



## Knysna

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<b>ADVERTISEMENT DATE:</b>	<b>09/10/2019</b>
<b>RFQ NUMBER:</b>	<b>169/2019/20</b>
<b>DESCRIPTION OF GOODS/SERVICES:</b>	<b>Supply and delivery of 3 x First Aid Kits.</b>
<b>RFQ DOCUMENTS ARE OBTAINABLE FROM:</b>	Supply Chain Management Section Clyde Street Knysna <b>or</b> Knysna Municipality website: <a href="http://www.knysna.gov.za">www.knysna.gov.za</a> (Information centre>SCM>QUOTATIONS)
<b>CLOSING DATE: TIME:</b>	<b>11/10/2019</b> <b>12:00 am</b>
<b>SUBMISSIONS:</b>	Sealed quotations clearly marked, “ <b>Supply and delivery of 3 x First Aid Kits</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:vnobatana@knysna.gov.za">vnobatana@knysna.gov.za</a>  Contact person: Vuyolwethu Nobatana (Tel: 044 302 6595) 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 : Anthony Bans Email : <a href="mailto:abans@knysna.gov.za">abans@knysna.gov.za</a> Tell : 044 302 6361

**The following conditions will apply:**

- Price(s) quoted must be firm and must be inclusive of VAT when applicable.
- Attached KMBD6.1 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:**

### **Point's allocation for functionality**

1. Company history and experience on similar works with proof of experiences (Number of projects/Jobs). (15)
2. List of contactable references of similar municipal services previously done. (15)

### **EVALUATION SCHEDULE**

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

<b>Criteria</b>	<b>Scoring criteria</b>	<b>Points Claimed</b>
<i>Provide company profile</i> Proof of previous experience on similar projects or jobs (Approved orders can be attached as proof)	Projects/Jobs 1 - 2(5) 3 - 4(10) 5 + (15)	
Provide a list of contactable references of similar 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***

## Supply and delivery of 3 x First Aid Kits

### PRICING SUMMARY

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>SIZE</u>	<u>QTY</u>	<u>UNIT PRICE</u>	<u>TOTAL</u>
1	First Aid Dressing (50mm x 75mm) No. 2		2		
1	First Aid Dressing (75mm x 100mm) No. 3		2		
1	First Aid Dressing (150mm x 200mm) No. 5		1		
1	Proform Bandage 75mm		2		
1	Triangular Bandages: N/Woven		2		
1	Paper tape		1		
1	Pack Sterile Gauze swabs		1		
1	Pair Latex gloves: 1 x Large & 1 x medium		1		
1	Eye bath		1		
1	Eye drops (5ml)		1		
1	Eye pad		1		
1	Paracetamol Tablets (20's)		1		
1	Eno sachet		1		
1	Antiseptic sachet / wound cleaner (50ml)		1		
1	Burn shield 20 x 20cm sterile burn dressing		1		
1	Burn shield 10 x 10cm sterile burn dressing		1		
1	Antiseptic Ointment		1		
1	Disposable CPR		1		
1	Safety pins (12's)		1		
1	Standard First Aid scissors		1		
1	Pair Tweezers		1		
1	CPR Mouthpiece		2		
1	Cotton wool		1		
1	Gauze swabs: 100 non sterile		1		
1	Plaster: Fabric roll: stretch		1		
1	Plastic strips: Fabric		20		
1	Splint: Wooden		2		
	<b>Sub Total</b>				
	<b>VAT ( If VAT registered )</b>				
	<b>Total</b>				
	Delivery period ( In weeks )				

**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: _____ _____		
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: _____ _____		
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: _____ _____		
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: _____ _____		

<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.

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

**For office use (comments):**