independent police investigative directorate

Department
Independent Police Investigative Directorate
REPUBLIC OF SOUTH AFRICA

SCM 3 **APPROVAL OF QUOTATION REPORT**

To:	**IPID :NATIONAL OFFICE- CONTARCTUAL OBLIGATION**		
From:	SCM: AQUISITION	**Office:**	SCM: NATIONAL OFFICE
Tel:	012 399 0095	**Fax:**	

Project title:	**REQUEST FOR QUOTATION: THE ESTABLISHMENT OF IPID CALL CENTER IPID200/24/25**

1. QUOTATION PARTICULARS:

RFQ NO:	IPID 200/24/25	**Number of quotation documents issued:**	**04**
Advertising date:	18/02/2025	**Number of quotes received:**	02
Closing date:	25/02/2025	**Validity date:**	30-90 days
Contract period:	N/A	**Conditions of Contract:**	N/A

2. LIST OF QUOTATION RECEIVED:

Name of Service Provider:	**Quotation price**
TELCOM (BCX)	R 569 718.05
VODACOM	R 4 145 611.47

3. ADMINISTRATIVELY NON-RESPONSIVE QUOTES:

Name of Bidder:	**Reason for administrative non-responsiveness:**

4. OTHER REASONS FOR DISQUALIFICATION OF QUOTES:

Name of service provider:	**Reason for disqualification:**

5. **RECOMMENDATION:**

5.1. **Quote recommended for acceptance:**

Lowest price/ highest points scored	☒Yes ☐No
Name of Service Provider	TELCOM (BCX)
Quotation Price:	R 569 718.05

5.2 **Motivation(s) for recommending the service provider (If applicable):** Reqs were sent out to 4 SCM preorders but only 2 responded.

5.3 **Motivation(s) for not recommending the lowest price (If applicable):**

6. DECLARATION BY ADMIN SUPPORT/SCM OFFICIAL

I Sekiba Maria, hereby certify that I, during the adjudication of all quotes received for this project, and in the compilation of this recommendation towards the award of the particular service, neither intentionally and/or negligently, favoured nor prejudiced any natural and/or legal person/body/entity and that I have acted in good faith in respect of the fair, equitable, transparent, competitive and cost effective execution of the entire procurement process.

7. CONFIRMATION BY ~~ASSISTANT~~ DIRECTOR: ~~DEMAND AND ACQUISITION~~ SCM+AM .

I hereby confirm that all documents have been verified and are compliant in terms of Treasury prescripts and SCM Policy

SUPPLY CHAIN & ASSET MANAGEMENT: ~~DEMAND AND ACQUISITION~~	
Name and Surname:	Adri Muller
Signature:	
Date:	2025/03/26

8. CONFIRMATION OF FUNDS BY BUDGET OFFICE

I hereby confirm that funds are available to cover the quoted amount provided by the recommended bidder as follows: -

RESPONSIBILITY:	CONTRACTUAL OBLIGATION
ITEM:	EXT COMP SER:
ASSET CATEGORY:	ASSET RELATED
AVAILABLE BUDGET:	R 569 718.05

Comments: Funds are reducing the funding for forensic software that was digitized by EXCO because the significant balance is committed to Case Management.

S. Mdaba | S. Mdaba | 26/3/2025

Name | **Signature** | **Date**

(If the lowest acceptable quotation exceeds the available budget by more than 15% DD: Financial Management/delegated should confirm, unless the difference is within item level 4)

9. ACCEPTANCE OF QUOTATION BY THE REQUESTING OFFICER/RESPONSIBILITY MANAGER

I hereby confirm that the recommended bidder quoted according to specification provided and has capacity to deliver. The price quoted is market related and affordable.

ACCEPTED/ NOT ACCEPTED

Name and Surname:	T Keefelatae
Signature:	
Date:	2025/03/26

Comments:

T Keefelatae — Signature — 2025/3/26

Name **Signature** **Date**

10. RECOMMENDATION BY THE BID ADJUDICATION COMMITTEE

I hereby confirm that I have reviewed the

1.	The correct SCM process has been followed	YES/NO
2.	The process followed was fair, transparent	YES/NO
3.	All the required forms have been completed correctly (SBD forms, etc)	YES/NO
4.	All required documents are submitted, valid and compliant (TAX)	YES/NO
5.	The scoring has been verified and is correct, fair and consistent	YES/NO
6.	The price is fair and market related	YES/NO

11. RECOMMENDED/ NOT RECOMMENDED

Name and Surname:	P M SETSHEDI
Designation:	Chairperson
Signature:	
Date:	28/03/2025

COMMENTS: -

The Bac has adjudicated the Proposal and agreed to recommend the request for approval of the Executive Director.

12. APPROVAL BY THE DELEGATED OFFICIAL IN TERMS OF DELEGATIONS

APPROVED/NOT APPROVED

Name and Surname:	DIKELEDI J. MILATSENG
Designation:	EXECUTIVE DIRECTOR
Signature:	
Date:	28/03/2025
COMMENTS:	