

|  |  |
| --- | --- |
| ***Tender No.*** | **8/2/2/8-2020 (Re Advert)** |
| ***Closing Date and Time*** | **Wednesday, 8 September 2021 @12H00** |
| ***Description*** | |
| **Invitation For Service Providers For The Provision Of Medical Aid Brokerage Services** | |
| **Contractor / Bidder** |  |
| **Bid amount** | R |
| **Physical address** |  |
|  |
| **Contact person** |  |
| **Telephone no.** |  |
| **Fax no.** |  |
| **Cell no.** |  |
| **Email address** |  |
| **Central Supplier Database No.** |  |

CONDITIONS OF TENDER

1. The prospective bidder’s attention is drawn to the following list of forms, attached to this document and other documents that shall be completed and submitted with his/her bid documents:
   1. Tender Form
   2. Form of Offer
   3. Declaration of interest
   4. Certificate of independent Bid Determination
   5. An original Tax Clearance Certificate / Pin issued by the South African Revenue Services
   6. A current account or proof that utilities account (municipal rates and taxes, water and lights account) of the bidder is up to date. (Not in arrears for more than 3 months).
   7. Proof of registration for VAT (if applicable).
   8. Valid B-BBEE Certificate Certified copy
   9. Central Supplier Database (CSD) Registration Number.

In terms of Section 112 (1)I of the Local Government Municipal Finance Management Act, (Act 56 of 2003), persons who were convicted of fraud or corruption or who willfully neglected, reneged on or failed to comply with a government tender during the past 5 years, or whose tax matters are not cleared by the South African Revenue Services may not participate in the tendering process and the Tenderer shall submit a sworn statement to this effect.

1. The official tender form shall be completed in BLACK ink and any corrections to the official tender form must also be made in BLACK ink and signed by the bidder. Any tender documents received with correction fluid (Tippex) corrections shall be disqualified.
2. Bids shall be sealed and endorsed (with bid number and bid description) and must be deposited at Sedibeng District Municipality’s tender box (Ground Floor, outside the main building).
3. Sedibeng District Municipality’s Supply Chain Management Policy shall apply.
4. Late, Telexed, faxed or emailed tenders will not be accepted.
5. The Council does not bind itself to accept the lowest or any tender and reserves the right to accept any tender in whole or in part.
6. Persons in the service of the state are not allowed to bid.
7. In the event that you are awarded a tender the strict compliance with terms have to observed and in so doing within a period (3 days) (\*after an order is issued) a confirmation letter must be forwarded by you in terms of which you need to indicate whether or not you will be in a position to source the items per the tender and deliver same by the due date.
8. In the event that you do not furnish us with the said letter as requested and fail to comply as per the tender the Sedibeng District Municipality reserves in terms of rights to cancel this tender automatically after 3 days on the basis of your non-compliance and furthermore should you fail to deliver said goods which may necessitate the allocation of a new supplier the Sedibeng District Municipality may impose any further penalty or charges against you.
9. In the case where all MBD Documents are not completely filled and returned, your quotation will be disqualified.
10. The 80/20 Preferential Procurement System will be used to evaluate all the Formal Written Quotations.
11. Bidders must ensure that, the company status is “in business” with the Company and Intellectual Property Commission (CIPC).
12. Bidders who are not registered on the Central Supplier Database are requested to contact National Treasury at [csd@treasury.gov.za](mailto:csd@treasury.gov.za) or 012 406 9222 for any assistance.
13. Exempted Micro Enterprises can submit a letter from the accounting officer; and
14. A trust, consortium or joint venture must submit a consolidated B-BBEE Status Level Verification.

Sedibeng District Municipality

RFQ Number: 8/2/2/8-2020 (re-advert)

