



## Knysna

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INCLUSIVE. INNOVATIVE. INSPIRED.

<b>ADVERTISEMENT DATE:</b>	<b>20/05/2019</b>
<b>RFQ NUMBER:</b>	<b>B683/2018/19</b>
<b>DESCRIPTION OF GOODS/SERVICES:</b>	<b>Annual Service and Testing of the Fire Suppression System in the IT Server Room (STAT-X SYSTEM)</b>
<b>RFQ DOCUMENTS ARE OBTAINABLE FROM:</b>	Supply Chain Management Section Clyde Street Knysna or Knysna Municipality website: <a href="http://www.knysna.gov.za">www.knysna.gov.za</a> (Information centre>SCM>RFQ)
<b>CLOSING DATE: TIME:</b>	<b>23/05/2018 12:00</b>
<b>SUBMISSIONS:</b>	Sealed quotations clearly marked, “ <b>B683/2018/19 Annual Service and Testing of the Fire Suppression System,</b> ” can be submitted: By hand to: Supply Chain Management Section Knysna Municipality Clyde Street Knysna By fax to: 086 650 1415 By email to: <a href="mailto:pmseleni@knysna.gov.za">pmseleni@knysna.gov.za</a>  Contact person: Phindiswa Mseleni (Tel: 044 302 6962) Electronic bid documents must reach the Supply Chain Management Section before the closing time.
<b>COMPULSORY REQUIREMENTS:</b>	<b>None.</b>
<b>TECHNICAL ENQUIRIES:</b>	Contact Person : Jaco Bester Email : <a href="mailto:jbester@knysna.gov.za">jbester@knysna.gov.za</a> Tell : 044 302 6406

**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.
- Invoices must be submitted to [jcordier@knysnagov.za](mailto: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.

## **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 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)	
<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/2018/19:**

### **Background:**

Knysna Municipality requires a qualified service provider to service and test the fire suppression system in the IT server room as per the bullet points. A certificate of good order to be supplied after testing the Stat-X system.

- Test and Service all detectors
- Test and Service manual call points
- Test and service gas panel
- Test all zones
- Test all inputs and outputs
- Test charging unit with backup batteries
- Test all sounders
- Inspect StatX units

### **Specifications**

SHORT DESCRIPTION	QTY	COST ( R ) EXCL VAT
Annual Service and Testing of the Fire Suppression System in Server Room (Stat-X system).  <b>Provide inspection and servicing certificate</b>	1	R
<b>Sub total</b>		R
<b>15% VAT (if VAT registered)</b>		R
<b>TOTAL</b>		R

**DELIVERY PERIOD: ..... (Weeks)**

<u><b>Contact Details of Tenderer</b></u>	
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:	

	<b>MBD 4</b> <b>DECLARATION OF INTEREST</b>
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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 not 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, shareholder <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: _____ _____		
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



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):**