**OFFICIAL HSRC – SCM REQUEST FOR QUOTATION (RFQ) FORM**

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| **RFQ NUMBER** | **E-** **24312** |

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| --- | --- | --- | --- |
| **Buyer Name** | Meshack Monareng | **Contact details** | MMonareng@hsrc.ac.za |
| **RFQ Issue date** | **18/04/2023** | **Closing date** | **26/04/2023** |

**REQUIRED SERVICE DESRCIPTION**

|  |  |  |
| --- | --- | --- |
| **NO** | **SERVICE OR ITEMS REQUIRED** | **QUANTITIES** |
| **1** | **HIV Testing Services Training** |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |

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| **SHOULD YOUR QUOTATION EXCEED THE THRESHOLD VALUE ABOVE R30 000.00, PLEASE COMPLETE THE FOLLOWING FORMS FOR SUBMISSION WITH YOUR QUOTATION:** |

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| **SBD 4** |  |
| **Preference Points for Specific Goals (Supplier to claim points & provide proof)** | **20** |
| SMME (EME &QSE) | **4** |  |
| Owned by black people (50% or more) | **4** |  |
| Owned by black people who are youth (30% or more) | **4** |  |
| Owned by black people who are women (30% or more) | **4** |  |
| Owned by black people with disabilities (30% or more) | **4** |  |
| **SBD 6.1** |  |  |

**SPECIAL CONDITIONS:**

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| * **UNDER NO CIRCUMSTANCES, WILL TIPPEXED INFORMATION ON THE ABOVE OFFICIAL FORMS BE ACCEPTED. YOUR PROFESSIONALISM IS THEREFORE REQUIRED IN COMPLETING THE ABOVE LEGAL DOCUMENTATIONS.**
* **KINDLY ENSURE THAT THE DATE OF YOUR QUOTATION CORRESPOND TO COMPLETION DATE ON THE ABOVE STANDARD BIDDING DOCUMENTS FORMS (SBD FORMS).**
* **FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN DISQUALIFICATIO OF YOUR QUOTATION.**
* ***KINDLY SUBMIT EVIDENCE FOR YOUR CLAIMED SPECIFIC GOALS TO ASSIST US IN FAIRLY EVALUATING YOUR SUBMITTED QUOTATION (Example: Copy of your Detailed BEE SCORE - CARD AND MEDICAL REPORT IN CASE OF POINTS CLAIMED FOR DISABILITY PREFERENCE POINTS).***
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