****

**MAKHUDUTHAMAGA LOCALMUNICIPALITY**

**LIM473/EPWP/22/23/062**

**Supply and delivery of Personal Protective Equipment for EPWP Participants.**

|  |  |
| --- | --- |
| **ISSUED BY:** | **PREPARED BY:** |
| Supply Chain Management UnitMR Mothapo KJManager SCMPrivate Bag X 434Jane Furse1085Tel: 013 265 8607Fax: 013 265 1975Email:khalabom@makhuduthamaga.gov.za | Budget & Treasury DepartmentMr Mathabathe CSActing Chief Financial OfficerPrivate Bag X 434Jane Furse1085Tel: 013 265 8625Fax: 013 265 1975Email:collenm@makhuduthamaga.gov.za |
| **NAME OF BIDDER** | **:** |
| **TENDER AMOUNT**  | **:** |
| **TEL NUMBER** | **:** |
| **FAX NUMBER** | **:** |
| **EMAIL ADDRESS** | **:** |
|  |  |
|  |
|  |

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**MAKHUDUTHAMAGA LOCAL MUNICIPALITY**

**Bid Notice and invitation to Bid**

Bidders are invited to bid for the following projects**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **Project Number** | **Project Description** | **CIDB Grade** | **Closing Date** |
| **1.** | LIM473/Mamatshekele-Moloi/22/23/058 | Installation of 24Km of 22 KV line from Mamatshekele to Moloi(Turnkey) | 6 EP or Higher | 23/05/2023 at 12:00 |
| **2.** | LIM473/Dichoueng-Phokwane/22/23/059 | Installation of electrical infrastructure at Dichoueng and Phokwane(Turnkey) | 3 EP or Higher | 23/05/2023 at 12:00 |
| **3.** | LIM473/Stationery/22/23/060 | Supply and delivery of stationery for the period of three years ( No Functionality) | Not Applicable | 23/05/2023 at 12:00 |
| **4.** | LIM473/Auctioneer/22/23/061 | Professional auctioneer to provide auctioneering services for the period of three years  | Not Applicable | 23/05/2023 at 12:00 |
| **5.** | LIM473/EPWP/22/23/062 | Supply and delivery of Personal Protective Equipment for EPWP Participants (No Functionality) | Not Applicable | 04/05/2023 at 12:00 |

The employer is Makhuduthamaga Local Municipality represented by the Municipal Manager.

Bid documents will be obtainable from Makhuduthamaga Local Municipal offices from **20 April 2023 (Mon-Fri from 08:00-16:30**) from the cashiers; at a non-refundable deposit **R560.00** for each payable in cash or bank guaranteed cheque. Bid documents can also be downloaded from online service **(**[**www.etender.gov.za**](http://www.etender.gov.za)**)** at **no cost.**

Completed and signed tender documents must be sealed in an envelope and marked with the relevant project number and project description and be deposited in the tender box at Makhuduthamaga Local Municipality Offices in Jane Furse before the closing date and time.

**No briefing session will be held, Bidders must communicate with the infrastructure unit/SCM for clarity.**

The municipality shall adjudicate and award tenders in accordance with the Preferential Procurement Policy Framework Act. 5/2000 and revised procurement regulation with effect 16 January 2023 on 100 points for functionality and 80/20 points system where 80 points are for the price and 20 points for municipal specific goals (according to the said legislation).Details of functionality and specific goals are in the bid document. Bid will remain valid for 90 (Ninety) days

The lowest and any tender will not necessarily be accepted and the Municipality reserves the right not to consider any tender not fully completed. Bidders are required to initial each page of the tender document and sign where necessary.

**For enquiries contact:**

**Supply Chain Unit : Mr Mothapo KJ - 013 265 8607**

**Infrastructure Unit : Mr Senong PA- 013 265 8651**

**Assets Unit : Mr Makgalemane TM- 013 265 8652**

**Mr Moganedi RM**

**MUNICIPAL MANAGER, PRIVATE BAG X 434, JANE FURSE, 1085**

**Supply and delivery of Personal Protective Equipment for EPWP Participants.**

**1.2. Bid Data**

Bid offers will only be accepted if the bidder is free of any common conflict of interest with the Makhuduthamaga Local Municipality.

1.2.1. The employer is **MAKHUDUTHAMAGA LOCAL MUNICIPALITY**

1.2.2 The bid documents issued by the employer comprise:

* Bid notice and invitation to bid
* Bid data
* List of returnable documents
* Form of offer and acceptance
* Pricing instructions
* Specification

1.2.3 The employer’s agent is the Municipal manager.

 Tel: (013) 265 8600

 Fax: (013) 265 1975

1.2.4 Only Bidders who are registered with central supplier database (CSD) will be considered.

1.2.5 The arrangements for a compulsory clarification meeting are as stated in the Bid Notice and Invitation to Bid.

1.2.6 If a bidder wishes to submit an alternative bid offer, the only criteria permitted for such alternative bid offer is that it demonstrably enables the Employer’s objectives for the services as stated in the Scope of Work to be achieved.

