or any other form of communication with any CDC member of staff, other than the individual named above, relating to this request for tender will be permitted. All enquiries regarding this tender must be in writing only and must be directed to:**

***The CDC reserves the right not to accept the lowest proposal in part or in whole or any proposal.***

## PART A INVITATION TO BID

<b>YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)</b>					
BID NUMBER:	CDC/178/25	CLOSING DATE:	04 August 2025	CLOSING TIME:	12H00
DESCRIPTION	APPOINTMENT OF A SERVICE PROVIDER FOR OCCUPATIONAL HEALTH SERVICES AT THE COEGA DEVELOPMENT CORPORATION WELLNESS CENTRE.				
<b>BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)</b>					
Coega Business Centre, Cnr Alcyon Rd and Zibuko Street, Zone 1, Coega SEZ, Gqeberha					
<b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO</b>			<b>TECHNICAL ENQUIRIES MAY BE DIRECTED TO:</b>		
CONTACT PERSON	SCM Unit Head: Zine Mtanda		CONTACT PERSON	N/A	
TELEPHONE NUMBER	Not allowed to phone		TELEPHONE NUMBER	N/A	
FACSIMILE NUMBER	N/A		FACSIMILE NUMBER	N/A	
E-MAIL ADDRESS	<a href="mailto:tenderscdc17825@coega.co.za">tenderscdc17825@coega.co.za</a>		E-MAIL ADDRESS	<a href="mailto:tenderscdc17825@coega.co.za">tenderscdc17825@coega.co.za</a>	
<b>SUPPLIER INFORMATION</b>					
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
1. ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]		2. ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES, ANSWER THE QUESTIONNAIRE BELOW]	
<b>QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS</b>					
IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE A BRANCH IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>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.</b>					

## PART B TERMS AND CONDITIONS FOR BIDDING

### 1. BID SUBMISSION:

- 2.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 2.2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED (NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.**
- 2.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
- 2.4. **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**

### 2. TAX COMPLIANCE REQUIREMENTS

- 2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
- 2.2 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.
- 2.3 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).
- 2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
- 2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED; EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
- 2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
- 2.7 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: .....



## 1. INTRODUCTION

The Coega Development Corporation was issued Environmental Authorizations (EAs) for the change in land-use (Reference no. A24/29/3/20/7 and Reference no. 12/12/20/628/7/4) by the Department of Environmental Affairs. One of the conditions of these EAs is that the CDC must comply with all provisions of the Occupational Health & Safety Act (Act No. 85 of 1993). In compliance with this condition, and the OHS Act as a whole, the CDC is legally required to perform medical surveillance on employees exposed to substances or conditions that may be hazardous to their health within the Coega Special Economic Zone (SEZ). Whilst the onus is on the individual employers to provide this surveillance, due to the myriads of projects within the SEZ, a number of which are performed by SMMEs, it was decided that, from a control and best practice point of view, the medical surveillance function be centralized and overseen by the CDC. The clinic service may be utilised by all investors operating within the Coega SEZ and other companies within the NMBM area.

The Occupational Health Services required include the screening of employees to ensure that their health is of a satisfactory standard to carry out the particular job for which they are appointed for. The services will also include support and advice to those who may already be off sick from work and are returning to their normal duties. The service required includes further promoting a healthy lifestyle to employees, to minimise the occurrence of physical and psychological illnesses. While such a strategy seeks to create an excellent destination in the short term, it has also created the opportunity for a potential revenue stream in the longer term.

The CDC thus is looking for a Preferred Service Provider that will provide Occupational Health Services in the Coega SEZ for a duration of five (5) years.

## 2. SCOPE OF WORK

Competent Service Providers are required to propose a methodology for achieving the required objectives stated below.

**2.1.** The Preferred Service Provider will be required to develop a Health Surveillance Program that will be reviewed or modified annually, as appropriate depending on work conditions and exposures concerned, which is inclusive of:

- 2.1.1. Establishing the employee's state of health before starting employment to collect baseline data for future reference, to ensure correct placement of personnel and to determine suitability for the job for which they applied;
- 2.1.2. Establishing and maintaining employees' state of health through periodic employment health examinations in line with established processes, procedures and practices – for all CDC employees, including satellite offices i.e. East London, Durban, Cape Town, Mthatha, Pretoria;



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- 2.1.3. Establishing the employees' state of health when leaving employment (exit), thereby ensuring all work-related health issues are documented fully, and the employer's obligations are understood;
- 2.1.4. Promote optimal health status of employees through identifying;
- a) Treatable medical conditions that may render them temporarily unable to work;
  - b) Chronic illnesses that may have no bearing on their fitness to work, but which threaten their personal long-term health, by referring them for remediation.
- 2.1.5. Develop a monthly progress report as prescribed by CDC;
- 2.1.6. Issuing of medical certificates of fitness by the Occupational Medical Practitioner(s) / Occupational Health Nurse Practitioners;
- 2.1.7. The existing surveillance program must be reviewed for implementation and updated as and when the legislation changes. The surveillance program is comprised of, but is not limited to:
- a) Working at heights
  - b) Asbestos health surveillance.
  - c) Lead health surveillance.
  - d) Manganese health surveillance.
  - e) Iron Ore health surveillance.
  - f) Chrome health surveillance.
  - g) Ionizing Radiation.
  - h) Non-ionizing radiation.
  - i) Drivers and Plant Operators Medical Surveillance.
  - j) Working in confined spaces
  - k) Noise Health Surveillance
  - l) Biological Testing
  - m) Lung function testing
  - n) TB Management
  - o) Vision testing
  - p) Audiometric assessment
  - q) Electrocardiography
  - r) Radiology and Ultrasonography
- 2.1.8. The Occupational Health Services shall be carried out in line with but not be limited to the following requirements:
- a) Compensation of Occupational Injuries and Disease Act No. 130 of 1993.
  - b) Occupational Health and Safety Act No. 85 of 1993 and all the Related Regulations.
  - c) National Health Act No. 56 of 1974 as Amended.
  - d) Nursing Act No. 33 of 2005 as Amended.
  - e) Employment Equity Act (Act 55 of 1998).
  - f) The National Road traffic Act (Act 93 of 1996) and Regulations.
  - g) Labour Relations Act No. 66 of 1995.

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- h) Basic Conditions of Employment Act No. 75 of 1995.
  - i) Medicines and Related Substances Act No. 101 of 1965 as Amended.
  - j) National Environmental Waste Management Act No. 59 of 2008.
  - k) Civil Aviation Act No. 13 of 2009.
  - l) Merchant Shipping Act No. 57 of 1951 (Eyesight and Medical Examination Regulations, 2004).
  - m) National Archives of SA Act No. 43 of 1996.
  - n) Health Professions Act No. 56 of 1974 as amended.
  - o) Promotion of Access to Information Act No. 2 of 2000.
  - p) Provincial by-laws where applicable.
  - q) Relevant SANS on sterilization of medical equipment.

**2.1.9. Conditions/Requirements to comply with once Service Provider is operational**

- a) SANS 16001:2013 Wellness and Disease Management System
- b) International Standards and Best practices.
- c) Environmental Authorization for the Coega SEZ
- d) CDC HIV/AIDS policy
- e) CDC Safety, Health, Environmental and Quality (SHEQ) Policy
- f) CDC Zone Labour Agreements
- g) CDC Zone Rules
- h) CDC Leave Policy
- i) CDC Recruitment Management Policy
- j) ISO 14001 & ISO 45001
- k) SANS 10248-1:2008 Management of Healthcare Risk Waste from a Healthcare Facility
- l) SANS 10083:2013 Measurement and Assessment of Occupational Noise for Hearing Conservation Purposes

**2.2.** To conduct health risk assessments, document findings, preventative and/or corrective action plans for implementation within the CDC.