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MBD 1

PART A

INVITATION TO BID

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE SEDIBENG DISTRICT MUNICIPALITY** | | | | | | | | | | | | | | | |
| BID NUMBER: | 8/2/2/8-2020(re-advert) | | CLOSING DATE: | Wednesday,8 September 2021 | | | | | | CLOSING TIME: | | | | | 12:00 |
| DESCRIPTION | Invitation For Service Providers For The Provision Of Medical Aid Brokerage Services | | | | | | | | | | | | | | |
| **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* | | | | |  | |  | | | | | | | | |
| **MUNICIPAL BUILDING** | | | | | | | | | | | | | | | |
| **GROUND FLOOR** | | | | | | | | | | | | | | | |
| **CORNER BEACONSFIELD AND LESLIE** | | | | | | | | | | | | | | | |
| **VEREENIGING** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **SUPPLIER INFORMATION** | | | | | | | | | | | | | | | |
| NAME OF BIDDER | |  | | | | | | | | | | | | | |
| POSTAL ADDRESS | |  | | | | | | | | | | | | | |
| STREET ADDRESS | |  | | | | | | | | | | | | | |
| TELEPHONE NUMBER | | CODE | |  | | | | NUMBER | | | |  | | | |
| CELLPHONE NUMBER | |  | | | | | | | | | | | | | |
| FACSIMILE NUMBER | | CODE | |  | | | | NUMBER | | | |  | | | |
| E-MAIL ADDRESS | |  | | | | | | | | | | | | | |
| TAX COMPLIANCE STATUS | | TCS PIN: | |  | |  | | | CSD No: | |  | | | | |
| B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE  [TICK APPLICABLE BOX] | | Yes    No | | | | B-BBEE STATUS LEVEL SWORN AFFIDAVIT | | | | | Yes  No | | | | |
| ***[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE*** | | | | | | | | | | | | | | | |
| ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED? | | Yes No  [IF YES ENCLOSE PROOF] | | | | | ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED? | | | | | | | Yes No  [IF YES, ANSWER PART B:3 ] | |
| TOTAL NUMBER OF ITEMS OFFERED | |  | | | | | TOTAL BID PRICE | | | | | | | **R** | |
| SIGNATURE OF BIDDER | | ……………………………… | | | | | DATE | | | | | | |  | |
| CAPACITY UNDER WHICH THIS BID IS SIGNED | |  | | | | | | | | | | | | | |
| **BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:** | | | | | **TECHNICAL INFORMATION MAY BE DIRECTED TO:** | | | | | | | | | | |
| DEPARTMENT | | SUPPLY CHAIN MANAGEMENT | | | DEPARTMENT | | | | | | | | Human resource | | |
| CONTACT PERSON | | Madikgomo Ramonana | | | CONTACT PERSON | | | | | | | | Caroline Serame | | |
| TELEPHONE NUMBER | | 016 450 3225 | | | TELEPHONE NUMBER | | | | | | | | 016 450 3216/3000 | | |
| E-MAIL ADDRESS | | [madikgomor@sedibeng.gov.za](mailto:madikgomor@sedibeng.gov.za) | | | E-MAIL ADDRESS | | | | | | | | **Caroline@sedibeng.gov.za** | | |

PART B

TERMS AND CONDITIONS FOR BIDDING

|  |
| --- |
| 1. **BID SUBMISSION:** |
| * 1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.   2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED– (NOT TO BE RE-TYPED) OR ONLINE**   3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. |
| 1. **TAX COMPLIANCE REQUIREMENTS** |
| 1. BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS. 2. BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER’S PROFILE AND TAX STATUS. 3. APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE [WWW.SARS.GOV.ZA](http://www.sars.gov.za). 4. FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B: 3. 5. BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID. 6. IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER. 7. WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED. |
| 1. **QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS** |
| * 1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?  YES  NO   2. DOES THE ENTITY HAVE A BRANCH IN THE RSA?  YES  NO   3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?  YES  NO   4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?  YES  NO   5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?  YES  NO   **IF THE ANSWER IS “NO” TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.** |

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

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

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

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

DATE:………

ATTACH SARS TAX CLEARANCE CERTIFICATE/PIN HERE

**MBD2: DISCONTINUED**

**MFMA CIRCULAR NO.90**



Sedibeng District Municipality

P.O. Box 471

Vereeniging, 1930

Republic of South Africa

Tel: +27 16 450 3110

Fax: +27 86 682 9820

**DEPARTMENT: SUPPLY CHAIN MANAGEMENT**

**CLEARANCE CERTIFICATE FOR WATER & LIGHTS**

Section 38 (d) (i) of Municipal Supply Chain Regulations requires that the municipality must reject a bidder whose municipal rates and taxes are in arrears for more than three months.

The purpose of this form is to obtain prove that municipal services, rates and taxes of the service provider are not more than three months in arrears with the relevant municipality / landlord in the municipal area where the service provider conduct his / her business. **This form is to be completed only if the service provider’s rates and taxes are not in arrears for more than three months.**

**EACH BIDDER MUST COMPLETE THE BELOW CHECKLIST (*Please tick with X where appropriate)*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTIONS** | | **YES** | **NO** | |
| 1. Is your municipal rates and taxes account up to date/current (not in arrears for more than three months)? | |  |  | |
| 1. If yes, please submit proof in the form of the **original or certified copy** of the bidder’s municipal rates and taxes account. | |  |  | |
| 1. Does the bidder lease/rent the property where the business is situated? | |  |  | |
| 1. If yes provide the contact name and contact number of the lessor/landlord: | |  |  | |
| **Contact Name:** | **Contact Number:** | | | |
| 1. Please attach the copy of the lease agreement signed by the Landlord/ lessor and the tenant/lessee as proof. | |  | |  |

I (FULL NAMES), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF (PHYSICAL

ADDRESS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being a Director / principal shareholder, owner of company[[1]](#footnote-1) (COMPANY NAME):

Hereby confirms that, the information submitted in this form is accurate, to the best of my knowledge.