1.2.7 All parts of each bid offer communicated on paper shall be submitted as the original.

1.2.8 The employer’s address for delivery of bid offers and identification details to be shown on each bid offer package is:

 **BID BOX (TENDER BOX)**

 **MAKHUDUTHAMAGALOCALMUNICIPALITY**

 **GROBLERSDAL ROAD**

**JANE FURSE**

1.2.9 The closing time for submission of bid offers is as stated in the Bid Notice and Invitation to Bid.

1.2.10 Telephonic, telegraphic, telex, facsimile or e-mailed bid offers will not be accepted.

1.2.11 The bid offer validity period is ninety (90) days.

1.2.12 The bidder is required to submit with his/her bid all required documents as listed in the list of returnable documents as part of the eligibility criteria.

1.2.13 The Bid/Proposal will be opened immediately after the closing time for bids only to confirm the bidder, at:

 **MAKHUDUTHAMAGALOCALMUNICIPALITY**

 **GROBLERSDAL ROAD**

**JANE FURSE**

1.2.14 **The procedure for the evaluation of responsive bids will be on 80/20 points system, where 80 points are for price and 20 points are for specific goals.**

 1.2.15 Bid offers will only be accepted if:

1.2.15.1 The bidder has registered with the central supplier database (CSD);

1.2.15.2 The bidder or any of its directors is not listed on the Register of Bid Defaulters in terms of the Prevention and Combating of Corrupt Activities Act of 2004 as a person prohibited from doing business with the public sector;

1.2.15.3 The bidder has not:

* abused the Employer’s Supply Chain Management System; or
* failed to perform on any previous contract and has been given a written notice to this effect;

1.2.15.4 The bidder has completed the Compulsory Enterprise questionnaire and there are no conflicts of interest which may impact on the bidder’s ability to perform the contract in the best interests of the employer or potentially compromise the bid process; and

1.2.15.5 Proof of municipal rates and taxes for both the company and the directors are attached not older than three months of the closing date of the tender.

1.2.15.6 The bidder or any of its directors is not employed by the

 state.

**2. CRITERIA FOR THE AWARDING OF CONTRACTS**

1. **80/20 points system** will be applied as per section 10.1 of the SCM policy and preferential procurement policy framework Act 2000,16 January 2023

Ps = 80 1 – Pt - Pmin

 Pmin

Where-

Ps = Points scored for price of tender under consideration;

Pt = Price of tender under consideration; and

Pmin = Price of lowest acceptable tender.

**20 points will be for specific goals**

|  |  |  |
| --- | --- | --- |
| **NO** | **DESIGNATED GROUP** | **SPECIFIC GOALS****(20 POINTS)** |
| 1 | **Black People** | **4** |
| 2 | **Youth** | **4** |
| 3 | **Women- ownership of more than 50 %** | **2** |
| 4 | **Small, Medium and Micro Enterprises (SMMEs)** | **4** |
| 5 | **People with disability**  | **2** |
| 6 | **Enterprises within Makhuduthamaga jurisdiction** | **4** |

1. The points scored by a tenderer in respect of the specific goals above must be added to the points scored for price.
2. Only the tender with the highest number of points scored may be selected.

**2.1. Criteria for breaking deadlock in scoring**

(1) If two or more tenderers score an equal total number of points, the contractmust be awarded to the tenderer that scored the highest points for specific goals.

(2) If two or more tenderers score equal total points in all respects, the award must be decided by the drawing of lots.

**2.2. Exemption**

The Minister may, on request, exempt an organ of state from any or all the provisions of this Act if-

(a) It is in the interest of national security

(b) The likely tenderers are international suppliers; or

(c) It is in the public interest

**AWARD OF CONTRACTS TO TENDERERS NOT SCORING HIGHEST POINTS**

* + 1. A contract may be awarded to a tenderer that did not score the highest points only in accordance with Section 2(1)(f) of the Act.
		2. If the entity intends to apply objective criteria in terms of Section 2(1)(f) of the Act, the entity should stipulate in the tender documents.