**2.3.** Determine what categories of exposures are present at the workplace, with the potential to cause illness. (i.e. biological, chemical, ergonomic, physical, psychosocial).

**2.4.** Review the health risk assessments annually and when legislative and/or CDC operational changes occur.

2.4.1.1. The health risk assessment should aim to determine the potential and actual impacts of the CDC processes on the health and safety of employees, taking into consideration the occupational hygiene surveys.

2.4.1.2. The health risk assessment should demonstrate the relationship between consequences and likelihood to ascertain a level of risk for each hazard.

2.4.1.3. Develop a medical surveillance matrix, which outlines the healthcare, risks, level of risk and the medical screening requirements (tests and frequency). The medical

surveillance matrix should also identify the impact of work processes on the physical, ergonomic, and psychological wellbeing of the employee.

2.4.1.4. Through the analysis of the medical surveillance data, walkthroughs in the operational areas and occupational hygiene survey reports, high-risk areas in need of environmental intervention will be identified through health risk assessments.

- 2.5. Propose and manage record keeping programme for all health surveillances, comply with applicable legislative requirements, implement CDC procedures for record keeping and ensure that all files are safe, accessible, and available at all times to relevant personnel. Monthly reports of record-keeping programme to be submitted to the CDC.
- 2.6. Develop and implement an annual awareness programme for all CDC employees including satellite offices i.e. East London, Durban, Cape Town, Mthatha, Pretoria.
- 2.7. Provide assistance on treatment of all injury on duty (IOD), referral of all the cases that need further management, partake in Occupational Diseases or IOD investigations, and maintain monthly reporting of all confirmed cases for submission to the CDC.
- 2.8. Provide Primary Health Care considering the identified health trends obtained from the current and previous health statistical data, and submit a report of all Primary Health Care cases to the CDC on a monthly basis.
- 2.9. Provide a programme for monitoring and management of the chronic diseases, as per approved protocols, SANS 16001 and best practices: Hypertension; Diabetes Mellitus; Asthma; Epilepsy; HIV/AIDS and TB. Develop and submit a monthly progress report of the programme to the CDC.
- 2.10. Provide assistance in ensuring that SANS 16001: 2013 is implemented and maintained accordingly, as and when required.
- 2.11. Conduct HIV/AIDS counselling and appropriate referral system to ensure adequate management of employees as per SANS 16001: 2013. Furthermore, educate affected employees on the benefits of disclosing HIV status to their respective employers for proper support and assistance. Develop and submit a consolidated report of all referrals to the CDC on a quarterly basis.
- 2.12. Assist the CDC in the management of communicable disease outbreaks as per legislative requirements, when necessary.
- 2.13. Liaise with Contractors working in the Coega SEZ to ensure promotion of the physical, social and mental well-being of employees in the Contractual programme. Submit a progress report of the programme to the CDC on a quarterly basis.
- 2.14. Ensure management of resources by implementing the following:
  - 2.14.1. To provide staff with the technical credibility, competence, and statutory registrations required to provide the daily health care services.
  - 2.14.2. Ensure that all relevant personnel managing the day-to-day clinic services are professionally indemnified.
  - 2.14.3. Ensure operations of the day-to-day clinic services are managed through a booking system that complies with the CDC standards, with a monthly report of all bookings to be submitted to the CDC.

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- 2.14.4. To ensure that the minimum necessary equipment required for executing the clinic services is specified and made available including emergency equipment and services as and when necessary
- 2.14.5. Ensure that the CDC asset register is updated upon purchasing the necessary equipment for the health care services and develop a maintenance plan for servicing the equipment. The maintenance plan shall be reviewed and modified annually and/or when necessary.
- 2.14.6. To provide a detailed schedule of the work to be executed and the relevant time frames. The schedule will be reviewed and modified annually, with each revision submitted to the CDC.
- 2.14.7. Key personnel with the relevant qualification(s), professional registrations, and required minimum experience. Professional registration certificates are to be submitted annually to prove/verify validity throughout the duration of the Contract.
- 2.14.8. Occupational Medical Practitioner – Post grad Diploma in Occupational Medicine, MB ChB, HPCSA registration as medical practitioner, Dispensing license, & minimum of 3 years' experience
- 2.14.9. Occupational Health Nursing Practitioner (OHNP) – SANC registration as Occupational Health Nurse Specialist and registration with any other voluntary organisation, Dispensing license/qualification, Audiometry certificate/qualification, Spirometry certificate/qualification, and minimum of 3 years' experience.
- 2.15.** The Service Provider must ensure continuity of service by a suitably qualified and registered locum occupational medical practitioner and locum occupational health nurse practitioner in instances when they will be required as per specifications.
- 2.16.** In order to manage any conflict of interest, the preferred bidder would be required to recuse himself / herself from consulting privately with all CDC employees, SEZ Tenants and Contractors providing / that will be providing a service at the SEZ.
- 2.17.** The operating days and hours of the CDC Wellness Centre shall be weekly from Monday – Friday, 08H00 – 16H00.
- 2.18.** The Service Provider must ensure availability of Ambulance Services for all CDC events.

### 3. PRICING SCHEDULE

Table 1:Pricing schedule for the provision of Occupational Health services

Project Phases	Detailed task list and Disbursements	Rate per hour (R/h)	Time (hours) or expense unit quantity	Price (Rand, Excl. VAT)
<b>PROVISIONAL SUM</b>				
<b>1. Project inception (once-off)</b> <ul style="list-style-type: none"> <li>- Staff onboarding</li> <li>- Development of operating systems (booking system and reporting)</li> <li>- Kick off meeting</li> <li>- Staff medical surveillance</li> </ul>		R 605 000.00	Once-Off	R 605 000.00
	<b>SUB-TOTAL FOR PROJECT INCEPTION</b>	R 605 000.00		R 605 000.00
<b>2. Medical equipment</b> (refer to Annexure I)				
	<b>SUB-TOTAL FOR MEDICAL EQUIPMENT</b>			
<b>3. Monthly staffing fees</b>	Occupational Medical Practitioner x1			
	Unit Manager/ Operations Manager -Occupational Health Nurse Practitioner x1			
	Professional Nurses x2			

	Administrator: Receptionist/ Bookkeeper x1			
	<b>SUB-TOTAL FOR MONTHLY STAFFING FEES</b>			
<b>4. Clinic Operating costs</b>	Monthly			
<b>5. Satellite Offices (including disbursements)</b>	Pretoria			
	Durban			
	Cape Town			
	Mthatha			
	East London			
	<b>SUB-TOTAL FOR SATELLITE OFFICES</b>			
	<b>TOTAL FOR YEAR 1 (EXCL. VAT)</b>			
<b>1. Medical equipment (refer to Annexure I)</b>				
	<b>SUB-TOTAL FOR MEDICAL EQUIPMENT</b>			
<b>2. Monthly staffing fees</b>	Occupational Medical Practitioner x1			
	Unit Manager/ Operations Manager -Occupational Health Nurse Practitioner x1			
	Professional Nurses x2			
	Administrator: Receptionist/ Bookkeeper x1			
	<b>SUB-TOTAL FOR MONTHLY STAFFING FEES</b>			
<b>3. Clinic Operating costs</b>	Monthly			
<b>4. Satellite Offices (including disbursements)</b>	Pretoria			
	Durban			
	Cape Town			
	Mthatha			
	East London			

