Province of the
EASTERN CAPE
DEPARTMENT OF HEALTH

EXPRESSION OF INTEREST

BID NO: SCMU3-24/25- 0556 -HO:

ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR UNPLANNED AND PLANNED INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES

CIDB GRADE 1 - 6 IN VARIOUS CLASSES OF WORK

PREPARED FOR:

Eastern Cape Department of Health
Dukumbana Building, Independence Avenue
P.O. Box X0038
BHISHO
6505

NAME OF SUPPLIER: _____

CRS NUMBER: _____

CLOSING DATE: 28 February 2025

CONTENTS

E1.1 – NOTICE AND INVITATION TO SUBMIT AN EXPRESSION OF INTEREST

The Eastern Cape Department of Health hereby invites Built Environment Service Providers with a CIDB Grading's of 1 - 6 in the following Class of works (**GB, CE, ME, EB, EP**, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO & SQ) to submit their Expression of interest for the assignment.

Expression of Interest documents are downloadable for free of charge from National Treasury's eTender Portal: (http://www.etenders.gov.za/content/advertised-tenders) or www.echealth.gov.za/tenders.

Service Providers are expected to, along compliance issues, meet the Functionality/Quality criteria score of 60 points to be admitted into the list.

Qualifying Service Providers will be registered on a Departmental Panel of Service Providers List for construction services in the Eastern Cape Province for the Eastern Cape Department of Health projects for a period of Thirty-six (36) months. They are expected to have their resources and planning processes ready to urgently respond to whichever need arises within the province.

This is an invitation of Expression of interest (EOI) to the Eastern Cape Department of Health.

Service Providers must be registered on the National Treasury Central Supplier Data Base and proof of registration must be submitted with the proposal (https://secure.csd.gov.za).

Submissions should be submitted in clearly marked sealed envelopes indicating the relevant Expression of Interest Bid reference number and deposited in the addresses stated above (ECDOH Offices in the Eastern Cape). Unsuccessful Service Providers submissions will be informed through publication on relevant platforms.

It is the responsibility of the Service Provider to ensure that (EOI) document is submitted on or before closing time and the correct location as the department will not take responsibility of wrong delivery. Service Providers who are using courier services for delivery of their (EOI) documents must ensure the delivery is at the correct place / location and time as the department will not be held responsible for wrong delivery.

No briefing session will be held. Technical enquiries shall be directed only in writing to Supply Chain Management enquiries to Thabisa Notshe at Thabisa.notshe@echealth.gov.za within office hours.

The closing time for receipt of submissions by the ECDOH is 11:00am on 28 February 2025. Telegraphic, telephonic, telex, facsimile, e-mail and late submissions will not be accepted. (EOI) submissions must be submitted in sealed envelopes clearly marked “Expressions of interest No: SCMU3-24/25- 0556” must be deposited in the bid box, **DEPARTMENT OF HEALTH, GLOBAL LIFE CENTRE, SCM UNIT, C/O PHALO AVENUE AND R63 (OPPOSITE ENGEN GARAGES), BHISHO**

(EOI) Submissions will be opened immediately after the closing time for tenders at 11:00am hours. Service Providers will be allowed at the opening of the tender box; a register will also be published on the departmental website (www.echealth.gov.za/tenders).

All other prerequisites as detailed in the (EOI) documents shall apply.

Issued by:

Supply Chain Management

Bhisho

E1.2 – SUBMISSION DATA

The standard conditions for calling for Expressions of interest make several references to the submission data and shall have precedence in the interpretation of any ambiguity or inconsistency between the submission data and the standard conditions for calling for expressions of interest.

Each item of data given below is cross-referenced to the clause in the standard conditions of the Expression of Interest to which it mainly applies.

Clause Number	Submission Data
3.1	The employer is: The Eastern Cape Department of Health
3.2	The (EOI) documents issued by the employer comprises: **E1: Submission procedures** E1.1 Notice and invitation to submit an expression of interest E1.2 Submission data E1.3 Standard Conditions for the calling for Expression of Interest **E2: Returnable documents** E2.1 List of returnable documents E2.2 Submission schedules **E3: Indicative scope of work** E3.1 Introduction E3.2 Indicative scope of work
3.3	The employer's agent is: Name: **Department of Health** Dukumbana Building, Department of Health Independence Avenue, Bhisho Cell: E-mail:
3.4	The language for communications is English
4.1	Only those respondents who satisfy the following eligibility criteria are eligible to submit proposals: 1) Submit an (EOI) proposal only if the Service Provider satisfies the criteria stated in the tender data and the Service Provider, or any of its principals, is not under any restriction to do business with the employer.

	2) The employer will consider any request to make a material change in the capabilities or formation of the tendering entity or any other criteria which formed part of the requirements used to pre-qualify a Service Provider to submit an (EOI) offer in terms of a previous procurement process and deny any such request if as a consequence: a) in the opinion of the employer, acceptance of the material change would compromise the outcome of the pre-qualification process. 3) The Service Provider is registered on the National Treasury Central Supplier Data Base (https://secure.csd.gov.za). 4) Only those Service Providers who are registered in a CIDB designation Grade (any of them): 1 - 6 in the following Class of works (**GB, CE, ME, EB, EP**, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO & SQ) are eligible to submit Expressions of interest. 5) **Valid** Letter of Good Standing **MUST** be submitted by all the service providers
4.5	No compulsory clarification meeting
4.6	The employer's address for delivery of Expression of Interests and identification details to be shown on each Expression of Interest package as indicated in E1 (page 3-4) above: Eastern Cape Department of Health Offices **Identification Details:** Expressions of interest should be submitted in clearly marked, sealed envelopes indicating the relevant proposal number
4.7	(EOI) submissions shall be submitted as an original copy.
Clause Number	**Submission Data**
4.8	Telephonic, telegraphic, telex, facsimile or e-mailed tender offers shall not be accepted.
4.9	The closing time for submission of expressions of interest is as stated in the Notice and invitation to submit an expression of interest (ref. E1.1).
5.3	Late submissions will not be accepted.
5.9 **5.9.1**	The Service Provider is required to submit with its (EOI) submission the following certificates and/or documentation in addition to the requirement of eligibility as mentioned in Clause 4.1. **(EOI) submissions will not be considered responsive should the listed mandatory prerequisites not be met.** **Mandatory documents (failure to provide the following documents will be considered non-responsive):** **Returnable schedules required for (EOI) submission evaluation purposes** E2.2e, j, k - SBD4, Compulsory enterprise questionnaire, CIDB Registration
5.9.2	**Mandatory requirements (failure to adhere to the requirements, the tender will be considered non-responsive):**

