



SBD

**PART A
INVITATION TO BID**

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)					
BID NUMBER:	RFI001/23/24	CLOSING DATE:	27/10/2023	CLOSING TIME:	11:00
DESCRIPTION	PROCUREMENT OF TRAINING SERVICES FOR THE SUCCESSION PLAN OF THE DEPARTMENT OF HEALTH				
BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
DEPARTMENT OF HEALTH, 18 COLLEGE STREET, POLOKWANE, LIMPOPO PROVINCE					
THE BID BOX IS GENERALLY OPEN 24 HOURS, 7 DAYS A WEEK.					
BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO			TECHNICAL ENQUIRIES MAY BE DIRECTED TO:		
CONTACT PERSON	Ms. Motene NM / Ms. Simango T.O		CONTACT PERSON	Ms. Monyana M.D	
TELEPHONE NUMBER	(015) 293 6350 / (015) 293 6352 (063) 692 9368 / (071) 861 9937		TELEPHONE NUMBER	(015) 293 6109	
E-MAIL ADDRESS	Ntlama.Maphahlele@dhsd.limpopo.gov.za Tintswalo.Simango@dhsd.limpopo.gov.za		E-MAIL ADDRESS	Mokati. Moyana@dhsd.limpopo.gov.za	
SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE 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:

.....



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF
HEALTH**

TERMS OF REFERENCE

REQUEST FOR INFORMATION

**RFI001/23/24 PROCUREMENT OF TRAINING SERVICES FOR THE SUCCESSION
PLAN OF THE DEPARTMENT.**

TABLE OF CONTENTS

Contents	Page
SBD 1.....	ERROR! BOOKMARK NOT DEFINED.
1. PURPOSE	5
2. INTRODUCTION.....	5
3. BACKGROUND	ERROR! BOOKMARK NOT DEFINED.
4. REQUEST FOR INFORMATION	6
5. ELIGIBILITY	7
6. PROVISION OF A COMPANY PROFILE	7
7. PRICING STRUCTURE	8
ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED CONTRACTS	101

1. PURPOSE

- 1.1. The purpose of this request is to gather information and acquire a clear understanding of what the market has to offer and vendor capabilities in addressing the Limpopo Department of Health **PROCUREMENT OF TRAINING SERVICES FOR THE SUCCESSION PLAN OF THE DEPARTMENT .**
- 1.2. To outline the Limpopo Department of Health proposed approach to succession planning as its chosen mechanism for ensuring constant supply of competent and experienced successors to various positions in the organisation. It is meant to secure approval of the approach the Department adopts to prepare for and replace executives, managers, and other key employees when they leave their positions. Upon approval, detailed work will commence on implementation of the approach.

2. INTRODUCTION

- 2.1. Respondents are thus invited for the supply of information for the **PROCUREMENT OF TRAINING SERVICES FOR THE SUCCESSION PLAN.**
- 2.2. This Request for Information (RFI) will enable the LDoH to formulate an informed bid specification for Procurement of Training Services for the Succession Plan of the Department .
- 2.3. This RFI is neither a Request for Bid, Request for Proposal nor Request for Quotation. **No award shall be made in terms of this RFI and there is no commitment from the Limpopo Department of Health to procure system from any of the suppliers.**

3. Background

- 3.1. The Limpopo Department of Health is large and complex and seeks to be a modern organization in the 4th industrial revolution. It pursues excellence in the provision of health care even in conditions of scarce resources. The Department has therefore realised that to succeed in this quest, it will depend largely on knowledge, skills, and personal incentives of human resources. It accepts that a consistent supply of competent leadership is needed to achieve high performance and enhance employees' capabilities .This will improve its capability to fulfil mandate.

- 3.2. While the strategic plan of the department, in its environmental analysis mentions lack of opportunities for career-pathing among the challenges relating to human resources for health, the Department realises that it has thus far not been deliberate in its interventions to ensure that it has a pool of competent personnel to draw from to fill positions in junior, middle and senior management. This is the case despite the Department having youth development opportunities that it can exploit to groom and nurture young people for future leadership positions in facilities and in the Department generally.

4. REQUEST FOR INFORMATION

- 4.1. **The Limpopo Department of Health requires training of staff in the following areas:**

- 4.1.1. Mentoring and Coaching
- 4.1.2. Critical thinking
- 4.1.3. Executive / business writing
- 4.1.4. Speed writing and reading
- 4.1.5. Working with data (excel)
- 4.1.6. Customer Care values (Corporate culture)
- 4.1.7. Computer literacy (Microsoft 365)
- 4.1.8. Strategic Capability and Leadership
- 4.1.9. People Management and Empowerment
- 4.1.10. Programme and Project Management
- 4.1.11. Financial Management
- 4.1.12. Change Management
- 4.1.13. Concern for Others
- 4.1.14. Creative Thinking

- 4.1.15. Citizen Service Orientation
- 4.1.16. Decision Making
- 4.1.17. Diversity Citizenship
- 4.1.18. Organisational Communication Effectiveness
- 4.1.19. Problem Analysis
- 4.1.20. Self-Management
- 4.1.21. Team Membership
- 4.1.22. Technical Proficiency

4.2. Minimum information details

- 4.2.1. Bidders are to take note that the content listed in the Implementation Plan document attached, was sourced from the Websites of various institutions mentioned therein, because they matched the objectives which the Department seeks to achieve.
- 4.2.2. Also note that the Department was informed that there are Memoranda of Understanding with some training institutions with Limpopo Provincial government. We presume, that will be part of your sourcing strategy.
- 4.2.3. Due to financial constraints, please note that some training providers obtain funding from various SETAs. This has cost-saving implications for the Department. You are therefore urged to consider such organisations.