	<b>SUB-TOTAL FOR SATELLITE OFFICES</b>			
	<b>TOTAL FOR YEAR 2 (EXCL. VAT)</b>			
<b>1. Medical equipment</b> (refer to Annexure I)				
	<b>SUB-TOTAL FOR MEDICAL EQUIPMENT</b>			
<b>2. Monthly staffing fees</b>	Occupational Medical Practitioner x1			
	Unit Manager/ Operations Manager -Occupational Health Nurse Practitioner x1			
	Professional Nurses x2			
	Administrator: Receptionist/ Bookkeeper x1			
	<b>SUB-TOTAL FOR MONTHLY STAFFING FEES</b>			
<b>3. Clinic Operating costs</b>	Monthly			
<b>4. Satellite Offices (including disbursements)</b>	Pretoria			
	Durban			
	Cape Town			
	Mthatha			
	East London			
	<b>SUB-TOTAL FOR SATELLITE OFFICES</b>			
	<b>TOTAL FOR YEAR 3 (EXCL. VAT)</b>			
<b>1. Medical equipment</b> (refer to Annexure I)				
	<b>SUB-TOTAL FOR MEDICAL EQUIPMENT</b>			
<b>2. Monthly staffing fees</b>	Occupational Medical Practitioner x1			
	Unit Manager/ Operations Manager -Occupational Health Nurse Practitioner x1			
	Professional Nurses x2			

	Administrator: Receptionist/ Bookkeeper x1			
	<b>SUB-TOTAL FOR MONTHLY STAFFING FEES</b>			
<b>3. Clinic Operating costs</b>	Monthly			
<b>4. Satellite Offices (including disbursements)</b>	Pretoria			
	Durban			
	Cape Town			
	Mthatha			
	East London			
	<b>SUB-TOTAL FOR SATELLITE OFFICES</b>			
	<b>TOTAL FOR YEAR 4 (EXCL. VAT)</b>			
<b>1. Medical equipment (refer to Annexure I)</b>				
	<b>SUB-TOTAL FOR MEDICAL EQUIPMENT</b>			
<b>2. Monthly staffing fees</b>	Occupational Medical Practitioner x1			
	Unit Manager/ Operations Manager -Occupational Health Nurse Practitioner x1			
	Professional Nurses x2			
	Administrator: Receptionist/ Bookkeeper x1			
	<b>SUB-TOTAL FOR MONTHLY STAFFING FEES</b>			
<b>3. Clinic Operating costs</b>	Monthly			
<b>4. Satellite Offices (including disbursements)</b>	Pretoria			
	Durban			
	Cape Town			
	Mthatha			
	East London			
	<b>SUB-TOTAL FOR SATELLITE OFFICES</b>			



	TOTAL FOR YEAR 5 (EXCL. VAT)			
	Total (Excl. VAT)			
	VAT (15%)			
	Total (VAT Incl.)			

**NOTE:**

- Services are only required once a year for satellite offices, for medical surveillance.
- Should there be any traveling costs incurred during normal operations, they will be paid according to the travelling rates as recommended by the South African Revenue Services (SARS) – which is R4.76c per kilometre. Disbursements will be billed on proven costs.

**CDC/178/25 – APPOINTMENT OF A SERVICE PROVIDER FOR OCCUPATIONAL HEALTH SERVICES AT THE CDC WELLNESS CENTRE.**

**(Total Contract Amount in Words including VAT)**

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\_\_\_\_\_

\_\_\_\_\_

for the Contract Number: CDC/178/25 – APPOINTMENT OF A SERVICE PROVIDER FOR OCCUPATIONAL HEALTH SERVICES AT THE CDC WELLNESS CENTRE.

Name of Organisation:

\_\_\_\_\_

Name of Authorised

Person: \_\_\_\_\_

Capacity in Organisation:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 4. DURATION OF THE CONTRACT

The Service Providers will be engaged for an indicative sixty (60) months.

#### 5. BID EVALUATION CRITERIA

The evaluations of bids will be carried out in five (5) stages as indicated in the **Table 2** below.

**Table 2: Stages and areas of Assessment of Bidders' Submissions to this RFP.**

Stage of Assessment	Area of Assessment	Requirements
<b>Stage 1</b>	Timeous Submission	<ul style="list-style-type: none"> <li>All the submissions must be received on time before the closing date and time reflected on the <b>RFP Invitation</b> (First page of this RFP Document).</li> <li>Bids must be submitted in a sealed envelope clearly marked and bid document securely packed.</li> </ul> <b>Refer to Section 5.1</b>
<b>Stage 2</b>	Responsiveness Assessment	<p>Submissions will be considered as being non-responsive if the required documentation/information has:</p> <ul style="list-style-type: none"> <li>Not been provided or submitted partially complete;</li> <li>Been altered and not initialled by the duly authorised person;</li> <li>Correcting fluid used to alter some information;</li> <li>Not meeting the mandatory requirements of this RFP Document;</li> <li>Has not been signed by the duly authorised Bidder(s) Representative.</li> </ul> <b>Refer to Section 5.2</b>
<b>Stage 3</b>	Functionality assessment	<p>Bidder(s) will be evaluated on functionality and are expected to meet the minimum of 60 points threshold in order to be evaluated further.</p> <b>Refer to Section 5.3, Table A1 and Table A2.</b>
<b>Stage 4</b>	Quantitative Assessment	<p>This is aimed at assessing if the Bidder(s) that have gone through the Responsiveness Assessment in Stage 2; and will be further evaluated on Price and Specific Goals. 80/20 preference point system will be applied, whereby the points for price will be 80 for all Bidder(s).</p> <b>Refer to Section 5.4</b>
<b>Stage 5</b>	Qualitative Assessment	<p>This is aimed at assessing if the Bidder(s) that have gone through the Quantitative Assessment in Stage 4 pose any commercial risks.</p> <b>Refer to Section 7.5</b>

### 5.1 Stage 1 – Timeous Submissions

- (a) All the bids must reach the CDC by the stated date and time of closure of this RFP Process.
- (b) Bids must be submitted in a sealed envelope clearly marked and bid document securely packed. Bid document must be securely bound with no loose pages. Bids with loose pages will be eliminated.
- (c) Any late submission will be returned unopened to the respective bidder.

### 5.2 Stage 2 – Responsiveness Assessment

- (a) In order for the bidder to be considered as being responsive and eligible for the next stage of assessment, it has to pass the Responsiveness Assessment Stage. This will be determined from the submitted bid and Returnable Documents meeting the mandatory requirements that are listed in **Table 3** below.
- (b) If any of the items reflected in **Table 3** are not furnished fully, filled in erasable ink or not signed and initialled on each page by the duly authorised bidder's representative, then the submitted bid will be considered as null and void and shall be considered as non-responsive and will therefore not be assessed further.