ATTACH UTILITIES ACCOUNT HERE



**INVITATION FOR SERVICE PROVIDERS FOR THE PROVISION OF MEDICAL AID BROKERAGE SERVICES**

**BID NO: 8/2/2/8-2020 (RE ADVERT)**

1. **PURPOSE**

The Sedibeng District Municipality (SDM) intends appointing Medical Aid Brokers for the provision of Medical Aid Brokerage Services to its employees for the duration of twelve months renewable annually subject to their respective performance.

It is expected of the Medical Aid Brokers to offer the services to the employees of Sedibeng District Municipality totalling a number of 623 who are members of the following Medical Aid schemes:

1. Bonitas
2. Hosmed
3. LAhealth
4. Samwu Med
5. Key health
6. **OBJECTIVES**

***The envisaged services to the employees include:***

* Induction:

Conducting member education and training on scheme products and services.

Induct new employees on packages of the Medical Aid Schemes

Organize Wellness events and Healthcare Benefit days.

* Facilitating the changes to any new Medical Aid schemes arrangements, by providing

Individual costing comparisons

Assist new members with enrolment forms.

Arrange for second membership cards when required.

Arrange for add-on or deletion of dependants when applicable, e.g. spouse for newlyweds and new-born children.

Detailed membership listings for Human Resources Administrator to load the relevant contribution process timeously**.**

Ensure that new membership cards are issued correctly, with minimum delay.

* Providing assistance to the Council and individual members on any problem relating to membership, contributions, claims or any other relevant Medical Aid services enquiries.

Call at scheme office on behalf of the members and clear up, sort out problem and return to members with update information on a monthly basis.

1. **ONGOING SERVICES**

**Medical Aid Brokers will ensure that:**

* The SDM is advised of any changes to the Health Care Industry that may have an impact on the municipality, including any changes to the Medical Schemes Act of 1998 and amendments to its regulations.
* The intermediary will at all-time exercise professionalism in his/her dealings with the Municipality and will at all times ensure that engagement with employees does not disrupt delivery of services.
* Current and future medical aid requirements of the municipality are reviewed on a regular basis and feedback is provided to ensure that the healthcare strategy continues to meet the needs and requirements of the municipality and its employees

1. **SPECIFICATIONS**

**The respondent should possess the following:**

* The medical broker must be familiar with the current medical aid legislation.
* The medical broker and all its consultants should be currently accredited with the Council for Medical Schemes and Financial Services Board.
* The broker must comply with provision of the Medical Schemes Act No. 131 of 1998 and specifically section 65 and Regulations 28 of the Act.
* The broker will be compensated as provided for in the Act by the medical schemes.
* To be contracted to at least three of the five (Bonita’s, Hosmed, LA Health, SAMWU med and Key Health) recognized medical schemes within the Local Government Industry.
* The company should have an IT Infrastructure.
* Scope of the service- Provide proposals on how you will execute services for Sedibeng District Municipality in terms of services of its nine (9) work sites on a monthly basis and during Window period.

1. **CONDITIONS OF APPOINTMENT**

All employees on Medical Aid Schemes will be serviced by Medical Brokers for as long as they are active members of the Medical Aid Schemes.

The appointment will be reviewed annually to comply with the accreditation requirements of the Council for Medical Schemes and Financial Services Board**.**

1. **REMUNERATION**

The service rendered by Medical Brokers, will bear no direct cost to Sedibeng District Municipality or the employees, as the intermediary will be remunerated as per the Medical Schemes Act and or the standard current agreement with Medical Fund.

1. **PRE-CONTIONAL REQUIREMENTS**

* Bidders must attach Financial Services Board Certificate,
* Bidders must attach confirmation of membership with the Council for Medical Schemes.
* Up to date utilities account e.g. Municipal Rates & Taxes account
* Registered on Central Database (CSD)
* Tax compliant status/Tax compliance status pin (to enable the municipality to verify the bidder’s tax compliance status).

1. **EVALUATION CRITERIA**

**Values: 1 = Poor, 2 = Average, 3 = Good, 4 = Very Good and 5 = Excellent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Description** | **Points** | **Value**  **(Max of 5 points per criteria)** | **Score**  **= (Weight x Value)**  **(Max score of 500)** |
|  | Understanding the scope of the project by submitting;  Implementation plan on how the bidder will execute services for Sedibeng District Municipality in terms of services of its nine (9) work sites on a monthly basis and during Window periods. | 40 |  |  |
|  | Three completion certificate in Similar Project  3 Certificates = 5 Points  2 Certificates = 3 Points  1 Certificates = 1 Point | 30 |  |  |
|  | Track Record  5 years or above = 5 points;  2 to 4 years = 3 points;  1 year or less = 1 point | 30 |  |  |

**BID EVALUATION**

**The bid will be based on Point System 80:20 point system.**

|  |  |
| --- | --- |
| **1ST STAGE** | **FUNCTIONALITY TOTAL SCORE : 100%** |
| **THRESHOLD (MINIMUM SCORE REQUIRED = 70%)** |
| **2ND STAGE** | **PRICE = 80** |
| **B-BBEE = 20** |

**Contact Person:**

Ms Madikgomo Ramonana @ 016 450 3225 for Supply Chain Management related queries.