	1. The (EOI) document must be signed off by the authorised person of the Service Provider wherever spaces are provided in black and permanent ink. 2. Documents that have correction fluid on them will be rendered non-responsive. Documents must remain intact.
5.9.3	Mandatory requirements (should not be considered non-responsive in absence of any but must be submitted if a Service Provider qualifies for award prior to signing of the resultant contract): E2.2m Company Registration Documents (CIPC) E2.2l (EOI) submission must be accompanied with a valid and active CIDB Registration certificate (or CIDB CRS number) in a service provider designation of Grade 1 – 6 (**GB, CE, ME, EB, EP**, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO & SQ). E2.2k Proof of Treasury Central Supplier Database registration or MAAA number. E2.2c Record of Addenda to (EOI) Documents (Only one for the Bid) E2.2f SBD 6.1 E2.2p Location of a contractor.
Clause Number	**Submission Data**
	1. E2.2o - Company profile 2. E2.2q - Evaluation schedule 1: Expertise of key personnel & CV's 3. E2.2o - Evaluation schedule 2: Relevant project experience 4. E2.2r - Evaluation schedule 3: Project reference

E1.3– STANDARD CONDITIONS FOR THE CALLING FOR EXPRESSION OF INTEREST

D.1 General

D.1.1 Actions

D.1.1.1 The employer and each respondent submitting an expression of interest shall comply with these conditions for calling for expressions of interest. In their dealings with each other, they shall discharge their duties and obligations as set out in D.2 and D.3, timeously and with integrity, and behave equitably, honestly and transparently, comply with all legal obligations and not engage in anti-competitive practices.

D.1.1.2 The employer and the respondent and all their agents and employees involved in the submission process shall avoid conflicts of interest and where a conflict of interest is perceived or known, declare any such conflict of interest, indicating the nature of such conflict. Respondents shall declare any potential conflict of interest in their submissions. Employees, agents and advisors of the employer shall declare any conflict of interest to whoever is responsible for overseeing the procurement process at the start of any deliberations relating to the procurement process or as soon as they become aware of such conflict and abstain from any decisions where such conflict exists or recuse themselves from the procurement process, as appropriate.

Note: *1) A conflict of interest may arise due to a conflict of roles which might provide an incentive for improper acts in some circumstances. A conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that person to act properly in his or her position even if no improper acts result.*

2) Conflicts of interest in respect of those engaged in the procurement process include direct, indirect or family interests in the tender or outcome of the procurement process and any personal bias, inclination, obligation, allegiance or loyalty which would in any way affect any decisions taken.

D.1.1.3 The respondent shall not make a submission without having a firm intention and the capacity to proceed with the next stage of the procurement process.

D.1.2 Supporting documents

The documents issued by the employer for the purpose of obtaining expressions of interest are listed in the submission data.

D.1.3 Interpretation

D.1.3.1 The submission data and additional requirements contained in the submission schedules that are included in the returnable documents are deemed to be part of these conditions for the calling for expressions of interest.

D.1.3.2 For the purposes of these conditions for the calling for expressions of interest, the following definitions apply:

a) **conflict of interest** means any situation in which:
   i) someone in a position of trust has competing professional or personal interests which make it difficult to fulfil his or her duties impartially.
   ii) an individual or Service Provider is in a position to exploit a professional or official capacity in some way for their personal or corporate benefit.
   iii) incompatibility or contradictory interests exist between an employee and the Service Provider which employs that employee.

b) **corrupt practice** means the offering, giving, receiving or soliciting of anything of value to influence the action of the employer or his staff or agents in the (EOI) submission process; and

c) **fraudulent practice** means the misrepresentation of the facts in order to influence the (EOI) submission process or the award of a contract arising from an (EOI) submission offer to the detriment of the employer, including collusive practices intended to establish prices at artificial levels

D.1.4 Communication and employer's agent

Each communication between the employer and a respondent shall be to or from the employer's agent only, and in a form that can be readily read, copied and recorded. Communications shall be in the English language. The employer shall not take any responsibility for non-receipt of communications from or by a respondent. The name and contact details of the employer's agent are stated in the submission data.

D.2 Respondent's obligations

D.2.1 Eligibility

Submit an expression of interest only if the respondent complies with the criteria stated in the submission data and the respondent, or any of his principals, is not under any restriction to do business with the employer.

D.2.2 Cost of submissions

Accept that the employer will not compensate the respondent for any costs incurred in the preparation and delivery of a submission.

D.2.3 Check documents

Check the submission documents on receipt, including pages within them, and notify the employer of any discrepancy or omission.

D.2.4 Acknowledge addenda

Acknowledge receipt of addenda to the submission documents, which the employer may issue, and if necessary, apply for an extension to the closing time stated in the submission data, in order to take the addenda into account.

D.2.5 Clarification meeting

A clarification meeting will not be held. Service providers are advised to communicate clarity seeking questions on the email provided in the submission data.

D.2.6 Seek clarification

Request clarification of the submission documents, if necessary, by notifying the employer at least ten (10) working days before the closing time stated in the submission data.