**Table 3: MANDATORY REQUIREMENTS**

NO	DESCRIPTION
(1)	Completed and Signed <b>SBD 1 FORM: Invitations to Bid</b> . In case of a Joint Venture/Consortium the information of all the entities CSD registration numbers should be reflected on the SBD 1 Form.
(2)	Completed and signed <b>Bidders Disclosure Form (SBD 4)</b> . In case of a Joint Venture/Consortium, a separate <b>Bidders Disclosure Form (SBD 4)</b> in respect of each party to the JV must be completed and submitted.
(3)	Provide valid HPCSA registration certificate and proof of active membership with HPCSA for the Proposed Occupational Medical Practitioner (Lead doctor). Furthermore, provide valid SANC registration certificate and proof of active membership with SANC for the proposed: a) Unit Manager/Operations Manager: Occupational Health Nurse Practitioner, b) Two Professional Nurses. Failure to provide proof of registration/ certification for any of the key personnel will render your bid non-responsive.
(4)	Completed and Signed Certificate of Authority of Signatory to be signed by all bidders.
(5)	Original fully completed and handwritten, priced and signed financial proposal / Pricing Schedule clearly legible with permanent ink.

	Mistakes must be neatly crossed with one line and corrected rate written above it and initialized by the bidder. Should a bidder fail to price one item in the pricing schedule, it will be deemed non-responsive.
(6)	Bidder must attend the mandatory briefing meeting. Bidder's attendance register will be provided with the minutes of the briefing meeting. One delegate may not represent more than one bidding entity.

***Failure to submit and complete all mandatory information will result in submissions being deemed null and void and shall be considered "non-responsive" and therefore not considered.***

**Table 4: ADDITIONAL INFORMATION REQUIRED**

NO.	DESCRIPTION	YES	NO
(1)	Bidders with less than 51% black shareholding (QSEs & Generics) are to submit a valid SANAS Accredited B-BBEE Verification Certificate (with the full applicable B-BBEE elements). Bidders with more than 51% black shareholding (EMEs & QSEs) are to submit a sworn affidavit stamped and signed by the Commissioner of Oaths as per the DTI B-BBEE template. In case of a JV, a consolidated B-BBEE certificate must be submitted as well as individual B-BBEE Certificates/affidavit of their entities to confirm the type of enterprise.		
(2)	Completed and signed Form <b>SBD 6.1</b> preference points claim form in terms of the Preferential Procurement Regulations 2022		
(3)	Bidders are required to complete, sign, and submit Protection of Personal Information Act (POPIA) consent form.		
(4)	Comprehensive Company Profile; and Detailed CVs of the identified key personnel.		

### 5.3 Stage 3 - Functionality Assessment

- 1) Proposals that meet the Responsiveness Assessment will be adjudicated further on Functionality.
- 2) The Bidder must meet a minimum of 60 points in order to be considered for the next stage of evaluation. See Table A1 and A2 below:
  - a) **Table A1:** Functionality Criteria Score
  - b) **Table A2:** Indicators for the Scoring of Functionality Criteria
- 3) Bids that do not meet the minimum threshold score of 60 points following the Functionality Assessment shall not be considered further

**Table A1: FUNCTIONALITY CRITERIA SCORE**

Functional Criteria	Sub-criteria		Requirements from Bidders
	Description	Max Points	
1. Proposed Methodology to provide occupational health services and to conduct occupational medical care.	<p>Proposed methodology to provide occupational health services and conduct occupational medical care, demonstrating understanding of:</p> <ul style="list-style-type: none"> <li>i. Work organisation programme</li> <li>ii. Resource plan</li> <li>iii. Methodology for executing the work – include how services will be rendered to satellite offices.</li> </ul>	20	<p>Bidders should propose all activities for the implementation of the occupational health services, describing the methodology, work schedule and resource plan in relation to the scope of work including a plan for satellite offices. The resource plan should demonstrate in detail all the resources needed for each task, and an owner/responsible person assigned to each task.</p> <p>The methodology should clearly outline how the contract is going to be implemented and managed, in line with the programme and scope of work. It should also outline the risk, and mitigation plans.</p> <p>Demonstrate knowledge of the Occupational Health &amp; Safety Act (Act No. 85 of 1993) and all other relevant legislation.</p>
2. Demonstrate past performance/experience in occupational health services.		20	<p>This criterion covers the <b>RELEVANT</b> experience and knowledge that the bidder has. Bidders are required to submit a signed reference letter from contactable clients, as proof that the bidder has provided satisfactory occupational health services and medical care of the same nature in the past <b>five (5) years</b>.</p>
3. Sub-contracting with QSEs/EMEs within targeted area.		10	<p>The bidders are to provide Form K2 – completed and signed – indicating their commitments to the contract participation Goal (in %) and rand-values for sub-contracting to QSEs/EMEs.</p>
4. Experience of the key personnel that will be	Occupational Medical Practitioner	10	

Functional Criteria	Sub-criteria		Requirements from Bidders
	Description	Max Points	
available to manage the contract (as listed in Annexure D)	(Lead doctor)		<p>This criterion covers the relevant experience of each of the key personnel, as nominated in Annexure D. These personnel are deemed to be assigned to this contract if successful and may only be substituted in exceptional circumstances. The replacement of these personnel must be of equal or higher qualification and experience. Each individual assigned to this contract must supply a comprehensive CV detailing their relevant experience.</p> <p><b>Please note: Only candidates listed in Annexure D document will be evaluated.</b></p>
	Occupational Health Nurse Practitioner: Unit Manager/ Operations Manager	5	
	Professional Nurses: two	5	
	Administrator (A Receptionist or a Booking Clerk)	5	
5. Qualifications and competency of key personnel	Occupational Medical Practitioner (Lead doctor)	10	The bidders are to provide documents that cover the level of qualification and competency of Lead doctor. Lead doctor must have Post graduate Diploma in Occupational Medicine, MBChB, HPCSA registration as medical practitioner and Dispensing license.
	Occupational Health Nurse Practitioner: Unit Manager/ Operations Manager	5	The bidders are to provide documents that cover the level of qualification and competency of an Occupational Health Nurse: Operations Manager/Unit Manager. The manager must have National Diploma or bachelor's degree in nursing, Management and SANC registration as a professional nurse and registration with any other voluntary organisation, Dispensing license/qualification, Audiometry certificate/qualification, Spirometry certificate/qualification will be an advantage.
	Professional Nurses: two	5	The bidders are to provide documents that cover the level of qualification and competency of an Occupational Health Nurse. The nurses must have National Diploma or bachelor's degree in nursing and a SANC registration as Professional Nurse and registration with any other voluntary organisation, Dispensing

Functional Criteria	Sub-criteria		Requirements from Bidders
	Description	Max Points	
			license/qualification, Audiometry certificate/qualification, Spirometry certificate/qualification will be an advantage.
	Administrator (A Receptionist or a Booking Clerk)	5	The bidders are to provide documents that cover the level of qualification and competency of an Administrator. The administrator must have a NQF level 5 qualification in administration.
	<b>Total</b>	<b>100</b>	<b>Total Functionality Score</b>

Minimum combined weighted point threshold must be 60 points for further consideration of the tender. If the combined weighed score is less than 60 points, then the tender is disqualified from further evaluation.