Mrs Caroline Serame @ 016 450 3216 for Technical related queries.

**MBD 3.1**

## 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: **8/2/2/8-2020(re-advert)**  Closing Time: **12H00** Closing Date:  **Wednesday, 8 September 2021** |

OFFER TO BE VALID FOR 90 DAYS FROM THE CLOSING DATE OF BID.

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

ITEM QUANTITY DESCRIPTION BID PRICE IN RSA CURRENCY

NO.

\*\*(ALL APPLICABLE TAXES INCLUDED)

* 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

\*Delete if not applicable

**MBD 4**

**DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state¹.

1. 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 positioning 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 the Company (director, trustee, hareholder²):………………………..

3.4 Company Registration Number: ……………………………………………………………….

3.5 Tax Reference Number:…………………………………………………………………………

3.6 VAT Registration Number: ……………………………………………………………………

3.7 The names of all directors / trustees / shareholder members, their individual identity

numbers and state employee numbers must be indicated in paragraph 4 below.

3.8 Are you presently in the service of the state? **YES / NO**

3.8.1 If yes, furnish particulars. ….……………………………………………………………

……………………………………………………………………………………………..

¹MSCM Regulations: “in the service of the state” means to be –

1. a member of –
   1. any municipal council;
   2. any provincial legislature; or
   3. the national Assembly or the national Council of provinces;
2. a member of the board of directors of any municipal entity;
3. an official of any municipality or municipal entity;
4. an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
5. a member of the accounting authority of any national or provincial public entity; or
6. An employee of Parliament or a provincial legislature.

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

3.9 Have you been in the service of the state for the past twelve months? ………**YES / NO**

3.9.1 If yes, furnish particulars.………………………...……………………………………..

…………………………………………………………………………………………….

3.10 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of this bid? ………..**YES / NO**

3.10.1 If yes, furnish particulars.

………………………………………………………………………………

………………………………………………………………………………

3.11 Are you, aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

3.11.1 If yes, furnish particulars

…………………………………………………………………………………

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

3.12 Are any of the company’s directors, trustees, managers,

Principle shareholders or stakeholders in service of the state? **YES / NO**

3.12.1 If yes, furnish particulars.

……………………………………………………………………………….

……………………………………………………………………………….

3.13 Are any spouse, child or parent of the company’s director’s trustees, managers, principle shareholders or stakeholders in service of the state? **YES / NO**

3.13.1 If yes, furnish particulars.

……………………………………………………………………………….

……………………………………………………………………………….

3.14 Do you or any of the directors, trustees, managers,

Principle shareholders or stakeholders of this company

have any interest in any other related companies or

business whether or not they are bidding for this contract. **YES / NO**

3.14.1 If yes, furnish particulars:

……………………………………………………………………………..

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

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Identity Number** | **State Employee Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

………………………………….. ……………………………………..

**Signature Date**

…………………………………. ……………………………………

**Capacity Name of Bidder**

**MBD 6.1**

**PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017**

This preference form must form part of all bids invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011.**

1. **GENERAL CONDITIONS**
   1. The following preference point systems are applicable to all bids:

* the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
  1. The value of this bid is estimated not to exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 system shall be applicable.
  2. Preference points for this bid shall be awarded for:

1. Price; and
2. B-BBEE Status Level of Contribution.

1.3.1 The maximum points for this bid are allocated as follows:

**POINTS**

**1.3.1.1 PRICE** **80**

**1.3.1.2 B-BBEE STATUS LEVEL OF CONTRIBUTION** **20**

**Total points for Price and B-BBEE must not exceed** **100**

1.4 Failure on the part of a bidder to fill in and/or to sign this form and submit a B-BBEE Verification Certificate from a Verification Agency accredited by the South African Accreditation System (SANAS) or a Registered Auditor approved by the Independent Regulatory Board of Auditors (IRBA) or an Accounting Officer as contemplated in the Close Corporation Act (CCA) together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.5. The purchaser reserves the right to require of a bidder, either before a bid is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

**2. DEFINITIONS**

2.1  **“all applicable taxes”** includes value-added tax, pay as you earn, income tax, unemployment insurance

fund contributions and skills development levies;

2.2 **“B-BBEE”** means broad-based black economic empowerment as defined in section 1 of the Broad

-Based Black Economic Empowerment Act;