D.2.7 Making a submission

D.2.7.1 Return all returnable documents to the employer after completing them in their entirety writing legibly in non-erasable ink.

D.2.7.2 Seal the original of the submission in an envelope and the package shall state on the outside the tender number, employer's address and identification details stated in the submission data, as well as the respondent's name and contact address.

D.2.7.3 Accept that the employer shall not assume any responsibility for the misplacement or premature opening of the submission if the outer package is not sealed and marked as stated.

D.2.8 Information and data to be completed in all respects

Accept that submissions, which do not provide all the data or information requested completely and in the form required, may be regarded by the employer as non-responsive.

D.2.9 Closing time

Ensure that the employer receives the submissions at the address specified in the submission data not later than the closing time stated in the submission data. Proof of posting shall not be accepted as proof of delivery. The employer shall not accept submissions submitted by telegraph, telex, facsimile or e-mail, unless stated otherwise in the submission data.

Accept that, if the employer extends the closing time stated in the submission data for any reason, the requirements of these conditions for expressions of interest apply equally to the extended deadline.

D.2.10 Clarification of submission

Provide clarification of a submission in response to a request to do so from the employer during the evaluation of submissions.

D.3 Employer's undertakings

D.3.1 Respond to clarification

Respond to a request for clarification received up to ten (10) working days before the submission closing date as stated in the submission data.

D.3.2 Issue Addenda

If necessary, issue addenda that may amend or amplify the submission documents to each respondent during the period from the date of the calling for expressions of interest until ten (10) days before the closing date for submissions stated in the submission data. If, as a result, a respondent applies for an extension to the closing time stated in the submission data, the employer may grant such extension and shall then notify it to all respondents.

D.3.3 Late submissions

Any late submissions will not be accepted.

D.3.4 Opening of submissions

D.3.4.1 Record the name of each respondent whose submission is opened and acknowledge receipt of each submission.

D.3.4.2 Make available the names of the respondents that made submissions after the closing time for all interested persons upon request.

D.3.5 Non-disclosure

Not disclose to respondents, or to any other person not officially concerned with such processes, information relating to the evaluation and comparison of submissions until after the evaluation process is complete.

D.3.6 Grounds for rejection and disqualification

Determine whether there has been any effort by a respondent to influence the processing of submissions and instantly disqualify a respondent if it is established that he engaged in corrupt or fraudulent practices.

D.3.7 Test for responsiveness

Determine, on opening and before detailed evaluation, whether each submission received:

a) meets the requirements of these conditions for the calling for expressions of interest;

b) has all the substantive provisions properly and fully completed and signed, and

c) is responsive to the other requirements of the call for expressions of interest.

D.3.8 Non-responsive submissions

Reject all non-responsive submissions. A list of accepted submissions will be published in the advertising websites for information .

D.3.9 Evaluation of responsive submissions

D.3.9.1 Appoint an evaluation panel of not less than three persons. Evaluate submissions using the evaluation criteria established in the submission data.

D.3.9.2 Notify the respondents of the outcome of the evaluation process within two (2) weeks of the evaluation report being accepted by the employer.

D.3.10 Provide written reasons for actions taken

Provide upon request written reasons to respondents for any action that is taken in applying these conditions but withhold information which is not in the public interest to be divulged, which is considered to prejudice the legitimate commercial interests of respondents or might prejudice fair competition between respondents.

E2.1 – LIST OF RETURNABLE DOCUMENTS

A-1 For the (EOI) submission evaluation

E2.2a Resolution for Signatory

E2.2c Record of Addenda

E2.2d SBD1

E2.2e SBD4

E2.2f SBD6.1

E2.2j Compulsory Enterprise Questionnaire

E2.2k Proof of CSD Registration

E2.2m Company Registration Documents (CIPC)

E2.2n Valid Letter of Good Standings

E2.2o Company Profile

E2.2p Location of Contractor

E2.2q Schedule of Key Personnel (including CV's)

E2.2r Project Reference Forms 1 – 5

E2.2s Preferred areas of Operation

E2.2t Services to be rendered

E2.2u Time Based Services

E2.2a: RESOLUTION FOR SIGNATORY

Project Name:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Bid Number:	

MUST BE ON COMPANY LETTERHEAD

A: CERTIFICATE OF AUTHORITY FOR SIGNATORY

Signatory for companies shall confirm their authority hereto by attaching a duly signed and dated copy of the relevant resolution of the board of directors to this form. This must be on a company letterhead.

An example is given below:

"By resolution of the board of directors passed at a meeting held on _____

Mr/Ms_____, whose signature appears below, has been duly authorised to

sign all documents in connection with the Supplier for Contract No. _____

and any Contract which may arise there from on behalf of (Block Capitals) _____

_____

SIGNED ON BEHALF OF THE COMPANY: _____

IN HIS/HER CAPACITY AS: _____DATE:_____SIGNATURE:_____

WITNESSES:

1._____ SIGNATURE: _____

2. _____ SIGNATURE: _____

E2.2c: RECORD OF ADDENDA TO SUPPLIER DOCUMENTS

Project Name:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Bid Number:	

We confirm that the following communications received from the Employer before the submission of this Supplier offer, amending the (EOI) documents, have been taken into account in this Supplier offer:

	Date	**Title or Details**
1.		
2.		
3.		
4.		
5.		

Attach additional pages if more space is required.

Signed ..... Date .....

Name ..... Position .....

Supplier .....

*This document must form part of the returnable schedules as it is referenced in the offer portion of the Form of Offer and Acceptance.