**Supply and delivery of Personal Protective Equipment for EPWP Participants.**

1. **List of Returnable Documents**

 The bidder must complete the following returnable documents:

 **Returnable schedules required for bid evaluation purposes (This Document)**

* Compulsory Enterprise Questionnaire
* Certificate of authority to sign documents (include for Joint Ventures / Consortia agreement where applicable)
* Certificate for Municipal Services and Payments (for both the company, and the director(s)). An affidavit from SAPS must be attached in case of bidders who are not paying rates and taxes e.g. in a rural areas.
* Authorisation for deduction of outstanding amounts owed to Council
* Company profile.
* Qualifications
* All Pages must be initialized

**3.1. Other documents required only for bid evaluation purposes (External Documents)**

* Joint venture, consortium agreements (if applicable).

**3.2. Other documents that will be incorporated into the contract**

3.2.2. Original bid document

* + 1. Addendum – if issued

**Note : All copies must be certified**

 **: Use black pen only.**

 **: All correction must be signed by the authorised person.**

**: Use of correction pen (tippex) is prohibited.**

**: Failure to adhere any of the above will lead to automatic disqualification**

**Record of Addendum to Bid Documents**

|  |
| --- |
| We confirm that the following communications received from the Employer before the submission of this bid offer, amending the bid documents, have been taken into account in this bid offer: |
|  | **Date** | **Title or Details** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |

Attached additional pages if more space is required.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bidder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Compulsory Enterprise Questionnaire**

|  |
| --- |
| The following particulars must be furnished. In the case of a joint venture, **separate** enterprise questionnaires in respect of each partner must be completed and submitted. |
| **Section 1: Name of enterprise: …………………………………………………………………………………..** |
| **Section 2: VAT Registration number, if any: …………………………………………………………………..** |
| **Section 3: Particulars of sole proprietors and partners in partnerships**

|  |  |  |
| --- | --- | --- |
| **Name\*** | **Identity Number\*** | **Personal income tax number\*** |
|  |  |  |
|  |  |  |
|  |  |  |

**\***Complete only if sole proprietor or partnership and attach separate page if more than 3 partners |
| **Section 5: Particulars of companies and close corporations**Company registration number ………………………………………………………………………………………………Close corporation number …………………………………………………………………………………………………..Tax reference number ………………………………………………………………………………………………………. |
| **Section 6: Record in the service of the state**Indicate by marking the relevant boxes with a cross, if any sole proprietor, partner in a partnership or director, manger, principal shareholder or stakeholder in a company or close corporation is currently or has been within the last 12 months in the service of any of the following:a member of any municipal council an employee of any provincial department, national or a member of any provincial legislature, provincial public entity or constitutional institution within the  a member of the National Assembly or the meaning of the Public Finance Management Act, (Act 1 of 1999)  National Council of Province a member of an accounting authority of any national or  a member of the board of directors of any provincial public entity municipal entity an employee of parliament or a provincial legislaturean official of any municipality or municipal  entity**If any of the above boxes are marked, disclose the following:**

|  |  |  |
| --- | --- | --- |
| **Name of sole proprietor, partner, director, manager, principal shareholder or stakeholder** | **Name of institution, public office, board or organ of state and position held** | **Status of service (tick appropriate column)** |
| **Current** | **Within last 12 months** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*insert separate page if necessary** |
| **Section 7: Record of spouses, children and parents in the service of the state**Indicate by marking the relevant boxes with a cross, if any spouse, child or parent of a sole proprietor, partner in a partnership or director, manager, principal stakeholder or stakeholder in a company or close corporation is currently or has been within the last 12 months been in the service of any of the following:a member of any municipal council an employee of any provincial department, national or a member of any provincial legislature, provincial public entity or constitutional institution within the  a member of the National Assembly or the meaning of the Public Finance Management Act, (Act 1 of 1999)  National Council of Province a member of an accounting authority of any national or  a member of the board of directors of any provincial public entity municipal entity an employee of parliament or a provincial legislaturean official of any municipality or municipal entity

|  |  |  |
| --- | --- | --- |
| **Name of spouse, child or parent** | **Name of institution, public office, board or organ of state and position held** | **Status of service (tick appropriate column)** |
| **Curre** | **Within last 12 months** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*insert separate page if necessary** |
| The undersigned, who warrants that he / she is duly authorised to do so on behalf of the enterprise:i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;ii) confirms that the neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Bid Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;iii) confirms that no partner, member, director or other person, who wholly or partly excercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;iv) confirms that I / we are not associated, linked or involved with any other biding entitities submitting bid offers and have no other relationship with any of the bidders or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest; andiv) confirms that the contents of this questionnare are witin my personal knowledge and are to the best of my belief both true and correct. |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enterprise Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certificate of Authority**

Indicate the status of the tenderer by ticking the appropriate box hereunder. The tenderer must complete the certificate set out below for the relevant category.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ACompany | BPartnership | CJoint Venture | DSole Proprietor | EClose Corporation |
|  |  |  |  |  |

**A. Certificate for company**

I,………………………………………………., chairperson of the board of directors of …………………………………………………, hereby confirm that by resolution of the board (copy attached) taken on ……………….20…., Mr/Mrs……………………….acting in the capacity of………………………………………………….,was authorised to sign all documents in connection with this tender and any contract resulting from it on behalf of the company.