2.3 “**B-BBEE status level of contributor”** means the B-BBEE status received by a measured entity based

on its overall performance using the relevant scorecard contained in the Codes of Good Practice on Black Economic Empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;

2.4 **“bid”** means a written offer in a prescribed or stipulated form in response to an invitation by an

organ of state for the provision of services, works or goods, through price quotations, advertised

competitive bidding processes or proposals;

2.5 **“Broad-Based Black Economic Empowerment Act”** means the Broad-Based Black Economic

Empowerment Act, 2003 (Act No. 53 of 2003);

2.6 **“comparative price”** means the price after the factors of a non-firm price and all unconditional

discounts that can be utilized have been taken into consideration;

2.7 **“consortium or joint venture”** 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;

2.8 **“contract”** means the agreement that results from the acceptance of a bid by an organ of state;

2.9 **“EME”** means any enterprise with an annual total revenue of R5 million or less .

2.10 **“Firm price”** means the price that is only subject to adjustments in accordance with the actual increase or decrease resulting from the change, imposition, or abolition of customs or excise duty and any other duty, levy, or tax, which, in terms of the law or regulation, is binding on the contractor and demonstrably has an influence on the price of any supplies, or the rendering costs of any service, for the execution of the contract;

2.11 **“functionality”** means the measurement according to predetermined norms, as set out in the bid

documents, of a service or commodity that is designed to be practical and useful, working or

operating, taking into account, among other factors, the quality, reliability, viability and durability of a

service and the technical capacity and ability of a bidder;

2.12 **“non-firm prices”** means all prices other than “firm” prices;

2.13 **“person”** includes a juristic person;

2.14 **“rand value”** means the total estimated value of a contract in South African currency, calculated at

the time of bid invitations, and includes all applicable taxes and excise duties;

2.15 **“sub-contract”** means the primary contractor’s assigning, leasing, making out work to, or employing, another person to support such primary contractor in the execution of part of a project in terms of the contract;

2.16 **“total revenue”** bears the same meaning assigned to this expression in the Codes of Good

Practice on Black Economic Empowerment, issued in terms of section 9(1) of the Broad-Based

Black Economic Empowerment Act and promulgated in the *Government Gazette* on 9 February

2007;

2.17 **“trust”** means the arrangement through which the property of one person is made over or

Bequeathed to a trustee to administer such property for the benefit of another person; and

2.18 **“trustee”** means any person, including the founder of a trust, to whom property is bequeathed in

order for such property to be administered for the benefit of another person.

**3.** **ADJUDICATION USING A POINT SYSTEM**

3.1 The bidder obtaining the highest number of total points will be awarded the contract.

3.2 Preference points shall be calculated after prices have been brought to a comparative basis taking into account all factors of non-firm prices and all unconditional discounts.

3.3 Points scored must be rounded off to the nearest 2 decimal places.

3.4 In the event that two or more bids have scored equal total points, the successful bid must be the one scoring the highest number of preference points for B-BBEE.

3.5 However, when functionality is part of the evaluation process and two or more bids have scored equal points including equal preference points for B-BBEE, the successful bid must be the one scoring the highest score for functionality.

3.6 Should two or more bids be equal in all respect, the award shall be decided by the drawing of lots.

**4. POINTS AWARDED FOR PRICE**

**4.1 THE 80/20 PREFERENCE POINT SYSTEMS**

A maximum of 80 points is allocated for price on the following basis:

**80/20**

****

Where

Ps = Points scored for comparative price of bid under consideration

Pt = Comparative price of bid under consideration

Pmin = Comparative price of lowest acceptable bid

1. **Points awarded for B-BBEE Status Level of Contribution**

5.1 In terms of Regulation 5 (2) and 6 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

|  |  |
| --- | --- |
| **B-BBEE Status Level of Contributor** | **Number of points**  **(80/20 system)** |
| 1 | 20 |
| 2 | 18 |
| 3 | 16 |
| 4 | 12 |
| 5 | 8 |
| 6 | 6 |
| 7 | 4 |
| 8 | 2 |
| Non-compliant contributor | 0 |

5.2 Bidders who qualify as EMEs in terms of the B-BBEE Act must submit a certificate issued by an Accounting Officer as contemplated in the CCA or a Verification Agency accredited by SANAS or a Registered Auditor. Registered auditors do not need to meet the prerequisite for IRBA’s approval for the purpose of conducting verification and issuing EMEs with B-BBEE Status Level Certificates.

5.3 Bidders other than EMEs must submit their original and valid B-BBEE status level verification certificate or a certified copy thereof, substantiating their B-BBEE rating issued by a Registered Auditor approved by IRBA or a Verification Agency accredited by SANAS.

5.4 A trust, consortium or joint venture, will qualify for points for their B-BBEE status level as a legal entity,

provided that the entity submits their B-BBEE status level certificate.