**Table A2: INDICATORS FOR THE SCORING OF FUNCTIONALITY CRITERIA**

<b><u>Functionality criteria</u></b>	<b><u>Sub Criteria</u></b>	<b><u>No response</u></b> <b><u>(0)</u></b>	<b><u>Evaluation Indicators</u></b>			
			<b><u>Poor</u></b> <b><u>(25)</u></b>	<b><u>Satisfactory</u></b> <b><u>(50)</u></b>	<b><u>Good</u></b> <b><u>(75)</u></b>	<b><u>Very Good</u></b> <b><u>(100)</u></b>
1. Proposed Methodology to provide occupational health services and to conduct occupational medical care	<p>Proposed methodology to provide occupational health services and to conduct occupational medical care, demonstrating understanding of:</p> <ul style="list-style-type: none"> <li>i. Work organisation programme</li> <li>ii. Resource plan</li> <li>iii. Methodology for executing the work – include how</li> </ul>	Failed to provide information	The proposed methodology, work schedule and resource plan do not correlate with the required scope of works. There is lack of clarity.	The proposed methodology, work schedule and resource plan correlate with the required scope of works, but there are minor inconsistencies between project deliverables and proposed methodology, work schedule and resource plan.	The proposed methodology, work schedule and resource plan correlate and are consistent with the proposed methodology and with the required scope of works.	Besides meeting the “good” rating, the bidder has provided a detailed and concise methodology. The bidder has outlined in the methodology how a cost- and/or timesaving can be implemented, by optimising the use of resources or by any alternative provision.



<u>Functionality criteria</u>			<u>Evaluation Indicators</u>			
	<u>Sub Criteria</u>	<u>No response</u> <u>(0)</u>	<u>Poor</u> <u>(25)</u>	<u>Satisfactory</u> <u>(50)</u>	<u>Good</u> <u>(75)</u>	<u>Very Good</u> <u>(100)</u>
	services will be rendered to satellite offices.					
2. Demonstrate experience / past performance occupational health services.		Failed to provide information	<b>ONE (1)</b> reference letter from the clients as proof that the bidder has provided satisfactory occupational health services and medical care in the past five (5) years	<b>TWO (2)</b> reference letters from the clients as proof that the bidder has provided satisfactory occupational health services and medical care in the past five (5) years	<b>THREE (3)</b> reference letters from the clients as proof that the bidder has provided satisfactory occupational health services and medical care in the past five (5) years	<b>More than three (3)</b> reference letters from the clients as proof that the bidder has provided satisfactory occupational health services and medical care in the past five (5) years
3. Commitment to sub-contracting with QSEs/EMEs within targeted area		No commitment to sub-contracting to QSEs/EMEs or failure to complete <b>Form K2</b>	Commitment to subcontracting less than 33% to QSEs/EMEs (Percentage	Commitment to sub-contracting 35% to QSEs/EMEs (Percentage confirmed on <b>Form K2</b> )	Commitment to sub-contracting more than 35% up to 38% QSEs/EMEs (Percentage	Commitment to sub-contracting more than 38% but not more than 40% QSEs/EMEs (Percentage confirmed on <b>Form K2</b> )

<u>Functionality criteria</u>	<u>Sub Criteria</u>	<u>No response</u> <u>(0)</u>	<u>Evaluation Indicators</u>			
			<u>Poor</u> <u>(25)</u>	<u>Satisfactory</u> <u>(50)</u>	<u>Good</u> <u>(75)</u>	<u>Very Good</u> <u>(100)</u>
			confirmed on <b>Form K2)</b>		confirmed on <b>Form K2)</b>	
3. Experience of the key personnel that will be available to manage the contract (as listed in Annexure D)	Project Leader (Occupational Medical Practitioner)	Failed to provide information	Proof that the Project Leader (Occupational Medical Practitioner) has less than four (4) years of experience in the field of occupational health services.	Proof that the Project Leader (Occupational Medical Practitioner) has above four (4) but less than seven (7) years of experience in the field of occupational health services.	Proof that the Project Leader (Occupational Medical Practitioner) has above seven (7) but less than ten (10) years of experience in the field of occupational health services.	Proof that the Project Leader (Occupational Medical Practitioner) has more than ten (10) years or more experience in the field of occupational health services.
	Occupational Health Nurse Practitioner: Operations	Failed to provide information	Proof that the Occupational Health Nurse Practitioner:	Proof that the Occupational Health Nurse Practitioner: Operations Manager	Proof that the Occupational Health Nurse Practitioner: Operations Manager	Proof that the Occupational Health Nurse Practitioner: Operations Manager has ten (10) years or more experience

<b><u>Functionality criteria</u></b>			<b><u>Evaluation Indicators</u></b>			
	<b><u>Sub Criteria</u></b>	<b><u>No response</u></b> <b><u>(0)</u></b>	<b><u>Poor</u></b> <b><u>(25)</u></b>	<b><u>Satisfactory</u></b> <b><u>(50)</u></b>	<b><u>Good</u></b> <b><u>(75)</u></b>	<b><u>Very Good</u></b> <b><u>(100)</u></b>
	Manager/ Unit Manager		Operations Manager has less than four (4) years of experience in the field of occupational health services.	has above four (4) but less than seven (7) years of experience in the field of occupational health services.	has above seven (7) but less than ten (10) years of experience in the field of occupational health services.	in the field of occupational health services.
	Professional nurses: two	Failed to provide information	Proof that the Professional Nurses have less than two (2) years of experience in the field of occupational health services.	Proof that the Professional Nurses have above two (2) but less than four (4) years of experience in the field of occupational health services.	Proof that the Professional Nurses have above four (4) but less than six (6) years of experience in the field of occupational health services.	Proof that the Professional Nurses have six (6) years or more experience in the field of occupational health services.
	Administrators: Receptionist and Booking Clerk	Failed to provide information	Proof that the Administrators have less than one (1) year of experience in the field of	Proof that the Administrators has (2) years of experience in the field of occupational health services.	Proof that the Administrators has three (3) years of experience in the field of occupational health services.	Proof that the Administrators have four (4) years or more experience in the field of occupational health services.

<b><u>Functionality criteria</u></b>	<b><u>Sub Criteria</u></b>	<b><u>No response</u></b> <b><u>(0)</u></b>	<b><u>Evaluation Indicators</u></b>			
			<b><u>Poor</u></b> <b><u>(25)</u></b>	<b><u>Satisfactory</u></b> <b><u>(50)</u></b>	<b><u>Good</u></b> <b><u>(75)</u></b>	<b><u>Very Good</u></b> <b><u>(100)</u></b>
			occupational health services.			
4. Qualifications and competency of key personnel	Project Leader (Occupational Medical Practitioner)	Failed to provide information	Holds a general minimum medical qualification but is not registered with the HPCSA.	Holds a minimum medical qualification and is registered with HPCSA.	Holds the minimum medical qualification and is registered with HPCSA and occupational health specialisation.	Holds the minimum medical qualification, qualified occupational health practitioner, is registered with HPCSA and audiometry, spirometry certificates.
	Occupational Health Nurse Practitioner: Operations Manager/ Unit Manager	Failed to provide information	Holds the minimum qualification (National Diploma/Degree in Nursing) but not registered with SANC	Holds the minimum qualification (National Diploma/Degree in Nursing) and registered with SANC with general nursing qualifications.	Holds the minimum qualification (National Diploma/Degree in Nursing), registered with SANC and occupational health nursing training.	Holds the minimum qualification (National Diploma/Degree in Nursing), registered with SANC, training in nursing management and occupational health.
	Professional nurses: two	Failed to provide information	Holds the minimum qualification (National Diploma/Degree	Holds the minimum qualification (National Diploma/Degree in Nursing and registered with SANC.	Holds the minimum qualification (National Diploma/Degree in Nursing) and	Holds the minimum qualification (National Diploma/Degree in Nursing and registered with SANC with general nursing qualifications

<u>Functionality criteria</u>			<u>Evaluation Indicators</u>			
	<u>Sub Criteria</u>	<u>No response</u> <u>(0)</u>	<u>Poor</u> <u>(25)</u>	<u>Satisfactory</u> <u>(50)</u>	<u>Good</u> <u>(75)</u>	<u>Very Good</u> <u>(100)</u>
			in Nursing) and not registered with SANC or lacking relevant qualification.		registered with SANC with general nursing qualifications.	with occupational health nursing qualification.
	Administrators: Receptionist and Booking Clerk	Failed to provide information	Demonstrated irrelevant qualifications.	Demonstrated a minimum of grade ten (10) qualification.	Demonstrated grade eleven (11) qualifications.	Demonstrated a minimum of grade twelve (12) qualifications. with contactable references.