As witness

1……………………………………. ………………………………………
. Chairman

2……………………………………. ………………………………………..
 Date

**B. Certificate of partnership**

We, the undersigned, being the key partners in the business trading as ………………………………

hereby authorise Mr/Mrs……………………………………………………, acting in the capacity of…………………………………………to sign all documents in connection with the tender for Contract……………………………………………………………and any contract resulting from it on our behalf.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **SIGNATURE** | **DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

NOTE: This certificate is to be completed and signed by all of the key partners upon whom rests the direction of the affairs of the Partnership as a whole.

**C. Certificate for Joint Venture**

We, the undersigned, are submitting this tender offer in Joint Venture and hereby authorise Mr/Mrs………………………….., authorised signatory of the company …………………………,

Acting in the capacity of lead partner, to sign all documents in connection with the tender offer for Contract…………………………………………and any other contract resulting from it on our behalf.

This authorisation is evidenced by the attached power of attorney signed by legally authorised signatories of all the partners to the Joint Venture.

|  |  |  |
| --- | --- | --- |
| **NAME OF FIRM** | **ADDRESS** | **AUTHORISING SIGNATURE, NAME & CAPACITY** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**D. Certificate for sole proprietor**

I, ………………………………………………., hereby confirm that I am the sole owner of the business trading as…………………………………………………………………………………...

As Witness:

1………………………………………………….. ………………………………
 Signature: Sole owner

2…………………………………………………. ……………………………….
 Date

**E. Certificate for Close Corporation**

We, the undersigned, being the key members in the business trading as………………………………………hereby authorise Mr/Mrs……………………………………

Acting in the capacity of……………………………………………………, to sign all documents in connection with the tender for Contract……………………………………………and any contract resulting from it on our behalf.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **SIGNATURE** | **DATE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

NOTE: This certificate is to be completed and signed by all key members upon who rests the direction of the affairs of the Close Corporation as a whole.

1. **CERTIFICATE FOR MUNICIPAL SERVICES AND PAYMENTS**

TO: MUNICIPAL MANAGER, MAKHUDUTHAMAGA LOCAL MUNICIPALITY

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Bidder)

FURTHER DETAILS OF BIDDER(S); DIRECTORS/SHAREHOLDERS/PARTNERS, ETC.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Directors/shareholders/Partner | Physical address of the Business | Municipal Account No. | Physical residential address of the Director/Shareholder/Partner | Municipal Account No. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NB: Please attach certified copy (ies) of ID document(s) and proof of payment not older than 3 months**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory Date

**Witnesses**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Names Signature Date

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Names Signature Date

**AUTHORISATION FOR DEDUCTION OF OUTSTANDING AMOUNTS OWED TO COUNCIL**

TO: MUNICIPAL MANAGER, MAKHUDUTHAMAGA LOCAL MUNICIPALITY

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Bidder or Consortium)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned, hereby authorise the Makhuduthamaga Local Municipality to deduct the full amount outstanding by the business organisation/Director/Shareholder/Partner, etc. from the payment that will be made to me.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_ Month \_\_\_\_\_\_\_ 2023

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thus done and signed for and on behalf of the bidder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory Date

**Witnesses**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Names Signature Date

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Full Names Signature Date

**Supply and delivery of Personal Protective Equipment for EPWP Participants.**

**6. Form of Offer and Acceptance**

**Offer**

The employer, identified in the acceptance signature block, has solicited offers for the **Supply and delivery of Personal Protective Equipment for EPWP Participants.** The bidder, identified in the offer signature block, has examined the documents listed in the bid data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of bid.

By the representative of the bidder, deemed to be duly authorized, signing this part of this form of offer and acceptance, the bidder offers to perform all of the obligations and liabilities of the service provider under the contract including compliance with all its terms and conditions according to their true intent and meaning for an amount to be determined in accordance with the conditions of contract identified in the contract data.

**THE OFFERED TOTAL OF THE PRICES INCLUSIVE OF VALUE ADDED TAX IS: ------------------**

**------------------------------------------------------------ (Rands VAT Inclusive / exclusive)**

**................................................................................................................................................................................................................................................................................................................................................................................................................................................ (Amount In words)**

This offer may be accepted by the employer by signing the acceptance part of this form of offer and acceptance and returning one copy of this document to the bidder before the end of the period of validity stated in the bid data, whereupon the bidder becomes the party named as the Service Provider in the conditions of contract identified in the contract data.