5.5 A trust, consortium or joint venture will qualify for points for their B-BBEE status level as an unincorporated

entity, provided that the entity submits their consolidated B-BBEE scorecard as if they were a group

structure and that such a consolidated B-BBEE scorecard is prepared for every separate bid.

5.6 Tertiary institutions and public entities will be required to submit their B-BBEE status level certificates in terms of the specialized scorecard contained in the B-BBEE Codes of Good Practice.

5.7 A person will not be awarded points for B-BBEE status level if it is indicated in the bid documents that such a bidder intends sub-contracting more than 25% of the value of the contract to any other enterprise that does not qualify for at least the points that such a bidder qualifies for, unless the intended sub-contractor is an EME that has the capability and ability to execute the sub-contract.

* 1. A person awarded a contract may not sub-contract more than 25% of the value of the contract to any other enterprise that does not have an equal or higher B-BBEE status level than the person concerned, unless the contract is sub-contracted to an EME that has the capability and ability to execute the sub-contract.

**6. BID DECLARATION**

* 1. Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

**7. B-BBEE STATUS LEVEL OF CONTRIBUTION CLAIMED IN TERMS OF PARAGRAPHS 1.3.1.2 AND**

7.1 B-BBEE Status Level of Contribution: …………. = ……………(maximum of 20 points)

**(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 5.1 and must be substantiated by means of a B-BBEE certificate issued by a Verification Agency accredited by SANAS or a Registered Auditor approved by IRBA or an Accounting Officer as contemplated in the CCA).**

**8 SUB-CONTRACTING**

8.1 Will any portion of the contract be sub-contracted? YES / NO (delete which is not applicable)

8.1.1 If yes, indicate:

(i) What percentage of the contract will be subcontracted? ............……………….…%

(ii) The name of the sub-contractor? …………………………………………………………..

(iii) The B-BBEE status level of the sub-contractor? ……………..

(iv) Whether the sub-contractor is an EME? YES / NO (delete which is not applicable)

**9** **DECLARATION WITH REGARD TO COMPANY/FIRM**

9.1 Name of firm :

9.2 VAT registration number :

9.3 Company registration number ……………………………………………………………………. :

9.4TYPE OF COMPANY/ FIRM

Partnership/Joint Venture / Consortium

One person business/sole propriety

Close corporation

Company

(Pty) Limited

[Tick applicable box]

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

…………..

………………

……………..

9.6 COMPANY CLASSIFICATION

Manufacturer

Supplier

Professional service provider

Other service providers, e.g. transporter, etc.

[Tick applicable box]

9.7 MUNICIPAL INFORMATION

Municipality where business is situated …………………………………………………………………..

Registered Account Number …………………………….

Stand Number ……………………………………………….

9.8 TOTAL NUMBER OF YEARS THE COMPANY/FIRM HAS BEEN IN BUSINESS?

……………………………………

9.9 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBEE status level of contribution indicated in paragraph 7 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we 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 paragraph 7, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;

(iv) If the B-BBEE status level of contribution has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –

(a) Disqualify the person from the bidding 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;

1. restrict the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, from obtaining business from any organ of state for a period not exceeding 10 years, after the audialteram’partem (hear the other side) rule has been applied; and
2. forward the matter for criminal prosecution

**WITNESSES:**

1. ………………………………………

……………………………………

SIGNATURE(S) OF BIDDER(S)

1. ………………………………………

DATE:................................................

ADDRESS:…………………………..

….…………………………………….

…………………………………

ATTACH BBB-EE CERTIFICATE / SWORN AFFIDAVIT

HERE

**MBD 7.2**

**CONTRACT FORM - RENDERING OF SERVICES**

**THIS FORM MUST BE FILLED IN DUPLICATE BY BOTH THE SERVICE PROVIDER (PART 1) AND THE**

**PURCHASER (PART 2). BOTH FORMS MUST BE SIGNED IN THE ORIGINAL SO THAT THE SERVICE**

**PROVIDER AND THE PURCHASER WOULD BE IN POSSESSION OF ORIGINALLY SIGNED CONTRACTS**

**FOR THEIR RESPECTIVE RECORDS.**

PART 1 (TO BE FILLED IN BY THE SERVICE PROVIDER)

1. I hereby undertake to render services described in the attached bidding documents to (name of the

institution)……………………………………. in accordance with the requirements and task directives /

proposals specifications stipulated in Bid Number………….……….. at the price/s quoted. My offer/s

remain binding upon me and open for acceptance by the Purchaser during the validity period indicated

and calculated from the closing date of the bid.

