



## Knysna

Municipality ♦ Munisipaliteit ♦ uMasipala  
INCLUSIVE. INNOVATIVE. INSPIRED.

|   |  |
|---|--|
| <b>ADVERTISEMENT DATE:</b>  | 09 October 2018  |
| <b>RFQ NUMBER:</b>  | <b>B238/2018/19</b>  |
| <b>DESCRIPTION OF GOODS/SERVICES:</b>   | <b>REPAIR HACH DR5000 UV-VIS SPECTROPHOTOMETER SERIAL No: 1389547</b>  |
| <b>RFQ DOCUMENTS ARE OBTAINABLE FROM:</b>   | Supply Chain Management Section<br>Clyde Street<br>Knysna<br><b>or</b><br>Knysna Municipality website: <a href="http://www.knysna.gov.za">www.knysna.gov.za</a> (Information centre>SCM>QUOATIONS)   |
| <b>CLOSING DATE: TIME:</b>  | <b>Friday 12 OCTOBER 2018<br/>12H00</b>  |
| <b>SUBMISSIONS:</b>   | Sealed quotations clearly marked, " <b>B238 /2018/ 19 - REPAIR HACH DR5000 UV-VIS SPECTROPHOTOMETER SERIAL No: 1389547</b> ", can be submitted:<br>By hand to: Supply Chain Management Section<br>Knysna Municipality<br>Clyde Street<br>Knysna<br>By email to: <a href="mailto:nmajola@knysna.gov.za">nmajola@knysna.gov.za</a><br><br>Contact person: Nadia Majola (Tel: 044 302 6509)<br>Electronic bid documents must reach the Supply Chain Management Section before the closing time. |
| <b>COMPULSORY REQUIREMENTS:</b>   | None   |
| <b>TECHNICAL ENQUIRIES:</b>   | Contact Person : Anita Ketile<br>Email : <a href="mailto:aketile@knysna.gov.za">aketile@knysna.gov.za</a><br>Tell : 044 302 6416   |
| <b>The following conditions will apply:</b> <ul style="list-style-type: none"><li>• Price(s) quoted must be firm and must be inclusive of VAT when applicable.</li><li>• Attached KMBD6.1 must be completed to qualify for B-BBEE Status Level of Contribution.</li><li>• Tax Clearance Certificate or Sufficient Evidence that Tax matters are raised with SARS must be attached.</li><li>• An original or certified copy of B-BBEE Certificate must be attached to qualify for points.</li><li>• Price must include all related expenses, i.e. transport, accommodation etc.</li><li>• Attached KMBD 4 document must be completed.</li><li>• Status of Municipal accounts must be submitted.</li><li>• Invoices must be submitted to <a href="mailto:jcordier@knysna.gov.za">jcordier@knysna.gov.za</a> and will be paid within 30 days of delivering the service.</li><li>• Only an Official order and appointment letter will bind the Council.</li></ul> |  |

## **REQUIREMENTS:**

### **EVALUATION**

All bids will be evaluated by a panel on basis of functionality (100%) and Price 80. The points scored for functionality will not be carried over to price, but will only be used as a gate keeping exercise. The final evaluation will be done in terms of the Council's Preferential Procurement Policy which states 80 for price and the remaining 20 for B-BBEE.

#### **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)

### **EVALUATION SCHEDULE**

**\*\*\* (Your pricing schedule will not be considered if proof relating to this table is not attached to this document)**

| <b>Criteria</b>   | <b>Scoring criteria</b>                         | <b>Points Claimed</b> |
|---|---|-----------------------|
| Provide company profile, history, years of experience. Years of experience must be clearly indicated in the company profile or CV | Years<br>1 - 2(5)<br>3 - 4(10)<br>5 + (15)      |                       |
| Provide a list of contactable references of similar municipal services previously provided  | 1 ref (5)<br>2 refs (10)<br>3 refs or more (15) |                       |
| <b>Total</b>  | <b>30</b>                                       |                       |

***Tenderers must achieve a minimum of 20 points in order to qualify for further evaluation on price and preference points***

#### **Pricing Summary:**

| <b>Item No.</b> | <b>Description</b>  | <b>Unit</b> | <b>Qty</b> | <b>Rate</b> | <b>Total</b> |
|-----------------|---|-------------|------------|-------------|--------------|
| 1               | Check lid error<br>Failing factory fault<br>Internal battery<br>Provide calibration certificate<br>Labour | 1           | 1          |             |              |
|                 | <b>SUBTOTAL</b>   |             |            |             |              |

|  |                    |  |
|--|--------------------|--|
|  | ADD 15% VAT        |  |
|  | <b>TOTAL PRICE</b> |  |

**NOTE:**

**ALL works to comply with relevant SANS Standards.  
Relevant QA forms and Certifications to be provided.**

**Delivery time .....days.**

### **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:                                    |  |



**MBD 4  
DECLARATION OF INTEREST**

|        |  |     |    |
|--------|--|-----|----|
| 1.     | No bid will be accepted from persons in the service of the state <sup>1</sup> .  |     |    |
| 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 <sup>2</sup> ):  |     |    |
| 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:<br>_____<br>_____   |     |    |
| 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:<br>_____<br>_____   |     |    |
| 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:<br>_____<br>_____   |     |    |
| 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:<br>_____<br>_____   |     |    |
| 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 directors, trustees, managers, principle shareholders or stakeholders in service of the state?  | YES | NO |
| 3.13.1 | If yes, furnish particulars:<br>_____<br>_____   |     |    |
| 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:<br>_____<br>_____   |     |    |

<sup>1</sup>MSCM Regulations: "in the service of the state" means to be –

- (a) a member of –
  - (i) any municipal council;
  - (ii) any provincial legislature; or
  - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) 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);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) An employee of Parliament or a provincial legislature.

<sup>2</sup> 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.

| 4. | Full details of directors / trustees/ members / shareholders: |                 |                       |
|----|---|-----------------|-----------------------|
|    | Full Name   | Identity Number | State Employee Number |
|    |   |                 |                       |
|    |   |                 |                       |
|    |   |                 |                       |
|    |   |                 |                       |
|    |   |                 |                       |
|    |   |                 |                       |
|    |   |                 |                       |

5. I, the undersigned (name) \_\_\_\_\_, certify that the information furnished in paragraphs 3 and 4 above is correct.

I accept that the state may act against me should this declaration prove to be false.

|                |  |          |  |
|----------------|--|----------|--|
| Name of Bidder |  | Date     |  |
| Signature      |  | Capacity |  |

## 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) |  |
|--|--|

|            |  |               |  |
|------------|--|---------------|--|
| SIGNATURE: |  | NAME (PRINT): |  |
| CAPACITY:  |  | NAME OF FIRM: |  |

**For office use (comments):**