**for the bidder**

Signature ………………………………………….. Date ……………………………………

Name …………………………………………..

Capacity …………………………………………..

(Name and …………………………………………………………………………………………………

address of

organization) …………………………………………………………………………………………………

 …………………………………………………………………………………………………

Name and

signature

of witness ………………………………………….. …………………………………….

**Acceptance**

By signing this part of this form of offer and acceptance, the employer identified below accepts the bidder’s offer. In consideration thereof, the employer shall pay the service provider the amount due in accordance with the conditions of contract identified in the contract data. Acceptance of the bidder’s offer shall form an agreement between the employer and the bidder upon the terms and conditions contained in this agreement and in the contract that is the subject of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect on the date when the bidder receives on fully completed original copy of this document. Unless the bidder (now service provider) within five working days of the data of such receipt notifies the employer in writing of any reason why he cannot accept the contents of this agreement, this agreement shall constitute a binding contract between the parties.

Signature …………………………………………… Date …………………………………….

Name ……………………………………………

Capacity ……………………………………………

for the Makhuduthamaga Local Municipality

…………………………………….

……………………………….……

…………………………………….

Name and …………………………………………… Date …………………………………….

signature

of witness ……………………………………………

**7. Data Provided by the Service Provider**

|  |  |
| --- | --- |
| **Clause**7.17.27.3 | The Service Provider is ………………………………………………………….Address: …………………………………………..Telephone: …………………………………………..Fax simile: …………………………………………..The authorized and designated representative of the Service Provider is:Name: ………………………………………….The address for receipt of communication is:Telephone: …………………………………………..Fax simile: …………………………………………..Address: …………………………………………. |

**8. Pricing Instructions**

8.1. The Service Provider is required to provide the services in accordance with the Scope of Work. This embraces all things necessary and incidental to complete the work.

**9. TERMS OF REFERENCE:**

**Supply and delivery of Personal Protective Equipment for EPWP Participants.**

**SCOPE OF WORK / PROJECT**

|  |  |  |
| --- | --- | --- |
| **Specification** | **Unit Price** | **Total Unit** |
|

|  |  |
| --- | --- |
| **DESCRIPTION** | **QUANTITY** |
| * **80/20 poly cotton work suits**
* Orange ORR work suit with Makhuduthamaga Logo at left chest. Label EPWP at the back and have reflector stripes on arms and legs.
* Must be SABS Approved
 | x265 |
| **Safety Boots** ( Black )* Must have steel on the toes
* PU Mid Soles
* Water Resistant
* SRX slip resistant outsole
* Electrical Hazard Protection
* Must be SABS Approved
 | x150 |
| Orange **reflector Safety vests** * Must have Makhuduthamaga Logo at left chest. EPWP at the back
* Must be SABS Approved
 | x265 |
| **Orange Hats** –* 100% Twill Cotton Sun hat
* 100% Polyester Microfibre, lined
* UPF50+
* Hand Washable
* Internal drawstring adjust to fit. Includes a toggled chin strap.
* Must be water repellent and lightweight.
* Embroiled with Municipal logo at the
* Must be SABS approved.
 | x150 |
| Durable **rain coat suits** (with 2 pockets on the top or bottom)* Rubberised rain suits with reflective tape that have a hood, zip and storm flap.
* Reflective tape for hi-viz.
* Florescent colours
* Hood
* Zip
* Storm flap
* A fixed hood with drawstring
* Water-resistant
 | x150 |
| Orange round neck **T-Shirts** with Makhuduthamaga Logo at left chest. Written EPWP at the back * 100% Cotton
* Have reflector stripes on both arms
* Must be SABS Approved
 | x300 |
| **Heavy duty waste picking gloves*** Reusable Heavy duty hypoallergenic plastic gloves
* Long sleeved
* Non puncture proof
* Must be washable
* Must be SABS Approved
 | x3000 pairs |
| **Safety Goggles –** * Must be shaded/ dimmed for sun protection.
* Must have side strings to hang.
* Must be SABS Approved
 | x300 |
| **Dust Masks** – disposable* N95 FFP
* Must be SABS Approved
 | x1000 |
| **REUSEABLE HALF MASK DH202, TWIN MIDI HALF MASK with STORAGE BAG**DH202 TWIN MIDI must be lightweight, reusable and adjustable, half maskStyle: Twin cartridge, TPR body, re-useable half mask with an adjustable head cradle and storage protective mould. Half mask body: TPR (Thermo plastic rubber) Dual harness Harness: with adjustable head cradle, withstands a pull of 50 N applied for 10 s. Resistance to temperature:  a) 24 h in a dry atmosphere of (70 + 3) "C. b) 24 h at a temperature of (-30 \* 3) "C. Inward leakage: <5 % of the inhaled air & mean result not exceeds 2%.Exhalation valve: Continuous exhalation ﬂow of 300I/min over a period of 30s. Housing and its attachment withstands an axial tensile force of 50N applied for 10s. Mass: 100.4g with no cartridge assembly. Additional: There should be no metal ﬁttings in this device. The half mask must feature a pressure corrective pivot headband that ensures comfort, and when worn with head protective devices, a quick release headband for easy putting on and taking oﬀ. Half mask should be purchased with storage bags.\*The procured respiratory masks must be accompanied with usage, storage and handling training. The procured filters must be relevant and compatible with the respirator procured. ***NB: The half mask will be used in combination with gas and particulate ﬁlter/cartridges, designed to protect the user’s respiratory system from inhaling dangerous particulates.*** **REUSEABLE PARTICULATE CARTRIDGES DHCT- P3 PARTICULATE FILTER (To be used with the twin midi half mask)****The cartridge must be able to ﬁlter high concentrations of solid dust and liquid aerosol hazardous, which cannot be ﬁltered by chemical only cartridges.**Style: Twin cartridge, re-useable particulate ﬁlter.Breathing Resistance: @ 30 l/min, maximum 1.2 mbar @ 95.5l/min, maximum 4.2 mbar Filter Penetration Maximum: Sodium Chloride @95l/min is 0.05% Paraﬃn oil @ 95l/min is 0.05% Filter Eﬃciency: 99% Additional: There should be no metal ﬁttings in this device.* **COUNTERFEIT RESPIRATORS AND CARTRIDGES WILL NOT BE ACCEPTED.**
 | x124 Respirator Masksx124 BAGSx620 (Filters/cartridges) |