SBD 1

PART A
INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (*NAME OF DEPARTMENT/ PUBLIC ENTITY*)					
BID NUMBER:		CLOSING DATE:		CLOSING TIME:	
DESCRIPTION	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR UNPLANNED AND PLANNED INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES**				
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT *(STREET ADDRESS)*					
Department of Health Global Life Centre,					
SCM Unit					
C/o Phalo Avenue and R63 (opposite Engen Garage) BHISHO					

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO		**TECHNICAL ENQUIRIES MAY BE DIRECTED TO:**	
CONTACT PERSON		CONTACT PERSON	**Ms. Thabisa Notshe**
TELEPHONE NUMBER		TELEPHONE NUMBER	**0406089501**
FACSIMILE NUMBER		FACSIMILE NUMBER	**N/A**
E-MAIL ADDRESS		E-MAIL ADDRESS	**Thabisa.nothse@echealth.gov.za**

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					
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		**OR**	CENTRAL SUPPLIER DATABASE No:	MAAA

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES OFFERED?	☐Yes ☐No [IF YES ENCLOSE PROOF]	*ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES OFFERED?*	☐Yes ☐No [IF YES, ANSWER THE QUESTIONNAIRE BELOW]

QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?	☐ YES ☐ NO
DOES THE ENTITY HAVE A BRANCH IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?	☐ YES ☐ NO
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 BELOW.

PART B
TERMS AND CONDITIONS FOR BIDDING

1.	**BID SUBMISSION:**
1.1.	BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
1.2.	**ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED (NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.**
1.3.	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.
1.4.	**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.
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: .....

SBD 4

BIDDER'S DISCLOSURE

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[1] 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

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: ……

[1] 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.

2.3 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[2] 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 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.

[2] 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.

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 PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

…… ……

Signature Date

…… ……

Position Name of bidder

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

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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
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

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

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

The applicable preference point system for this tender is the 90/10 preference point system.

The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

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	90
SPECIFIC GOALS	10

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 90/10 PREFERENCE POINT SYSTEMS

A maximum of 90 points is allocated for price on the following basis:

90/10

$$Ps = 90\left(1 - \frac{Pt - P\,min}{P\,min}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 90 points is allocated for price on the following basis:

90/10

$$Ps = 90\left(1 + \frac{Pt - P\,max}{P\,max}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest 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:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system: or

(b) any other invitation for tender, that either the 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for the 90/10 preference point system.

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 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 (90/10 system) (To be completed by the organ of state)	Number of points claimed (90/10 system) (To be completed by the tenderer)
Historically Disadvantaged Individuals Ownership	20% (2)	
Women Ownership	20% (2)	
Youth Ownership	20% (2)	
Disability Ownership	20% (2)	
Military Veterans Ownership	10% (1)	
Locality Ownership – Eastern Cape	10% (1)	
TOTAL	100% (10)	

a) *Service providers must submit proof of its Specific Goals points claimed / status of contributor.*
b) *The Specific Goals supporting documents required to verify claimed points may inline with the specified requirements include:*
   - *Historically Disadvantaged Individuals Ownership: Proof of ownership (CIPRO certificate) with id copy.*
   - *Women Ownership: Ownership: Proof of ownership (CIPRO certificate) with id copy.*
   - *Youth Ownership: Ownership: Proof of ownership (CIPRO certificate) with id copy.*
   - *Disability Ownership: Proof of ownership (CIPRO certificate) with valid medical documentary proof of the disabilty.*
   - *Military Veterans Ownership: Proof of ownership (CIPRO certificate) with valid proof of veteran status.*
   - *Locality Ownership: Proof of business address (municipal account or valid lease agreement)*
   - *Updated CSD report*

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm…….

4.4. Company registration number: ……...

4.5. 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]

4.6. 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 BIDDER(S)

SURNAME AND NAME: ……

DATE: ……

ADDRESS: ……

……

……

E2.2k – PROOF OF REGISTRATION ON THE NATIONAL TREASURY CENTRAL SUPPLIER DATABASE (CSD REPORT) (ATTACH HERE)

E2.2l – ACTIVE PROOF OF CIDB REGISTRATION

(TO BE ATTACHED HERE)

I apply for registration in the following class of works as indicated in the table below

Please Tick to select	**Select the categories registered on as per your CIDB registration certificate.**		
Grade 1 - 6			
	Special Works		
GB ☐	**SB** ☐	**SG** ☐	**SL** ☐
CE ☐	**SC** ☐	**SH** ☐	**SM** ☐
ME ☐	**SD** ☐	**SI** ☐	**SN** ☐
EB ☐	**SE** ☐	**SJ** ☐	**SO** ☐
EP ☐	**SF** ☐	**SK** ☐	**SQ** ☐

E2.2m – Company Registration Documents (CIPC)

(TO BE ATTACHED HERE)

E2.2n - VALID LETTER OF GOOD STANDING
(TO BE ATTACHED HERE)

E2.2o – COMPANY PROFILE

Service Providers must attach a company profile which indicate list of past projects complete, under construction and those cancelled or not yet started. The following information is expected to cover at least the following areas:

NO	NAME OF PROJECT	NAME OF CLIENT	CONTACT DETAILS OF CLIENT	PROJECT VALUE	PROJECT STATUS (i.e. Under Construction, Complete, Started, Etc.)
1.					
2.					
3.					
4.					

Attach a separate page to address this issue (the above table is just for reference purposes.

Service Providers should bear in mind that their assertions about the project can be verified in a number of ways, including by contacting the references. ECDOH reserves the right to verify all information presented by the Service Provider.

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name

_____

E2.2p – LOCATION OF A CONTRACTOR

Distance from worksite

Provide physical address/address 1 and contact details of the Service Provider.

This must be the address on CSD / Municipal rate address / Signed lease agreement

The Department will verify the address if the submission is not satisfactory

NAME OF SERVICE PROVIDER
PHYSICAL ADDRESS / ADDRESS
TELEPHONE
CONTACT PERSON

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name

_____

E2.2q – SCHEDULE OF KEY PERSONNEL

Evaluation schedule 1: Expertise of key personnel & CV's

The experience of the key persons who will be responsible on behalf of the contractor for the management of the project and the project team will be evaluated in relation to her/ his academic and **qualifications and experience**.

