

SECTION 2.3: MBD 3.1 PRICING SCHEDULE – FIRM PRICES

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

Pricing Schedule:**Blue flag beaches:**

<u>Site</u>	<u>Days</u>	<u>Shifts</u>	<u>Guards per shift</u> <u>(See page 18)</u>	<u>Rate per</u> <u>guard per</u> <u>shift (1)</u>	<u>Total</u> <u>amount</u> <u>year 1 (Excl.</u> <u>VAT)</u>	<u>Total</u> <u>amount</u> <u>year 2</u> <u>(Excl.</u> <u>VAT)</u>	<u>Total</u> <u>amount</u> <u>year 3</u> <u>(Excl.</u> <u>VAT)</u>
Gouritsmond	29	08:30 - 18:00	2				
Witsand	29	08:30 - 18:00	4				
Lappiesbaai	29	08:30 - 18:00	4				
Preekstoel	29	08:30 - 18:00	2				
Still Bay west	29	08:30 - 18:00	2				
Jongensfontein	29	08:30 - 18:00	2				
Total Excl. VAT							
VAT (15%)							
Total Incl. VAT							

Swimming pools

<u>Site</u>	<u>Days</u>	<u>Shifts</u>	<u>Guards per shift</u> <u>(See page 18)</u>	<u>Total</u> <u>amount</u> <u>year 1</u>	<u>Total</u> <u>amount</u> <u>year 2</u>	<u>Total</u> <u>amount</u> <u>year 3</u>
Heidelberg	29	08:30 - 18:00	2			
De Mist (Riversdale)	29	08:30 - 18:00	2			

Example:

Rate per shift per guard – 1 = R300

Total amount year 1 (Excl. VAT)

Rate per guard per shift (1) x Guards per shift x Days

R300 x 2 x 29 = total amount year 1 (Excl. VAT)

Evaluation method:

Please note that the evaluation of Section A and B will be done per blue flag beach and per swimming pool taking into consideration the total costs for the three-year period.

Section 2.3 will be evaluated per Blue flag beach and Swimming pool. The costs for the three years per blue flag beaches and swimming pools will be added together, and the award will be made to the lowest bidder on condition that he meets the functionality criteria.

Tenderers should price on the pricing schedule as indicated above.

Failure to adhere to the beforementioned may result in your tender being declared non-responsive.

DECLARATION,

I, THE UNDERSIGNED (NAME)
CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT
AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE:

NAME:

CAPACITY: DATE: