



Knysna

Municipality ♦ Munisipaliteit ♦ uMasipala
INCLUSIVE. INNOVATIVE. INSPIRED.

ADVERTISEMENT DATE:	28/08/2018
RFQ NUMBER:	B140/2018/19
DESCRIPTION OF GOODS/SERVICES:	COMPLETION OF A PARTIALLY CONSTRUCTED BATHROOM IN HORNLEE
RFQ DOCUMENTS ARE OBTAINABLE FROM:	Supply Chain Management Section Clyde Street Knysna or Knysna Municipality website: www.knysna.gov.za (Information centre>SCM>QUOATIONS)
CLOSING DATE: TIME:	30/08/2018 12:00
SUBMISSIONS:	Sealed quotations clearly marked, " B140/2018/19 ", can be submitted: By hand to: Supply Chain Management Section Knysna Municipality Clyde Street Knysna By fax to: 086 650 1415 By email to: vnobatana@knysna.gov.za Contact person: Vuyolwethu Nobatana (Tel: 044 302 6595) Electronic bid documents must reach the Supply Chain Management Section before the closing time.
COMPULSORY REQUIREMENTS:	1 GB, SITE MEETING; Site meeting to be done : Wednesday,29/08/2018 Time : 15h00 Meeting Venue: Procurement Front Desk
TECHNICAL ENQUIRIES:	Contact Person : Luvuyo Mditshwa Email : Imditshwa@knysna.gov.za Tell : 044 302 6356/6572

The following conditions will apply:

- Price(s) quoted must be firm and must be inclusive of VAT when applicable.
- Tax Clearance Certificate or Sufficient Evidence that Tax matters are raised with SARS must be attached.
- Price must include all related expenses, i.e. transport, accommodation etc.
- Attached KMBD 4 document must be completed.
- Status of Municipal accounts must be submitted.
- More than one supplier could be appointed.
- Invoices must be submitted to jcordier@knysnagov.za and will be paid within 30 days of delivering the service.
- Only an Official order and appointment letter will bind the Council.

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REQUIREMENTS:

Point's allocation for functionality

1. Company history and experience on similar works with references to previous experiences. (15)
2. List of contactable references of similar municipal services previously done. (15)
3. Location of company. (20)

EVALUATION SCHEDULE

***** (Your pricing schedule will not be considered if this table is not completed)**

Criteria	Scoring criteria	Points Claimed
Provide company profile, history, years of experience. Years of experience must be clearly indicated in the company profile or CV	Years 1 - 2(5) 3 - 4(10) 5 + (15)	
Provide a list of contactable references of similar municipal services previously provided	1 ref (5) 2 refs (10) 3 refs or more (15)	
Location of company	Based within Knysna municipal area (20) Based within the Eden district municipal area (10) Other areas (5)	
Total	50	

Tenderers must achieve a minimum of 40 points in order to qualify for further evaluation on price and preference points

PRICING SUMMARY:

Description	Quantity	Price
Labour	1	
Supply of Material		
Subtotal		
registered) VAT 15% (if VAT		
Total		

Contact Details of Tenderer

Knysna Municipality Supplier number	
CSD Supplier number	
CSD Unique Registration Reference Number	
The name of the Tenderer:	
The name of the contact person:	
The address of the Tenderer:	
Telephone:	
Facsimile:	
E-mail:	
Address (physical):	
Address (postal):	
Signature:	
Date:	



1.	No bid will be accepted from persons in the service of the state ¹ .		
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 the Company (director, trustee, hareholder ²):		
3.4	Company Registration Number:		
3.5	Tax Reference Number:		
3.6	VAT Registration Number:		
3.7	The names of all directors / trustees / shareholders 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: _____ _____		
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 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: _____ _____		

11. MDB 15 – Certificate for Payment of Municipal Services

NAME OF THE BIDDER: _____

FURTHER DETAILS OF THE BIDDER'S; Director / Shareholder / Partners, etc:

Director / Shareholder / partner	Physical address of the Business	Municipal Account number(s)	Physical residential address of the Director / shareholder / partner	Municipal Account number(s)

NB: Please attach certified copy (ies) of ID document(s)

I, _____,

(Full name in block letters) the undersigned, certify that the information furnished on this declaration form is correct and that I / we have no undisputed commitments for municipal services towards a municipality in respect of which payment is overdue for more than 90 days.

If the value of the transaction is expected to exceed R10 million (VAT included) I certify that the bidder has no undisputed commitments for municipal services towards **a Municipality** in respect of which payment is overdue for more than 30 days;

THUS DONE AND SIGNED for and on behalf of the Bidder, at _____, on the _____ day of _____, 20____.

Number of sheets appended by the tenderer to this schedule (If nil, enter NIL)	
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SIGNATURE:		NAME (PRINT):	
CAPACITY:		NAME OF FIRM:	

For office use (comments):