Please Note:

1. The Respondent must complete the CV template provided in this document for **each personnel** it **intends to claim capacity for and that meets the criteria.**
2. A **Certified copy** of the key personnel's **qualifications**.
3. Only five projects must be submitted.

The CIDB *Competence Standard* for Service Providers established the competencies that should exist within a contracting enterprise within a CIDB Class of Construction Works, within a Construction Category and where relevant within a sub-Category.

For the purposes of this document, the following terms and definitions apply:

- **class of construction works:** the class of construction works referred to in Schedule 3 of the Construction Industry Development Regulations 2004 and 2013 as amended and published in terms of the Construction Industry Development Board Act of 2000 (Act 38 of 2000);
- **competent:** having suitable or sufficient skill, knowledge and experience;
- **construction category**: 'Open', 'Limited' or 'Trade Contractor' defined in Section 3.1;
- **contractor:** person or organization that contracts to provide the goods, services or engineering and construction works covered by the contract;

Note: Grade one Service Providers will not be evaluated for this

CURRICULUM VITAE AND CERTIFICATES OF QUALIFICATION OF KEY PERSONNEL (COMPULSORY) – for each person

Name:	**Date of Birth:**
Profession:	**Nationality:**
Qualifications:	
Name of Employer (firm):	
Current position:	
Employment Record:	
Experience Record Pertinent to Required service:	

Attach a separate sheet which details all the above key information. None submission of this information will lead to a Service Provider losing points on Quality/ Functionality evaluation. Attach a CV to detail the above information

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name

_____

E2.2r – PROJECT REFERENCE FORMS 1- 5

Evaluation schedule 2: Relevant Project Experience

Service Providers must submit a max one-page description of at least Five projects per specialisation area which one or more team members have undertaken that best display the skills needed for the project:

The description of each project must include the following information:

1. Essential introductory information:
   1.1. Name of project:
   1.2. Name of client. 1.3. Contact details of client.
   1.4. Contact details (including telephone numbers and email addresses) of currently contactable references.
   1.5. The period during which the project was performed, and also, if this is different, the period during which the Service Provider's team members were contracted.
   1.6. Cost of works and/or contract value (making it clear in broad terms what this cost/value purchased, and to what extent (if any) this cost/value was part of a larger project budget or programme budget).

NO	NAME OF PROJECT	NAME OF CLIENT	CONTACT DETAILS OF CLIENT	PROJECT VALUE	DATE COMPLETED
1.					
2.					
3.					
4.					

Attach a separate page to address this issue (the above table is just for reference purposes.

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name

Note: Grade one Service Providers will not be evaluated for this

B-8 Evaluation Schedule 3 – Project Reference Forms - 1

Project title:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Project Number:	

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of

_____ (company name) declare that I

was the Project Manager on the following building construction project successfully executed by

_____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting “Yes” in the relevant box below:

Key Performance Indicators	**Very Poor 1**	**Poor 2**	**Fair 3**	**Good 4**	**Excellent 5**	**Total**
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of sub Service Providers / cash flow, etc						

Total	

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

_____

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

_____
Signature of principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 2

Project title:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Project Number:	

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of

_____ (company name) declare that I

was the Project Manager on the following building construction project successfully executed by

_____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting “Yes” in the relevant box below:

Key Performance Indicators	**Very Poor 1**	**Poor 2**	**Fair 3**	**Good 4**	**Excellent 5**	**Total**
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						

Total	

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

_____

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

_____

Signature of principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 3

Project title:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Project Number:	

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of

_____ (company name) declare that I

was the Project Manager on the following building construction project successfully executed by

_____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting “Yes” in the relevant box below:

Key Performance Indicators	**Very Poor 1**	**Poor 2**	**Fair 3**	**Good 4**	**Excellent 5**	**Total**
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

_____

_____

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

_____

Signature of principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

_____

Name of Service Provider

_____

Signature of Service Provider Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 4

Project title:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Project Number:	

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of

_____ (company name) declare that I

was the Project Manager on the following building construction project successfully executed by

_____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting “Yes” in the relevant box below:

Key Performance Indicators	**Very Poor 1**	**Poor 2**	**Fair 3**	**Good 4**	**Excellent 5**	**Total**
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

_____

_____

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

_____

Signature of principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

_____

Name of Service Provider

Signature of Service Provider Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 5

Project title:	**ESTABLISHMENT OF A DEPARTMENTAL PANEL OF SERVICE PROVIDERS IN RESPECT OF SMALL MEDUIM ENTERPRISES FOR INFRASTRUCTURE MAINTENANCE AND RELATED SERVICES - FOR A PERIOD OF THIRTY-SIX (36) MONTHS.**
Project Number:	

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of

_____ (company name) declare that I

was the Project Manager on the following building construction project successfully executed by

_____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting “Yes” in the relevant box below:

Key Performance Indicators	**Very Poor 1**	**Poor 2**	**Fair 3**	**Good 4**	**Excellent 5**	**Total**
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

_____

_____

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

_____

Signature of principal agent

COMPANY STAMP

NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

_____

Name of Service Provider

_____

Signature of Service Provider Date:

E2.2s – PREFERRED AREA OF OPERATION

We would prefer that we only get invited to projects which are taking place in the following areas, indicated in the table below:

All the Service Providers are to claim from within the district where they have done the works, the office must be central in the district.