* **Service provider to get tailored sizes**
* **A sample of each item must be submitted for approval before bulk buying and embroidery.**
* **Tailored sizes will be sourced from different sites within Makhuduthamaga.**
* **Delivery will be done to sites within Makhuduthamaga.**
* **Sites: Jane Furse Main Office**

**Jane Furse Taxi Rank****Glen Cowie****Phokoane****Schoornoord and Peter Nchabeleng Sports Ground****Ga-Masemola****Segwahleng (Apel)****Points System:**80/20**Advert Size**: 13 column x 4cm |  |  |
| **TOTAL AMOUNT** |  |  |

**MAAA Vendor no --------------------------------------------------------------------------------**

**10. DURATION OF CONTRACT**

This is a once off contract from the date of appointment.

**11. Payments**

Payments will be made within thirty days of submission of (Tax) invoice.

 **SBD 4.**

**DECLARATION OF INTEREST**

1. Any legal person, including persons employed by the state1, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorized representative declare his/her position in relation to the evaluating/adjudicating authority where-
* The bidder is employed by the state; and/or
* The legal person on whose behalf the bidding document is signed, has a relationship with persons/ a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.
1. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.
	1. Full Name of bidder or his or her representative:……………………………………………………………………………………..
	2. Identity Number:…………………………………………………………………………….......
	3. Position occupied in the Company (director,trustee.shareholder2):…………………………………………………………….
	4. Company registration number:………………………………………………………………
	5. Tax Reference Number:………………………………………………………………………….
	6. VAT Registration Number:……………………………………………………………………..
		1. The names of all directors/ trustees/ shareholders/ members, their individual identity numbers, tax reference numbers and, if applicable, employee/ persal numbers must be indicated in paragraph 3 below.

1“State” means –

* 1. Any national or provincial department, national or provincial public entity or constitution within the meaning of Public Finance Management Act, 1999 (Act No. 1 of 1999);
	2. Any municipality or municipal entity;
	3. Provincial legislature;
	4. National Assembly or the national Council of provinces; or
	5. Parliament.

2”shareholder” means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

* 1. Are you or any person connected with them bidder YES NO NO

presently employed by the state?

* + 1. If so, furnish the following particulars:

Name of person / director / trustee/ shareholder/ member: ………………………………………………

Name of state institution at which you or person

connected to the bidder is employed: ………………………………………………..

Position occupied in the public institution: ………………………………………………...

Any other particulars:

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

* + 1. If you are presently employed by the state, did you obtain YES NO

the appropriate authority to undertake remunerative

work outside employment in the public sector?

* + - 1. If yes, did you attached proof of such authority to the bid YES NO

 document?

 (Note: Failure to submit proof of such authority, where

applicable, may result in the disqualification of the bid.

* + - 1. If no, furnish reasons for non-submission of such proof:

……………………………………………………………………………………..

………………………………………………………………………………………

………………………………………………………………………………………

* 1. Did you or your spouse, or any of the company’s directors/ trustees/ YES NO

 shareholders/ members or their spouses conduct business with the

 state in the previous twelve months?