## 5.4 Stage 4 - Quantitative Assessment

Bids that pass the functionality assessment Stage will be further evaluated on Price and Specific Goals. Bids will be evaluated according to the Preferential Procurement Policy Framework Act, 2000: Preferential Procurement Regulations, 2022. 80/20 preferential point system will be used to evaluate Price and Specific Goals. Points for Specific Goals is provided in SBD 6.1.

**Table 5: Preferential Scoring System**

Area of Adjudication	Maximum Points
Tendered Price ( $S_P$ )	80
Specific Goals ( $S_E$ )	20
<b>Total Points (S)</b>	<b>100</b>

### 80/20 PREFERENCE POINT SYSTEMS

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

$$P_s = 80 \left[ 1 - \frac{P_t - P_{\min}}{P_{\min}} \right]$$

Where:

$P_s$  = Points scored for comparative price of bid under consideration

$P_t$  = Comparative price of bid under consideration

$P_{\min}$  = Comparative price of lowest acceptable bid

**Table 8: Specific goals for the tender and points claimed are indicated per the table below.**

**(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)	Number of points claimed (80/20 system) (To be completed by the tenderer)
B-BBEE Status Level of Contributor 1	20	
B-BBEE Status Level of Contributor 2	18	
B-BBEE Status Level of Contributor 3	14	
B-BBEE Status Level of Contributor 4	12	
B-BBEE Status Level of Contributor 5	8	

B-BBEE Status Level of Contributor 6	6	
B-BBEE Status Level of Contributor 7	4	
B-BBEE Status Level of Contributor 8	2	
Non-compliant contributor	0	

## 5.5 Stage 5 - Qualitative Assessment

- (a) Qualitative Assessment will be conducted on the three (3) highest scoring bidders to determine the acceptable lowest tender price and to ascertain other possible commercial risks pertaining to the bidder's capacity, past performance and other risks.
- (b) The prices will be scrutinized to check for arithmetic errors to communicate with the bidders to acknowledge and decide if their bottom-line price still stands.
- (c) Tender offers will be compared against the cost estimate as well as the market average to confirm if the tender offers are market-related with no risks around the pricing.
- (d) The bidders will be assessed on their procurement integrity to establish whether the bidder or any of its directors been convicted of a corrupt or fraudulent act in competing for or executing any contract, whether the bidder or any of its directors is currently government employees and whether there is conflict of interests and/or collusion.
- (e) The bidders will also be checked if they do not appear on the National Treasury's Database of Restricted Suppliers and the Register for Tender Defaulters.
- (f) Assessment of all the risks associated with contract execution and completion of the contract.

## 5.6 Final Outcomes of the Procurement Process

- (a) Once the bid evaluation is complete, a recommendation for award of the successful bidder will be made to the delegated bid adjudication committee for approval of award.
- (b) Unsuccessful bidders will be advised of the outcome of their bids in the procurement process.

## 6. DISQUALIFICATION

Respondents will be disqualified immediately during the tendering stage or during the tender evaluation and adjudication stage or after the contract has been awarded if they are found to have conducted or committed any of the following:

- a) The bidder has failed to meet the tender conditions and/or requirements and deemed non-responsive;
- b) There has been an effort by the bidder, representatives of the bidder or acquaintances of the bidder to influence the process of submissions which may be interpreted as a corrupt or fraudulent act or improper conduct;

- c) The bidder has communicated with other members of CDC Members, or CDC Agent about the contract other than the specified person;
- d) The bidder has misrepresented the information submitted;
- e) There is an evidence of Fraud, fronting, etc.;
- f) The bid document is faxed or emailed or not on original document;
- g) The bid document has been filled in pencil and /or have correcting fluid markings or not duly signed where changes are made;
- h) Bidder appears on the National Treasury register of restricted suppliers or National Treasury list of defaulters.

## 7. PENALTIES

- a) The client shall without prejudice to his/her other remedies under the contract or in law, be entitled to levy a penalty for failure by service provider to provide the service in accordance with the performance specification at the rate stated in (b) below;
- b) Penalty rate will be 5% of the invoice amount, in case of the breach of the Service Level Agreement (SLA) requirements.

## 8. COPYRIGHT

Copyright of this Document is vested in the CDC. It cannot be copied, in whole or in part, in any form or in any format without the prior written consent of the CDC.

## 9. FORMAT OF BID SUBMISSIONS

For ease of reference and uniformity of the submissions, the bidders are required to package their Bid Submissions to this RFP as follows:

- (a) Cover Page, reflecting the:
  - (i) Title of the RFP.
  - (ii) Bid Number; and
  - (iii) Name of the Bidder.
- (b) SBD 1 Form – Invitation to Bid.
- (c) Table of Contents.
- (d) The Proposal; and
- (e) Annexures, i.e., the Returnable Documents as indicated in **Section 11** of this document and any other supporting documents.
- (f) Bidders were requested to submit a tightly or securely packed bid document to avoid loose papers, with index and dividers. Bidders may use binders/ arch liver files and/or heavy-duty staplers to bind their bid document. Submission with loose papers shall rejected.



## **10. CONFIDENTIALITY AND MEDIA PROTOCOL**

Any information relating to the submissions, through the process or otherwise shall be treated in strict confidence. The CDC reserves the right to announce the names of Respondents to the media.

In submitting a response, a Respondent agrees that it shall not be entitled to any information disclosed by another applicant to the CDC, which the CDC has determined to be of a confidential nature. The content and details of the evaluation of submissions will remain confidential to the CDC.

## **11.ANNEXURES**

**ANNEXURE A: SBD 4 BIDDERS DISCLOSURE FORM**

**ANNEXURE B: SBD 6.1 PREFERENCE POINTS CLAIM FORM IN TERMS OF THE  
PREFERENTIAL PROCUREMENT REGULATIONS 2022**

**ANNEXURE C: EME AND QSE AFFIDAVIT TEMPLATES**

**ANNEXURE D: KEY PERSONNEL FORM**

**ANNEXURE E: KEY PERSONNEL (CV & REGISTRATION CERTIFICATES)**

**ANNEXURE F: BIDDERS PREVIOUS WORK EXPERIENCE**

**ANNEXURE G: POPIA CONSENT FORM**

**ANNEXURE H: AUTHORITY OF SIGNATURE**

**ANNEXURE I: CURRENT SERVICE PROVIDER'S ASSET REGISTER**

## ANNEXURE A

### SBD 4 BIDDERS DISCLOSURE FORM

#### 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.

#### 2. Bidder's declaration

- 2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> 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

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<sup>1</sup> 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.

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**

2.3.1 If so, furnish particulars:

.....  
.....

### 3 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<sup>2</sup> will not be construed as collusive bidding.
- 3.4 In 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

---

<sup>2</sup> 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.