5. Eligibility

Competent and/or self-reliant companies in relation with this RFI (Procurement of training services for the succession plan.) are encouraged to provide information.

6. Provision of a Company profile

The bidder must provide a company profile and further complete Annexure A: Portfolio of Current and Completed Contracts. Failure to complete such shall invalidate the RFI.

7. PRICING STRUCTURE

Bidder must provide a pricing schedule costing the procurement of training services for the succession plan.

It is an express requirement of this RFI that bidders provide some transparency in respect to their pricing approach. In this regard, bidders must indicate the basis on which they have calculated their pricing by providing a detailed breakdown.

Contact Details

Technical Enquiries	RFI Process
Ms. Moyana MD (015) 293 6109	<u>Ms Motene NM (015) 293 6350</u> <u>Ms. Simango T.O (015) 293 6352</u>

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED CONTRACTS

- 1.1. The Bidder/s must furnish a list of the following particulars of relevant experience in the **PROCUREMENT OF TRAINING SERVICES FOR THE SUCCESSION PLAN** rendered by the Bidder.

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED PROJECTS							
FOL	CLIENT NAME, CONTACT PERSON, CONTACT NUMBER AND EMAIL		CONTRACT NUMBER AND DESCRIPTION OF SERVICE	PLACE (TOWN)	CONTRACT START DATE Day, Month & Year	CONTRACT END DATE Day, Month & Year	CONTRACT AMOUNT/ VALUE OF CONTRACT (R)
1	Name of Client						
	Contact Person						
	Tel						
	eMail						
2	Name of Client						
	Contact Person						
	Tel						
	eMail						
3	Name of Client						

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED PROJECTS							
FOL	CLIENT NAME, CONTACT PERSON, CONTACT NUMBER AND EMAIL		CONTRACT NUMBER AND DESCRIPTION OF SERVICE	PLACE (TOWN)	CONTRACT START DATE Day, Month & Year	CONTRACT END DATE Day, Month & Year	CONTRACT AMOUNT/ VALUE OF CONTRACT (R)
	Contact Person						
	Tel						
	eMail						
4	Name of Client						
	Contact Person						
	Tel						
	eMail						
5	Name of Client						
	Contact Person						
	Tel						
	eMail						
6	Name of Client						

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED PROJECTS							
FOL	CLIENT NAME, CONTACT PERSON, CONTACT NUMBER AND EMAIL		CONTRACT NUMBER AND DESCRIPTION OF SERVICE	PLACE (TOWN)	CONTRACT START DATE Day, Month & Year	CONTRACT END DATE Day, Month & Year	CONTRACT AMOUNT/ VALUE OF CONTRACT (R)
	Contact Person						
	Tel						
	EMail						
7	Name of Client						
	Contact Person						
	Tel						
	eMail						
8	Name of Client						
	Contact Person						
	Tel						
	eMail						
9	Name of Client						

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED PROJECTS

FOL	CLIENT NAME, CONTACT PERSON, CONTACT NUMBER AND EMAIL		CONTRACT NUMBER AND DESCRIPTION OF SERVICE	PLACE (TOWN)	CONTRACT START DATE Day, Month & Year	CONTRACT END DATE Day, Month & Year	CONTRACT AMOUNT/ VALUE OF CONTRACT (R)
	Contact Person						
	Tel						
	eMail						
10	Name of Client						
	Contact Person						
	Tel						
	eMail						
11	Name of Client						
	Contact Person						
	Tel						
	eMail						
12	Name of Client						

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED PROJECTS

FOL	CLIENT NAME, CONTACT PERSON, CONTACT NUMBER AND EMAIL		CONTRACT NUMBER AND DESCRIPTION OF SERVICE	PLACE (TOWN)	CONTRACT START DATE Day, Month & Year	CONTRACT END DATE Day, Month & Year	CONTRACT AMOUNT/ VALUE OF CONTRACT (R)
	Contact Person						
	Tel						
	eMail						
13	Name of Client						
	Contact Person						
	Tel						
	eMail						
14	Name of Client						
	Contact Person						
	Tel						
	eMail						
15	Name of Client						

ANNEXURE A: PORTFOLIO OF CURRENT AND COMPLETED PROJECTS							
FOL	CLIENT NAME, CONTACT PERSON, CONTACT NUMBER AND EMAIL		CONTRACT NUMBER AND DESCRIPTION OF SERVICE	PLACE (TOWN)	CONTRACT START DATE Day, Month & Year	CONTRACT END DATE Day, Month & Year	CONTRACT AMOUNT/ VALUE OF CONTRACT (R)
	Contact Person						
	Tel						
	eMail						
16	Name of Client						
	Contact Person						
	Tel						
	eMail						
17	Name of Client						
	Contact Person						
	Tel						
	eMail						