Please tick to select (one or more)	**Area of operation**
Eastern Cape Districts	
☐	1. Nelson Mandela Bay Metropolitan Municipality
☐	2. Sarah Baartman
☐	3. Chris Hani
☐	4. Joe Gqabi
☐	5. Alfred Nzo
☐	6. OR Tambo
☐	7. Amatole
☐	8. Buffalo City Metro

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name _____

E2.2t –SERVICES TO BE RENDERED

We would prefer that we only get invited to projects that have the following trades/services, indicated in the table below: **Scope of Works to be part of this Bid**

Please tick to select (one or more)	**Trade/Service**	**Corresponding CIDB category and Grade and Certification required**
☐	i. Domestic HVAC systems	ME (all levels)
☐	ii. Industrial HVAC systems	ME (min grade 3)
☐	iii. Laundry equipment	ME (min grade 3)
☐	iv. Kitchen equipment	ME (min grade 3)
☐	v. Autoclaves and sterilisers	ME (min grade 3), SAPRA registration
☐	vi. Plumbing systems	SO with IOPSA
☐	vii. Boilers and steam reticulation	ME (min grade 3)
☐	viii. Medical gas infrastructure	ME (min grade 3), SAQCC registration
☐	ix. Mortuary equipment	ME (min grade 3)
☐	x. Refrigeration system and equipment	ME (min grade 3)
☐	xi. LV Electrical	EP/ EB with Electrical Contractors Certificate
☐	xii. MV Electrical	EP/ EB with Electrical Contractors Certificate
☐	xiii. Electronics, uninterrupted power supply (UPS), CCTV	EP/ EB with Electrical Contractors Certificate and PSIRA certification
☐	xiv. Fire Protection systems	SF with SAQCC
☐	xv. Fire detection and fire alarm system	SF with SAQCC and PSIRA certification
☐	xvi. Automatic fire suppression systems	SF with SAQCC
☐	xvii. Firefighting equipment	SF with SAQCC
☐	xviii. Fire Hydrants and hose reels	SF with SAQCC
☐	xix. Fire extinguishers and blankets	SF with SAQCC

☐	xx.	Backup power systems including generators, automatic switches, and diesel storage;	ME, EP/EB with Electrical Contractors Certificate
☐	xxi.	Emergency Minor and Planned Building Works	GB
☐	xxii.	Abstraction weirs and Pumpstations	CE
☐	xxiii.	Pipelines (rising mains and large diameter water reticulation)	CE and SO
☐	xxiv.	Water treatment works	ME, CE, and SO
☐	xxv.	Reservoirs (structural steel)	CE
☐	xxvi.	Internal roads, carparks, pavements, and walkways (gravel, asphalt, concrete and interlocked paving)	CE
☐	xxvii.	Fencing (palisade, wire mesh, high security fences)	SQ

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name

_____

E2.2u – TIME BASED SERVICES

Time-based Services (that may be requested by the Employer upon written instruction to the Service Provider)

This provision is for services provided on instruction from the Employer and will be deducted in whole or part if not required. The estimated period of involvement of each category of person must be agreed with the Employer before any work in this regard commences

Description:	Rate per hour
i) Maintenance Technician	R340.34
ii) Plumber	R340.34
iii) Maintenance and Repair worker, General (Artisan Aid or Assistant)	R123.53
iv) Diesel Technician (for Generator)	R338.67
v) Builder	R166.83
vi) Boiler operator	R134.04
vii) General Worker (General Hand)	R97.93
TRANSPORT RATES	
1) General Bakkie Rate	R5.06 p/km
3) Accommodation (Maximum rate with proof)	R600 p/night

Material Mark-up @ 15%

Signed _____ Date _____

Name _____ Position _____

Enterprise name

FUNCTIONALITY EVALUATION

All grade One (1) Service Providers will not be evaluated under the Functionality; however, the following table will be applicable as a qualifying measure.

Resolution of Signatory	☐	SBD 1	☐
Record of Addenda	☐	SBD 4	☐
Compulsory Enterprise Questionnaire	☐	SBD 6.1	☐
Proof of CSD Registration	☐	Location of Contractor *(Proof of Address to be attached)*	☐
Company Registration Documents (CIPC)	☐	Valid Letter of Good Standing	☐
Valid CIDB Registration	☐		
Company Profile *(Key Personnel with **certified** qualification to be attached with this)*	☐		

THE FOLLOWING IS APPPLICABLE TO ALL OTHER SERVICE PROVIDERS EXCEPT GRADE ONE'S (1)

The evaluation criteria and maximum score in respect of each of the criteria are given hereunder.

A Service Provider scoring an average score below **60 points** in Functionality points will be considered as DISQUALIFIED for evaluation and will be discarded from any further evaluation.

Quality Criteria	Evaluation Schedule	Maximum number of points
Expertise of key personnel	Schedule 1	35
Relevant project experience	Schedule 2	32.5
Project reference	Schedule 3	32.5
Maximum possible score for functionality (M_s)		100

Functionality shall be scored by not less than three evaluators in accordance with the above-mentioned schedules:

The minimum number of evaluation points for quality is **60.**

Total (Max) Points (C) is calculated by multiplying the Scale/Score (A) by the Weight (B): **A x B = C**

Clause Number	Submission Data	
	Table 1: Apply for Grade 2 & 3	
	(EOI) SUBMISSION EVALUATION CRITERIA	TOTAL (MAX) POINTS (C)
	1. EXPERTISE OF KEY PERSONNEL – 35 POINTS.	
	Breakdown of Points:	
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 6 + years' experience plus.	**35**
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 4 years' experience.	**30**
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3 years' experience.	**25**
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 1-2 years' experience	**20**
	None or partial submission of any above or incompatibility with the above categories.	**0**
	2. RELEVANT PROJECT EXPERIENCE.	
	PROOF OF PROJECTS/EXPERIENCE RELATED TO THE SCOPE OF WORK (COMPLETION CERTIFICATES SIGNED ON A CLIENT LETTERHEAD MUST BE ATTACHED): 32.5 POINTS	
	Breakdown of Points:	
	Service Provider must have completed at least 4 projects on the range of the required CIDB Grading. For each, attach a Practical Completion Certificate or written testimonial/confirmation of completion from client or employer with the bid	**32.5**
	Service Provider must have completed at least 3 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	**25**
	Service Provider must have completed at least 2 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	**20**
	Service Provider with less than 2 projects in any of the above or did not submit Practical completion certificates or still l has projects under construction or not reached completion or incompatible with any of the above categories	**0**