- 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.
- 3.6 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 ENHANCING COMPLIANCE, TRANSPARENCY AND ACCOUNTABILITY IN SUPPLY CHAIN MANAGEMENT SHOULD THIS DECLARATION PROVE TO BE FALSE.**

.....	.....
Signature	Date
.....	.....
Position	Name of bidder

## ANNEXURE B

## 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

- 1.1 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

#### 1.2 To be completed by the organ of state

- a) The applicable preference point system for this tender is the 80/20 preference point system.

- 1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and  
(b) Specific Goals.

#### 1.4 To be completed by the organ of state:

The maximum points for this tender are allocated as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and SPECIFIC GOALS	100

- 1.5 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.
- 1.6 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.

## 2. DEFINITIONS

- (a) **“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;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“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
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

**80/20**

$$Ps = 80 \left( 1 - \frac{Pt - P_{min}}{P_{min}} \right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

## 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. 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:

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

**(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)	Number of points claimed (80/20 system) (To be completed by the tenderer)
B-BBEE Status Level of Contributor 1	20	
B-BBEE Status Level of Contributor 2	18	
B-BBEE Status Level of Contributor 3	14	
B-BBEE Status Level of Contributor 4	12	
B-BBEE Status Level of Contributor 5	8	
B-BBEE Status Level of Contributor 6	6	
B-BBEE Status Level of Contributor 7	4	
B-BBEE Status Level of Contributor 8	2	
Non-compliant contributor	0	

#### DECLARATION WITH REGARD TO COMPANY/FIRM

4.2. Name of company/firm.....

4.3. Company registration number: .....

4.4. 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]

4.5. 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:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) 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;
- iv) 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 –
  - (a) disqualify the person from the tendering process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) 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;
  - (d) 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
  - (e) forward the matter for criminal prosecution, if deemed necessary.

.....

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

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

**DATE:** .....

**ADDRESS:** .....

.....

.....

.....

## ANNEXURE C EME AND QSE AFFIDAVIT TEMPLATES

### SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE - GENERAL

I, the undersigned,

<b>Full name &amp; Surname</b>	
<b>Identity number</b>	

Hereby declare under oath as follows:

- The contents of this statement are to the best of my knowledge a true reflection of the facts.
- I am a Member / Director / Owner (**Select one**) of the following enterprise and am duly authorised to act on its behalf:

<b>Enterprise Name:</b>	
<b>Trading Name (If Applicable):</b>	
<b>Registration Number:</b>	
<b>Vat Number (If applicable)</b>	
<b>Enterprise Physical Address:</b>	
<b>Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):</b>	
<b>Nature of Business:</b>	
<b>Definition of “Black People”</b>	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 “Black People” is a generic term which means Africans, Coloureds and Indians –</p> <ul style="list-style-type: none"> <li>(a) who are citizens of the Republic of South Africa by birth or descent; or</li> <li>(b) who became citizens of the Republic of South Africa by naturalisation- <ul style="list-style-type: none"> <li>i. before 27 April 1994; or</li> <li>ii. on or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date;”</li> </ul> </li> </ul>

<b>Definition of “Black Designated Groups”</b>	<p>“Black Designated Groups means:</p> <ul style="list-style-type: none"> <li>(a) unemployed black people not attending and not required by law to attend an educational institution and not awaiting admission to an educational institution;</li> <li>(b) Black people who are youth as defined in the National Youth Commission Act of 1996;</li> <li>(c) Black people who are persons with disabilities as defined in the Code of Good Practice on employment of people with disabilities issued under the Employment Equity Act;</li> <li>(d) Black people living in rural and underdeveloped areas;</li> <li>(e) Black military veterans who qualifies to be called a military veteran in terms of the Military Veterans Act 18 of 2011;”</li> </ul>
--	--

3. I hereby declare under Oath that:

The Enterprise is \_\_\_\_\_ % Black Owned using the flow-through principle as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9.

(1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,

- ✓ The Enterprise is \_\_\_\_\_ % Black Female Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- ✓ The Enterprise is \_\_\_\_\_ % Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- ✓ Black Designated Group Owned % Breakdown as per the definition stated above:
  - ✓ Black Youth % = \_\_\_\_\_ %
  - ✓ Black Disabled % = \_\_\_\_\_ %
  - ✓ Black Unemployed % = \_\_\_\_\_ %
  - ✓ Black People living in Rural areas % = \_\_\_\_\_ %
  - ✓ Black Military Veterans % = \_\_\_\_\_ %
- ✓ Based on the Audited Financial Statements/Financial Statements and other information available on the latest financial year-end of \_\_\_\_\_ (DD/MM/YYYY), the annual Total Revenue was R10,000,000.00 (Ten Million Rands) or less
- ✓ Please Confirm on the below table the B-BBEE Level Contributor, **by ticking the applicable box.**

100% Black Owned	<b>Level One</b> (135% B-BBEE procurement recognition level)	
At least 51% Black Owned	<b>Level Two</b> (125% B-BBEE procurement recognition level)	
Less than 51% Black Owned	<b>Level Four</b> (100% B-BBEE procurement recognition level)	

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the Owners of the Enterprise which I represent in this matter.

5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Oaths  
Signature & stamp Date:

## SWORN AFFIDAVIT – B-BBEE QUALIFYING SMALL ENTERPRISE - GENERAL

I, the undersigned,

<b>Full name &amp; Surname</b>	
<b>Identity number</b>	

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member / Director / Owner (**Select one**) of the following enterprise and am duly authorised to act on its behalf:

<b>Enterprise Name:</b>	
<b>Trading Name (If Applicable):</b>	
<b>Registration Number:</b>	
<b>Vat Number (If applicable)</b>	
<b>Enterprise Physical Address:</b>	
<b>Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):</b>	
<b>Nature of Business:</b>	
<b>Definition of "Black People"</b>	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 "Black People" is a generic term which means Africans, Coloureds and Indians –</p> <p>(a) who are citizens of the Republic of South Africa by birth or descent; or</p> <p>(b) who became citizens of the Republic of South Africa by naturalisation-</p> <p>i. before 27 April 1994; or</p> <p>ii. on or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date;"</p>

<b>Definition of “Black Designated Groups”</b>	<p>“Black Designated Groups means:</p> <ul style="list-style-type: none"> <li>(a) unemployed black people not attending and not required by law to attend an educational institution and not awaiting admission to an educational institution;</li> <li>(b) Black people who are youth as defined in the National Youth Commission Act of 1996;</li> <li>(c) Black people who are persons with disabilities as defined in the Code of Good Practice on employment of people with disabilities issued under the Employment Equity Act;</li> <li>(d) Black people living in rural and underdeveloped areas;</li> <li>(e) Black military veterans who qualifies to be called a military veteran in terms of the Military Veterans Act 18 of 2011;”</li> </ul>
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3. I hereby declare under Oath that:

- ✓ The Enterprise is \_\_\_\_\_% Black Owned using the flow-through principle as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9.