2. The following documents shall be deemed to form and be read and construed as part of this agreement:

(i) Bidding documents, viz

- Invitation to bid;

- Tax clearance certificate;

- Pricing schedule(s);

- Filled in task directive/proposal;

- Preference claims for Broad Based Black Economic Empowerment Status Level of

-Contribution in terms of the Preferential Procurement Regulations 2011;

- Declaration of interest;

- Declaration of Bidder’s past SCM practices;

- Certificate of Independent Bid Determination;

- Special Conditions of Contract;

(ii) General Conditions of Contract; and

(iii) Other (specify)

3. I confirm that I have satisfied myself as to the correctness and validity of my bid; that the price(s) and

rate(s) quoted cover all the services specified in the bidding documents; that the price(s) and rate(s)

cover all my obligations and I accept that any mistakes regarding price(s) and rate(s) and calculations

will be at my own risk.

4. I accept full responsibility for the proper execution and fulfilment of all obligations and conditions

devolving on me under this agreement as the principal liable for the due fulfillment of this contract.

5. I declare that I have no participation in any collusive practices with any bidder or any other person

regarding this or any other bid.

6. I confirm that I am duly authorised to sign this contract.

|  |
| --- |
| WITNESSES  1 …….…………………………….  2 ……….………………………….  DATE: …………………………….. |

NAME (PRINT) …………………………….

CAPACITY …………………………….

SIGNATURE …………………………….

NAME OF FIRM …………………………….

DATE …………………………….

**MBD 7.2**

**CONTRACT FORM - RENDERING OF SERVICES**

**PART 2 (TO BE FILLED IN BY THE PURCHASER)**

1.I…………………………………………….in my capacity as……………………...………

accept your bid under reference number ………………dated………………………for the rendering of

services indicated hereunder and/or further specified in the annexure(s).

2. An official order indicating service delivery instructions is forthcoming.

3. I undertake to make payment for the services rendered in accordance with the terms and conditions of

the contract, within 30 (thirty) days after receipt of an invoice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DESCRIPTION OF  SERVICE | PRICE (ALL  APPLICABLE  TAXES  INCLUDED) | COMPLETION  DATE | B-BBEE  STATUS LEVEL  OF  CONTRIBUTION | MINIMUM  THRESHOLD  FOR LOCAL  PRODUCTION  AND CONTENT  (if applicable) |
|  |  |  |  |  |

4. I confirm that I am duly authorised to sign this contract.

SIGNED AT ……………………………………… ON ………………………………..

NAME (PRINT) ………………………………………….

SIGNATURE …………………………………………

OFFICIAL STAMP WITNESSES

|  |
| --- |
|  |

|  |
| --- |
| WITNESS  1---------------------  2---------------------  DATE:---------------- |







Sedibeng District Municipality

P.O. Box 471

Vereeniging, 1930

Republic of South Africa

Tel: +27 16 450 3110

Fax: +27 86 682 9892

**DEPARTMENT: SUPPLY CHAIN MANAGEMENT**

**Please provide at least 3 references**

1. **Name:………………………………………………………………..**

**Company:…………………………………………………………….**

**Position Held:………………………………………………………..**

**Contact Number (s) work..………………………………………….**

**Mobile………………………………………….**

**2. Name:………………………………………………………………..**

**Company:…………………………………………………………….**

**Position Held:………………………………………………………..**

**Contact Number (s) work..………………………………………….**

**Mobile…………………………………………**

**3. Name:………………………………………………………………..**

**Company:…………………………………………………………….**

**Position Held:………………………………………………………..**

**Contact Number (s) work..………………………………………….**

**Mobile………………………………………….**

**4. Name:………………………………………………………………..**

**Company:…………………………………………………………….**

**Position Held:………………………………………………………..**

**Contact Number (s) work..………………………………………….**

**Mobile………………………………………….**

**5. Name:………………………………………………………………..**

**Company:…………………………………………………………….**

**Position Held:………………………………………………………..**

**Contact Number (s) work..………………………………………….**

**Mobile………………………………………….**

**PLEASE NOTE THAT THIS IS COMPULSORY\*\*\***

ATTACH ADDITIONAL

LETTERS OF REFERENCE

(IF APPLICABLE)

HERE

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION** | **YES (√)** | **NO (X)** |
|  |  |  |
| 1. **All pages are completely filled and signed by the authorized person:** |  |  |
| 1. **Original valid Tax Clearance Certificate obtainable from any South African Revenue Services branch has been attached:** |  |  |
| 1. **Original BBBEE Certificate** |  |  |
| 1. **Original current account of water and lights/Rates and Taxes obtainable from any Local or Metropolitan Municipality has been attached** |  |  |
| 1. **In a case of Joint Ventures (JV)/Consortium, the JV agreement has been attached** |  |  |
| 1. **The bidder has provided at least three contactable references** |  |  |
| 1. **Company registration documents e.g. CK document has been attached, in a case of a Private/Public company, shareholding information e.g. share certificate, has been attached** |  |  |
| 1. **Central Supplier Database summary report.** |  |  |
| 1. **Accreditation with the Council for Medical Schemes and Financial Services Board.** |  |  |

ATTACH COMPANY

REGISTRATION DOCUMENTS

HERE

ATTACH CENTAL SUPPLIER DATABASE REGISTRATION

HERE









**FORM OF OFFER AND ACCEPTANCE**

**OFFER**

The Employer, identified in the acceptance signature block, has solicited offer to enter into a Contract in respect of the following service:

**TENDER No: 8/2/2/8-2020(re-advert)**

The tenderer, identified in the offer signature block has examined the documents listed in the tender data and addenda thereto as listed in the tender schedules, and by submitting this offer has accepted the Conditions of Tender.