3. PROJECT REFERENCE	
PROOF OF PROJECTS REFERENCES SIGNED BY THE CLIENT MUST BE ATTACHED): 32.5 POINTS ✓ Service Provider with 4 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	**32.5**
✓ Service Provider with 3 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	**25**
✓ Service Provider with 2 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	**20**
✓ Service Provider with 1 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	**0**

Score (Points)	Prompt for judgement
0-29	Failed to address the questions / issues.
30-49	A detrimental response / answer / solution – limited or poor evidence of skill / experience sought or high risk that relevant skills will not be available.
50-59	Less than acceptable – response / answer / solution lacks convincing evidence of skill / experience sought or medium risk that relevant skills will not be available.
60-79	Acceptable response – answer / solution to the particular aspect of the requirements and evidence given of skill / experience sought are convincing.
80-89	Above acceptable – response / answer / solution demonstrating real understanding of requirements and evidence of ability to meet it.
90-100	Excellent – response / answer / solution gives real confidence that the Service Provider will add real value.
The scores of each of the evaluators will be averaged, weighted and then totalled to obtain the final score for quality.	

The Evaluation Criteria will be done in two (2) phases as follows:

Phase 1: Functionality: Service Providers are to achieve a minimum of 60 points score to be considered for

phase 2.

Phase 2: Compliance to (EOI) submission rules and conditions -

Clause Number	Submission Data	
	Table 2 : Apply for Grade 4 - 6	
	(EOI) SUBMISSION EVALUATION CRITERIA	TOTAL (MAX) POINTS (C)
	1. EXPERTISE OF KEY PERSONNEL - 35 POINTS.	
	Breakdown of Points:	
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 10 + years' experience plus.	**35**
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 8 years' experience.	**30**
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 5 years' experience.	**25**
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3 years' experience	**20**
	None or partial submission of any above or incompatibility with the above categories.	**0**
	2. RELEVANT PROJECT EXPERIENCE.	
	PROOF OF PROJECTS/EXPERIENCE RELATED TO THE SCOPE OF WORK (COMPLETION CERTIFICATES SIGNED ON A CLIENT LETTERHEAD MUST BE ATTACHED): 32.5 POINTS	
	Breakdown of Points:	
	Service Provider must have completed at least 4 projects on the range of the required CIDB Grading. For each, attach a Practical Completion Certificate or written testimonial/confirmation of completion from client or employer with the bid	**32.5**
	Service Provider must have completed at least 3 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	**25**

		Service Provider must have completed at least 2 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	**20**
		Service Provider with less than 2 projects in any of the above or did not submit Practical completion certificates or still l has projects under construction or not reached completion or incompatible with any of the above categories	**0**
		3. PROJECT REFERENCE	
		PROOF OF PROJECTS REFERENCES SIGNED BY THE CLIENT MUST BE ATTACHED): 32.5 POINTS ✓ Service Provider with 4 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified. ✓ Service Provider with 3 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified. ✓ Service Provider with 2 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified. ✓ Service Provider with 1 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	**32.5** **25** **20** **0**

Service Providers are to take note of the following:

- ✓ Proposed resources/personnel must be employed by the Service Provider at the time of submission, and this assertion must coincide with the employees CV. All qualifications and certificates must be valid and certified.
- ✓ A prospective Service Provider, upon appointment will be required to have an office (s) in the Eastern Cape.

E3 Scope of Work (Terms of Reference)

1. Eastern Cape Department of Health Prequalified Group of Service Providers

The Department intends to enter create a reasonable number of prequalified Service Providers with a CIDB Grade 1- 6. The Service Providers needed are in the following categories:

CLASS OF WORKS	GRADE
Building Maintenance works (GB)	**1 - 6**
Civil engineering (CE)	**1 - 6**
Mechanical engineering works (ME)	**1 - 6**
Electrical engineering works - building (EB) - Electrical certificate Required	**1 - 6**
Electrical engineering works - infrastructure (EP)	**1 - 6**
Specialist works- (SB, SC, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SSO, SQ)	**1 - 6**

ECDOH by inviting Expression of Interests (EoIs) to enter into a suitable contract for the required work, using stringent compliance and evaluation criteria to ensure that contracts are entered into with only those Service Providers who have the capability and capacity to provide the services and works and entering into contracts based on the projected demand and geographic location for those services.

The term of a list shall not exceed Thirty-six (36) months. This prequalification shall not commit the Department to appoint any Service Provider in the list.

Being accredited and remaining on the List is linked to the responsibilities, skills and performance required from competent Service Providers.

2. Procurement strategy

The Employer intends entering a pre-contract with a limited number of a Service Providers for the MAINTENANCE of Health facilities in the Eastern Cape Province, following a competitive selection process (qualified procedure).

The NEC3, JBCC or GCC form of contracts with Bills of Quantities or Schedule of Rates or Lump Sum pricing strategy may be used by the employer.

The service providers' responsibilities for construction works are the same as those of a Service Provider working under one of the other options provided in the any form of contract used. However, the main service

provider appointed from the prequalified list is expected to execute work with a short space of time or limited period. The turnaround time to establish and execute work will usually be shorter.

The service provider will be expected to ensure that its compliance to Construction Health and Safety is of utmost importance.

Almost all infrastructure input material (where feasible) should be sourced from Eastern Cape based suppliers, manufacturers or producers.