* + 1. If so, furnish particulars:

…………………………………………………………………………………………….

…………………………………………………………………………………………….

……………………………………………………………………………………………..

* 1. Do you, or any person connected with the bidder, have any relationship YES NO

 (family, friend, other) with a person employed by the state and who may

 be involved with the evaluation and or adjudication of this bid?

* + 1. If so, furnish particulars:

…………………………………………………………………………………………………

………………………………………………………………………………………………..

………………………………………………………………………………………………..

* 1. Are you, or any person connected with the bidder, aware of any YES NO

relationship (family, friend, other) between any other bidder and any person

employed by the state who may be involved with the evaluation and or

adjustment of this bid?

* + 1. If so, furnish particulars:

……………………………………………………………………………………………….

……………………………………………………………………………………………….

……………………………………………………………………………………………….

* 1. Do you or any of the directors/ trustees/ shareholders/ members of the

 company have any interest in any other related companies whether or

 not they are bidding for this contract?

* + 1. If so, furnish particulars:

……………………………………………………………………………………………..

……………………………………………………………………………………………..

……………………………………………………………………………………………..

**3.Full details of directors/ trustees/ members/ shareholders.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Names**  | **Identity Number**  | **Personal Tax Reference Number** | **State Employee Number/ Persal Number** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **DECLARATION**

I, THE UNDERSIGNED (NAME)…………………………………………………………………………………………………

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPH 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

....................................... ...................................................

Signature Date

………………………………….... .....................................................

Position Name Of Bidder

**MBD 9.**

**CERTIFICATE OF INDEPENDENT BID DETERMINATION**

I, the undersigned, in submitting the accompanying bid:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Bid Number and Description)

in response to the invitation for the bid made by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Municipality / Municipal Entity)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;

2. I understand that the accompanying bid will be disqualified if this Certificate is found not

to be true and complete in every respect;

3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying

bid, on behalf of the bidder;

4. Each person whose signature appears on the accompanying bid has been authorized by

the bidder to determine the terms of, and to sign, the bid, on behalf of the bidder;

5. For the purposes of this Certificate and the accompanying bid, I understand that the

word “competitor” shall include any individual or organization, other than the bidder,

whether or not affiliated with the bidder, who:

(a) has been requested to submit a bid in response to this bid invitation;

(b) could potentially submit a bid in response to this bid invitation, based on

their qualifications, abilities or experience; and

(c) provides the same goods and services as the bidder and/or is in the same

line of business as the bidder

6. 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 consortium³ will not be construed

as collusive bidding.

**MBD 9.**

7. In particular, without limiting the generality of paragraphs 6 above, there has been no

consultation, communication, agreement or arrangement with any competitor regarding:

(a) prices;

(b) geographical area where product or service will be rendered (market

allocation)

(c) methods, factors or formulas used to calculate prices;

(d) the intention or decision to submit or not to submit, a bid;

(e) the submission of a bid which does not meet the specifications and

conditions of the bid; or

(f) bidding with the intention not to win the bid.

8. In addition, there have been no consultations, communications, agreements or

arrangements with any competitor regarding the quality, quantity, specifications and

conditions or delivery particulars of the products or services to which this bid invitation

relates.

9. 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 the contract.

**³ 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.**

**MBD 9**

10. 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.

………………………………… ……………………………………………………………….

Signature Date

………………………………… ………………………………………………………………..

Position Name of Bidder

**MBD1**

**PART A**

**INVITATION TO BID**

|  |
| --- |
| **YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (***NAME OF MUNICIPALITY/ MUNICIPAL ENTITY***)** |
| BID NUMBER: |  | CLOSING DATE: |  | CLOSING TIME: |  |
| DESCRIPTION |  |
| **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7).** |
| BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT *(STREET ADDRESS* |  |  |
|  |
|  |
|  |
|  |
|  |
| **SUPPLIER INFORMATION** |
| NAME OF BIDDER |  |
| POSTAL ADDRESS |  |
| STREET ADDRESS |  |
| TELEPHONE NUMBER | CODE |  | NUMBER |  |
| CELLPHONE NUMBER |  |
| FACSIMILE NUMBER | CODE |  | NUMBER |  |
| E-MAIL ADDRESS |  |
| VAT REGISTRATION NUMBER |  |
| TAX COMPLIANCE STATUS | TCS PIN: |  | **OR** | CSD No: |  |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE[TICK APPLICABLE BOX] | [ ]  Yes  [ ]  No | B-BBEE STATUS LEVEL SWORN AFFIDAVIT  | [ ]  Yes [ ]  No |
| ***[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]*** |
| ARE YOU THE ACCREDITED REPRESENTATIVE **IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?** | [ ] Yes [ ] No [IF YES ENCLOSE PROOF] | ARE YOU A FOREIGN BASED SUPPLIER FOR **THE GOODS /SERVICES /WORKS OFFERED?** | [ ] Yes [ ] No[IF YES, ANSWER PART B:3 ] |
| **TOTAL NUMBER OF ITEMS OFFERED** |  | **TOTAL BID PRICE** | **R** |
| **SIGNATURE OF BIDDER** | ……………………………… | **DATE** |  |
| **CAPACITY UNDER WHICH THIS BID IS SIGNED** |  |
| **BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:** | **TECHNICAL INFORMATION MAY BE DIRECTED TO:** |
| DEPARTMENT |  | CONTACT PERSON |  |
| CONTACT PERSON |  | TELEPHONE NUMBER |  |
| TELEPHONE NUMBER |  | FACSIMILE NUMBER |  |
| FACSIMILE NUMBER |  | E-MAIL ADDRESS |  |
| E-MAIL ADDRESS |  |  |