By the representative of the tenderer, deemed to be duly authorized, signing this part of this form of offer and acceptance, the tenderer offer to perform all of the obligations and liabilities of the Service Provider under the contract including compliance with all its terms and conditions according to their true intent and meaning for an amount of R……… be determined in accordance with the conditions of contract identified in the Conditions of Contract.

**THE OFFERED PRICE IS R…………………… (INCLUSIVE OF VAT)**

This offer may be accepted by the Employer by signing the Acceptance part of this form of offer and acceptance and returning one copy of this document to the Tenderer before the end of the period of validity stated in the Conditions of Tender, whereupon the Tenderer becomes the party named as the Service Provider in the Condition of Contract.

Signature(s):…………………………………………………………………………………………………………………

Name(s):………………………………………………………………………………………………………………………

Capacity for the Tenderer: ………………………………………………………………………………………………………………

Name and address of organization)……………………………………………………………………………………………………

Name and

Signature of

Witness:……………………………………. Date:…………………………………………………

**ACCEPTANCE**

By signing this part of this form of offer and acceptance, the Employer identified below accepts the Tenderer’s offer. In consideration thereof, the Employer shall pay the Service Provider the amount due in accordance with the Conditions of Contract identified in the contract that is the subject of this agreement.

Deviations from and amendments to the documents listed in the tender data and any addenda thereto as listed in the tender scheduled as well as any changes to the terms of the offer agreed by the tenderer and the Employer during this process of offer and acceptance, are contained in the schedule of deviations attached to, and forming part of this agreement. No amendments to or deviations from said documents are valid unless contained in this schedule, which must be signed by the authorized representative(s) of both parties.

The tenderer shall within two weeks after receiving a completed copy of this agreement, including the schedule of deviations (if any), contact the Employer’s agent (whose details are given in the contract data) to arrange the delivery of any bonds, guarantees, proof of insurance and any other documentation to be provided in terms of the conditions of contract identified in the Contract Data at, or just after, the date this agreement comes into effect. Failure to fulfill any of these obligations in accordance with those terms shall constitute a repudiation of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect on the date when the tenderer receives one fully completed original copy of this document, including the schedule of deviations (if any). Unless the tenderer (now Service Provider) within five days of the date of such receipt notifies the Employer in writing of any reason why he cannot accept the contents of this agreement shall constitute a binding between the parties.

Signature(s):

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

Name(s):

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

Capacity for the Employer: ……………………………………………………………………………………………………………

(Name and address of organization)………………………………………………………………………………………………...

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

Name and Signature of

Witness:………………………………………

Date:………………………………………..

**CREDIT ORDER INSTRUCTION**

It is the policy of the Sedibeng District Municipality to pay all creditors by means of direct bank transfers.

Please complete this information and acquire your banker’s confirmation.

Name of Firm Account Holder

…………………………………………………………………………………………………

Address:………………………………………………………………………………………………...

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

Name of Bank: ………………………………………………………………………………………………...

Name of Branch:………………………………………………………………………………………………….

Branch Code:…………………………………………………………………………………………………

Account Number:………………………………………………………………………………………………...

Type of Account:…………………………………………………………………………………………………

I/we hereby requested and authorize the Sedibeng District Municipality to pay any amounts that may accrue to me/us to the credit of my/our bank account.

I/we understand that a payment advice will be supplied by the Sedibeng District Municipality in the normal way that will indicate the date on which funds will be available in my/our bank account and details of payment.

I/we further undertake the inform the Sedibeng District Municipality in advance of any change in my/our bank details and accept that this authority may only be cancelled by me/us by giving thirty days’ notice by prepaid registered post.

…………………………………….. …………………………………………….

Initials and Surname Authorized Signature

Date:…………………………….

**FOR BANK USE ONLY**

|  |  |
| --- | --- |
| I/We hereby certify that the details of our clients bank account as indicated on the credit order instruction is correct:  ……………………………………………………………………..  **AUTHORISED SIGNATURE(S)** | **OFFICIAL DATE STAMP** |

1. **Signature**

   **NB: IF YOU FAIL TO COMPLETE THIS FORM, PLEASE REGARD YOUR BID AS NON RESPONSIVE!** [↑](#footnote-ref-1)