Firms will apply for accreditation or admission to the Service Provider Prequalified list by completing their information and make a comprehensive submission through this Expression of Interest (EoI) to the Department. After initial closure of the process, firms will be evaluated against the criteria as stipulated in this document before they are registered on the list,

The Prequalified list of Service Providers shall enable the department to identify the Capacity and capability, CIDB Grading Level. It will assist the province to identify development opportunities for Service Providers. Once a Service Provider is appointed on the prequalified list, the Service Provider will have access only to update their own information and will be able to update it. A prospective service provider just provides accurate and up-to-date information about its offices, Capacity and resources changes.

The tender period for invitation of tenders for prequalified list may vary between 5 days up to 21 days. Service Providers must ensure that they are capable of responding to the department, with their complete submission, within such limited time.

Tender period intervals:

- ✓ Emergency works – No tender
- ✓ Urgent works – No tender
- ✓ Critical works – 5-day Tender
- ✓ Major works – 21 days (normal Tender)

Unsuccessful Service Providers will be informed through many ways, which inter alia, includes publication of winners on ECDOH website, information on notice boards, email correspondences, etc

3. Location of the works

The works may be located anywhere within the boundaries of the Eastern Cape Province.

Service Providers will be allocated works in the areas where they reside unless otherwise a formal request has been made by the Department of Health.

4. Objective of the call for an expression of interest

The objective of this call for an expression of interest is to prequalify interested CIDB registered Service Providers (as stated above) so that they can be invited to submit (EOI) submission for the maintenance and improvement of health facilities in the Eastern Cape Province where applicable.

5. Description of the works and services

The required services of the Service Provider in relation to the envisaged works includes the maintenance and repairs of the following:

i.	Domestic HVAC systems
ii.	Industrial HVAC systems
iii.	Laundry equipment
iv.	Kitchen equipment
v.	Autoclaves and sterilisers
vi.	Plumbing systems
vii.	Boilers and steam reticulation
viii.	Medical gas infrastructure
ix.	Mortuary equipment
x.	Refrigeration system and equipment
xi.	LV Electrical
xii.	MV Electrical
xiii.	Electronics, uninterrupted power supply (UPS), CCTV
xiv.	Fire Protection systems
xv.	Fire detection and fire alarm system
xvi.	Automatic fire suppression systems
xvii.	Firefighting equipment
xviii.	Fire Hydrants and hose reels
xix.	Fire extinguishers and blankets

xx.	Backup power systems including generators, automatic switches, and diesel storage;
xxi.	Emergency Minor and Planned Building Works
xxii.	Abstraction weirs and Pumpstations
xxiii.	Pipelines (rising mains and large diameter water reticulation)
xxiv.	Water treatment works
xxv.	Reservoirs (structural steel)
xxvi.	Internal roads, carparks, pavements, and walkways (gravel, asphalt, concrete and interlocked paving)
xxvii.	Fencing (palisade, wire mesh, high security fences)

6. Appointments

The service provider appointments will be made per district. The reimbursement will be paid for travelling within the selected district. Where such is not feasible, the employer reserves the right to utilise Service Providers from other districts and reimburse from the registered physical address.

7. Performance

The appointed Service Providers will be expected to perform both reactive and planned.

- For reactive maintenance activities which are priority 1(P1) life threating and emergency calls and priority (P2) urgent calls and breakdowns, the appointed Service Provider will receive a notification/ jobcard to carry out work in its area of speciality as per the priority list below:
  - ✓ P1 Life threatening and Emergency (8 hours)
  - ✓ P2 Urgent Calls/ Breakdowns (12 hours)

The remuneration in respect of the above will be based on proven cost.

- ✓ For materials used the Service Provider will be allowed to add mark-up not exceeding 15%. Distances for travelling to site shall be remunerated on a kilometre basis from the premises of the Service Provider to the location of the site on a round-trip basis.
- ✓ All round-trip travel costs can only be charged if they exceed the 50km radius from the service provider's base.
- ✓ The per kilometre rate for the remunerated of travel expenses shall be as per the Table on E2.2u attached It shall be noted that, in respect of the aforementioned, the Employer shall only be liable for travel expenses with respect to vehicles of engine capacity up to 1950cc only, for diesel and petrol fuelled engines respectively. If the Service Provider elects to use a vehicle with engine capacity exceeding 1950cc, the Employer shall not be liable for any additional cost

resulting from a higher rate per kilometre associated with an engine capacity larger than 1950cc and the rate per kilometre to be paid shall be deemed to be that of a 1950cc engine.

- ✓ For human resources/artisans, rates provided on E2.2u of this document will be applicable with the number of hours subject to a vetting process for reasonability.
- ✓ Repair work is estimated to be handled by two (2) people e.g. Artisan and an aid, should a need arise that more resources are required, a formal request for approval must be sent depicting the need to additional resources and hours estimated to be worked.

Regarding planned maintenance, the department may pre-select Service Providers on this database and invite the Service Providers to quote for planned maintenance or any other task identified.

8. Occupational Health and Safety

Service providers must at all times when visiting a health facility, comply with the requirements of the Occupational Health and Safety Act and its regulations with special emphasis on Construction Regulations:

- ✓ The Service Providers are required to comply with the requirements of the Occupational Health and Safety Act no 85 of 1993.
- ✓ All Service Providers are required to be registered and in good standing with the compensation fund or with a licensed compensation insure as contemplated in the Compensation for Occupational Injuries and Diseases Act, 1993(Act No.130 of 1993) (COIDA), Copy of a Valid Letter of Good Standing to be submitted.
- ✓ In terms of the Construction Regulation, 2014 All Service Providers submitting (EOI) submission are required to have made adequate provision for the cost of health and safety measures and they are also required to have necessary competencies and resources to carry out the construction work safely.