(1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,

- ✓ The Enterprise is \_\_\_\_\_% Black Female Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- ✓ The Enterprise is \_\_\_\_\_% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- ✓ Black Designated Group Owned % Breakdown as per the definition stated above:

- ✓ Black Youth % = \_\_\_\_\_%
- ✓ Black Disabled % = \_\_\_\_\_%
- ✓ Black Unemployed % = \_\_\_\_\_%
- ✓ Black People living in Rural areas % = \_\_\_\_\_%
- ✓ Black Military Veterans % = \_\_\_\_\_%

- ✓ Based on the Audited Financial Statements/ Financial Statements and other information available on the latest financial year-end of \_\_\_\_\_(DD/MM/YYYY), the annual Total Revenue was between R 10,000,000.00 (Ten Million Rands) and R50,000,000.00 (Fifty Million Rands),

- ✓ Please confirm on the table below the B-BBEE level contributor, **by ticking the applicable box.**

100% Black Owned	<b>Level One</b> (135% B-BBEE procurement recognition level)	
At Least 51% black owned	<b>Level Two</b> (125% B-BBEE procurement recognition level)	

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.
5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Commissioner of  
Oaths Signature &  
stamp

Date:



## ANNEXURE D

### KEY PERSONNEL FORM

#### Proposed Key Personnel for the Project

KEY PERSONNEL	NAME OF THE PROPOSED KEY PERSONNEL	SUMMARY OF QUALIFICATIONS	HPCSA or SANC Registration number	SIGNATURE
Occupational Medical Practitioner				
Occupational Health Nurse Practitioner: Operations Manager/ Unit Manager				
Professional Nurses x2				
Administrator				

Name: .....

Signature: .....

Date: .....

Organisation: .....

(Nominated representative)

NOTE: CVs must be attached.

## **ANNEXURE E: KEY PERSONNEL (CV )**

## **ANNEXURE F: BIDDERS PREVIOUS WORK EXPERIENCE**

## **ANNEXURE G**

### **PROTECTION OF PERSONAL INFORMATION: CONSENT FORM**

The introduction of The Protection of Personal Information Act (POPIA) ensures the regulation of personal information through its entire life cycle of collection, transfer, storing and deletion.

As part of its business activities, the Coega Development Corporation (CDC) obtains and requires access to personal data from a wide range of internal and external parties, including without limitation bidders who respond to requests for proposals that are published by the CDC from time to time. The CDC confirms that it shall process the information disclosed by Bidders for the purpose of evaluating and subsequently awarding/appointing a successful Bidder.

In order to comply with procurement principles, set out in Section 217 of the Constitution and national procurement legislative prescripts, the names of all entities that submitted a bid, the tendered price thereof and the subsequent award will be made public.

The CDC hereby states that it does not and will never modify, amend, or alter any personal information submitted to it by a Bidder. Unless directed to do so by an order of court, the CDC does not disclose or permit the disclosure of any personal information to any Third Party without the prior written consent of the owner of the information.

Similarly, Bidders will from time-to-time access and will be seized with information of a personal nature pertaining to the CDC. Some of the information may, because of legislative compliances be available in the public domain, whilst some is uniquely provided to bidders in pursuit of procurement or other business-related activities. In this regard, the CDC requires that Bidders which receive or have access to its personal information process any such information in a manner compliant with the requirements of the POPIA.

## **AGREEMENT**

1. The CDC and the Bidder (the Parties) agree and undertake that upon obtaining and having access to personal information relating to either of them, they shall always ensure that:
  - (a) They process the information only for the express purpose for which it was obtained.
  - (b) Information is provided only to designated and authorized personnel who require the personal information to carry out the Parties' respective obligations in terms of the Procurement processes.
  - (c) They will introduce, and implement all reasonable measures to ensure the protection of all personal information from unauthorized access and/or use.
  - (d) They have taken appropriate measures to safeguard the security, integrity, and authenticity of all personal information in its possession or under its control.
  - (e) The Parties agree that if personal information will be processed for any other purpose other than the one for which the accessing of the information was intended, explicit written consent will be obtained prior to the execution of such reason.
  - (f) The Parties shall carry out regular assessments to identify all reasonably foreseeable internal and external risks to the interception of personal information in its possession or under its control and shall implement and maintain appropriate controls in mitigation of such risks.
2. The Parties agree that they will promptly return or destroy any personal data in their possession or control which belongs to the other Party once it no longer serves the purpose for which it was collected, subject to any legal retention requirements. The information will be destroyed in such a manner that it cannot be reconstructed to its original form, linking it to any individual or organisation.
3. Bidder's Obligations:
  - a) The Bidder is required to notify the Information Officer of CDC, in writing as soon as possible after it becomes aware of or suspects any loss, unauthorised access or unlawful use of any of the CDC's personal information.
  - b) The Bidder shall, at its own cost, promptly and without delay take all necessary steps to mitigate the extent of the loss or compromise of personal data.
  - c) The Bidder shall be required to provide the CDC with details of the persons affected by the compromise and the nature and extent of the compromise, including details of the identity (if known) of the unauthorized person who may have accessed or acquired the personal data.
  - d) The Bidder undertakes to co-operate with any investigation relating to security breach which is carried out by or on behalf of CDC.

**On behalf of the Bidder:**

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of the Bidder

**On behalf of the Client:**

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of Client Representative

## **ANNEXURE H: AUTHORITY OF SIGNATURE**

## ANNEXURE I: CURRENT SERVICE PROVIDER'S ASSET REGISTER

Room	Equipment	Serial Number	Quantity
<b>7</b>	<b><u>Doctor's Exam Room:</u></b>		
	Examination bed		1
	Patella Hammer		1
	Otoscope		1
	Stethoscope		1
	White sheet		1
	Earpieces for Otoscope		5
	Plastic foot bed cover		1
<b>6</b>	<b><u>Audio room:</u></b>		
	<b>Audiometers:</b>  PC-based automatic screening audiometer, HSE categorisation, Communication channel, Third-party EMR connectivity, Ergonomic design.  Compact, lightweight and portable		3
	<b>Audio booths:</b>  Earmuffs and control		3
	<b>Computers:</b>		
	Computer Box		2
	Monitor		2
	Colour laser Jet Pro Printer		1



<b>5</b>	<b>Spiro and Vision Screening Room:</b>		
	Vision view screener with control pad		1
	<b>Computers:</b>		
	Computer Box		1
	Monitor		1
	Colour laser Jet Pro Printer		1
	<b>Spirometer:</b>		
	Spirometer		1
	3 Litre Calibration Syringe		1
	Barometer		1
<b>4</b>	<b><u>Observation Room:</u></b>		
	Otoscope		1
	Ophthalmoscope		1
	Stethoscope		1
	Sphygmomanometer		1
	Earpieces for Otoscope		5
	Instant Blood glucose Machine		1
	Heart Pulse and SO2 Finger Monitor		1
	Digital Thermometer		1
	Electrical Scale and Height Meter		1
	Examination Bed		1

	Plastic Foot Bed Cover		1
	White Bed Sheet		1
<b>3</b>	<b><u>Occupational Health Nurse Exam Room:</u></b>		
	Examination bed		1
	White Bed sheet		1
	Plastic foot bed cover		1
	Otoscope		1
	Earpieces Otoscope		10
	Sphygmomanometer		1
	Stethoscope		1
	Instant Blood Glucose Machine		1
<b>2</b>	<b><u>Primary Health Room:</u></b>		
	Examination Bed		1
	White Bed Sheet		1
	Examination bed		1
	White Bed sheet		1
	Plastic foot bed cover		1
	Otoscope		1
	Earpieces Otoscope		1
	Sphygmomanometer		1
	Nebulizer Machine		1
	Nebulizing Masks and tubing		3

	Drip stand		1
	<b><u>Storage Room:</u></b>		
	Wheelchair		1
	<b><u>Manager's Office:</u></b>		
	Cholesterol Meter		1
	Earpieces Otoscope		16
	<b><u>Coega Business Centre</u></b>		
	Pillows		2
	White bed sheet		1
	Instant Blood Glucose Machine		1
	Stethoscope		1
	Sphygmomanometer		1
	BMI Electronic Scale		1
	Wall Mounted Heights Meter		1

**END OF RFP DOCUMENT**