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QUOTATIONS ARE HEREBY REQUESTED IN ACCORDANCE WITH THE SCM REGULATIONS SECTION 18 OF THE LOCAL GOVERNMENT MUNICIPAL FINANCE MANAGEMENT ACT 56 OF 2003, FOR THE PURCHASE OF ITEM/S THAT COULD BE ABOVE R30 000.00.

ADVERTISEMENT DATE	06 August 2024
DEPARTMENT	LAD
RFQ NUMBER	JCPZ/RFQ/LAD12/2024
RFQ VALIDITY PERIOD	30 DAYS (COMMENCING FROM THE RFQ CLOSING DATE)
DESCRIPTION OF GOODS/SERVICES	CHERRY PICKER TRAINING
CIDB GRADING	N/A
DOCUMENTS ARE OBTAINABLE AT NO COST FROM:	The JCPZ's website- www.jhbcityparksandzoo.com
SUBMISSION OF QUOTES: Due to the COVID-19 restrictions, Service Providers are to submit quotations in the boxes provided at the entrance of JCPZ House office, any day after the advert <u>between 8am-15:00pm</u>	Quotation Box, 40 De Korte Street, JCP House Braamfontein. Telegraphic, telephonic, telex, facsimile and late quotations will not be accepted. City Parks does not take responsibility for any quotations submitted in the wrong box.</

Contract default and penalties

Where it appears that the supplier is not executing the contract in accordance with the true intent and meaning thereof, or that he/she is refusing or delaying to execute the contract or that he/she is carrying on the work at such rate of progress as to ensure delivery by the "date of delivery" that the time has expired within which delivery should have taken place, general poor performance or in the event of any other failure or default or has misrepresented information provided, JCPZ shall:

- (i) notify the supplier to make good the failure or default (i.e. this does not apply to suppliers/contractors who deliberately provide incorrect, fraudulent or misleading information)
- (ii) terminate the contract after expiration of the notice period, if his/her performance has not improved or the failure has not been remedied
- (iii) impose a monetary penalty for any loss JCPZ may have suffered where required in terms of the contract terms
- (iv) automatically appoint the second best supplier or agent to perform such work as the initial supplier may have neglected to do
- (v) advise the CIDB to note the poor performance or termination, where it is construction related work

SUBMISSIONS MUST BE IN SEALED ENVELOPES CLEARLY MARKED WITH REFERENCE NUMBER AND DESCRIPTION "JCPZ/SCM....."

REQUEST FOR QUOTATION FORM

DESCRIPTION: AERIAL PLATFORM (CHERRY PICKER) CODE C53 (NOVICE / NEW) TRAINING

SPECIFICATION OR TERMS OF REFERENCE (below)

Name of user department: LEARNING & DEVELOPMENT			
Tender No. :			
Description of the panel : Aerial Platform (Cherry Picker) Code C53 (Novice / new)			
Closing date and time :			
Nature of Goods/Services being requested. The training should be unit standards must be aligned to the following SAQA unit standards and ensuring that all three unit standards are covered. NB: Service Provider must be accredited, has to submit their valid accreditation document by the Quality Assurance Body with the quotation. All learning material must be reviewed to ensure all specifications have been addressed and have a pre-training meeting set-up with requesting department prior to any implementation of training.			Estimated Budget to be Utilized for such Goods/ Services
Type of Training	Aerial Platform (Cherry Picker) Code C53 (Novice / new)		
Unit Standard Title	Operate a Mobile Elev		

Company Registered Name: _____

Company registration no: _____ VAT Reg. No: _____

Tax Reg. No: _____ CIDB No (If Applicable). _____

Central Supplier Database Vendor No (CSD): _____

For Office use only:

Evaluation criteria: Preferential Procurement Regulations 2022.

	POINTS	POINTS CLAIMED
PRICE:	80	_____
25% and Above for women Owned Companies:	20	_____
TOTAL POINTS FOR THE PRICE AND GOALS:	100	_____

Conditions:

1. Submit a formal quotation on your company letter head
2. Return all MBD Forms and signed
3. All prices quoted must be firm and be inclusive of Value Added Tax (VAT).
4. The lowest, or any, offer

INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF MUNICIPALITY/ MUNICIPAL ENTITY)				
BID NUMBER:		CLOSING DATE:		CLOSING TIME:
DESCRIPTION				
THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (MBD7).				

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE
BID BOX SITUATED AT (STREET ADDRESS

SUPPLIER INFORMATION				
NAME OF BIDDER				
POSTAL ADDRESS				

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	☐ Yes ☐ No [IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?	☐ Yes ☐ No [IF YES, ANSWER PART B:3]
TOTAL NUMBER OF ITEMS OFFERED		TOTAL BID PRICE	R
SIGNATURE OF BIDDER			

PRICING SCHEDULE – FIRM PRICES (PURCHASES)

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

**IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING,
A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY
POINT**

Name of Bidder.....	Bid Number.....
Closing Time	Closing Date

OFFER TO BE VALID FOR **30 DAYS** FROM THE CLOSING DATE OF BID.

-
- Required by:
 - At:
.....
 - Brand and Model
 - Country of Origin
 - Does the offer comply with the specification(s)? *YES/NO
 - If not to specification, indicate deviation(s)
 - Period required for delivery
*Delivery: Firm/Not firm
 - Delivery basis

Note: All delivery costs must be included in the bid price, for delivery at the prescribed destination.

** "all applicable taxes" includes value- added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies.

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state¹.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority.
- 3 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

3.1 Full Name of bidder or his or her representative

.....

3.2 Identity Number:

.....

3.3 Position occupied in

4. Full details of directors / trustees / members / shareholders.

Full Name	Identity Number	State Employee Number

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Signature

.....

Date

.....

Capacity