Where the recommended bidder is not tax compliant, the bidder should be notified of their non-compliant status and the bidder must be requested to submit to the municipality or municipal entity, within 7 working days, written proof from SARS of their tax compliance status or proof from SARS that they have made an arrangement to meet their outstanding tax obligations. The proof of tax compliance status submitted by the bidder to the municipality or municipal entity must be verified via the CSD or e-Filing.

**The accounting officer should reject a bid submitted by the bidder if such a bidder fails to provide proof of tax compliance status within the timeframe stated above.**

**PART B**

**TERMS AND CONDITIONS FOR BIDDING**

|  |
| --- |
| 1. **BID SUBMISSION:**
 |
| * 1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
	2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR ONLINE**
	3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
 |
| 1. **TAX COMPLIANCE REQUIREMENTS**
 |
| 1. BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2. BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER’S PROFILE AND TAX STATUS.
3. APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE [WWW.SARS.GOV.ZA](http://www.sars.gov.za).
4. FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B:3.
5. BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
6. IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MU02ST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
7. WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST E PROVIDED.
 |
| 1. **QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS**
 |
| * 1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? [ ]  YES [ ]  NO
	2. DOES THE ENTITY HAVE A BRANCH IN THE RSA? [ ]  YES [ ]  NO
	3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? [ ]  YES [ ]  NO
	4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? [ ]  YES [ ]  NO
	5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? [ ]  YES [ ]  NO

**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 ABOVE.** |

**NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID**.

**NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE**.

SIGNATURE OF BIDDER: ……………………………………………

CAPACITY UNDER WHICH THIS BID IS SIGNED: ……………………………………………

DATE: …………………………………………...

**MBD 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. 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. **To be completed by the organ of state**

 (*delete whichever is not applicable for this tender*)

1. The applicable preference point system for this tender is the 80/20 preference point system.
	1. Points for this tender shall be awarded for:
2. Price; and
3. Specific Goals.
	1. **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. 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. 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.
1. **DEFINITIONS**
2. **“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;
3. **“price”** means an amount of money tendered for goods or services, andincludes all applicable taxes less all unconditional discounts;
4. **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
5. **“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
6. **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).
7. **FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES**
	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**

 Where

 Ps = Points scored for price of tender under consideration

 Pt = Price of tender under consideration

 Pmin = Price of lowest acceptable tender

1. **POINTS AWARDED FOR SPECIFIC GOALS**
	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 organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.***

***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)****(To be completed by the organ of state)** | **Number of points claimed (80/20 system)****(To be completed by the tenderer)** |
| **Black People** | **4** |  |
| **Youth** | **4** |  |
| **Women- ownership of more than 50 %** | **2** |  |
| **Small, Medium and Micro Enterprises (SMMEs)** | **4** |  |
| **People with disability**  | **2** |  |
| **Enterprises within Makhuduthamaga juristiction** | **4** |  |
| **Total**  | **20** |  |

**DECLARATION WITH REGARD TO COMPANY/FIRM**

* 1. Name of company/firm…………………………………………………………………….
	2. Company registration number: …………………………………………………………...
	3. 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]

* 1. 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:
1. The information furnished is true and correct;
2. The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
3. 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;
4. 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 –
	1. disqualify the person from the tendering process;
	2. recover costs, losses or damages it has incurred or suffered as a result of that person’s conduct;
	3. 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;
	4. 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
	5. forward the matter for criminal prosecution, if deemed necessary.

……………………………………….

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

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

**DATE:** ………………………………………………………

**ADDRESS**: ………………………………………………………

 ………………………………………………………

 ………………………………………………………

 ………………………………………………………