



Province of the
EASTERN CAPE
HEALTH

SBD1

INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE EC DEPARTMENT OF HEALTH

BID NUMBER:	SCMU3-20/21-0055-HO	CLOSING DATE:	25/06/2020	CLOSING TIME:	11H00
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DESCRIPTION	SUPPLY, DELIVERY AND COMMISSIONING OF NON-INVASIVE VENTILATORS (CONTINUOUS POSITIVE AIRWAY PRESSURE – CPAP, Bi-level POSITIVE AIRWAY PRESSURE – BIPAP, HIGH FLOW OXYGEN THERAPY – HFOT, TO THE EASTERN CAPE DEPARTMENT OF HEALTH (ECDoH).
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BID RESPONSE DOCUMENTS MUST BE DEPOSITED IN THE BID BOX or SUBMITTED VIA A COURIER TO THE BID BOX SITUATED AS STATED BELOW

Tender Box situated at

DEPARTMENT OF HEALTH

SUPPLY CHAIN MANAGEMENT, Ground Floor (Next to Security Gate)

Global Life Building

Phalo Avenue

Bhisho

BIDDING PROCEDURE ENQUIRIES ONLY MAY BE DIRECTED TO

CONTACT PERSON	P. MTHELELI	
TELEPHONE NUMBER	040 608 9501 / 083 303 3728	
FACSIMILE NUMBER		
E-MAIL ADDRESS	Philasande.mtheleli@echealth.gov.za	

SUPPLIER INFORMATION

NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		OR	CENTRAL SUPPLIER DATABASE No:	MAAA
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE	TICK APPLICABLE BOX]		B-BBEE STATUS LEVEL SWORN AFFIDAVIT	[TICK APPLICABLE BOX]	
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> 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]

<p>ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[IF YES ENCLOSE PROOF]</p>	<p>ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>[IF YES, ANSWER THE QUESTIONNAIRE BELOW]</p>
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QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? ☐ YES ☐ NO

DOES THE ENTITY HAVE A BRANCH IN THE RSA? ☐ YES ☐ NO

DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? ☐ YES ☐ NO

DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? ☐ YES ☐ NO

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 BELOW.

PART B
TERMS AND CONDITIONS FOR BIDDING

1. BID SUBMISSION:	
1.1.	BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.
1.2.	ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.
1.3.	THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.
1.4.	THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).
2. TAX COMPLIANCE REQUIREMENTS	
2.1	BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
2.2	BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.
2.3	APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.
2.4	BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.
2.5	IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.
2.6	WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
2.7	NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.

SIGNATURE OF BIDDER:

CAPACITY UNDER WHICH THIS BID IS SIGNED:
(Proof of authority must be submitted e.g. company resolution)

DATE:

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BID CONDITIONS

1. Without limitation to any other rights of the Eastern Cape Department of Health (ECDoH) (whether otherwise reserved in this invitation to bid or under law), the ECDoH expressly reserves the right to:-
 - 1.1 Request clarification on any aspect of a response to this invitation to bid received from the bidder, such requests and the responses to be in writing;
 - 1.2 Amend the bidding process, including the timetables, closing date and any other date at its sole discretion;
 - 1.3 Reject all responses submitted by bidders and to embark on a new bid process.
 - 1.4 Award the bid to one or more bidder/s. The difference in point score should not exceed 5% between the lowest and highest point scorer, however the purchaser reserves the right to review the percentage difference. The purchaser reserves the right to take into consideration stock availability for part or all the required Non-invasive ventilators.
 - 1.5 The quantities reflected in the bid document are estimated quantities and no guarantee is given or implied as to the actual quantity which will be procured during the contract. The actual requirement is based on the need for COVID 19
 - 1.6 Stock is required for immediate need but a very competitive price for a delivery of 4 – 6 weeks. Early delivery will be preferred without compromising the cost of the requirement.
 - 1.7 Bidder must therefore state precisely the delivery lead time from purchase order
 - 1.8 Price must include supply, delivery and commissioning of equipment to Eastern Cape facilities.
 - 1.9 The bidder shall use the prevailing Rate of Exchange (RoE) based on the South African Reserve Bank at 12:00 on the **12 June 2020** (Advert date) to price imported content offered in this bid.
 - 1.10 Fluctuations between contract pricing schedule rates and quotes: Will be fully exposed to ROE adjustments with the ROE determined at the average buy and sell spot rate on quote date based on the South African Reserve Bank rates at 12:00 on the date of the quote.

- 1.11 Fluctuations between quote date and order date: The order amount in South African currency will be placed on the Supplier less, or plus, an amount reflecting any change in the exchange rate exceeding 5% (tolerance rate) compared to the quoted rate, determined at average buy and sell spot rate on quote date based on the South African Reserve Bank rates. In the event where the actual spot rate differs by more than 5% from the quote rate on the date of the order, the supplier may request an updated quote (if more) or the Department may request an updated rate (if less).
- 1.12 Fluctuations between order date and invoice settlement date: Any further fluctuation in the ROE and the cost of taking forward cover, which may occur between the purchase order and the date of the invoice settlement, shall be absorbed by the Supplier.
- 1.13 Any request for price changes or rate of exchange variation shall be supported by documentary evidence, in the form of proof of the applicable rates, by providing printouts of the South African Reserve Bank rates

2. EVALUATION CRITERIA

The bid will be evaluated in terms of the 80/20 point system as stipulated in terms of the Preferential Procurement Regulations, 2017. 80 points will be allocated for price and 20 points for attaining the B-BBEE status level of contributor.

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$$

Where

P_s = points scored for comparative price of bid or offer under consideration.

P_t = Comparative price of bid or offer under consideration.

P_{\min} = comparative price of lowest acceptable bid or offer.

NB: Bidders are required to, together with their bids submit original and valid B-BBEE status level verification certificates *issued by SANAS accredited agent* or certified copies or Sworn Affidavit in the case of Emerging Micro Enterprise (EME) and Qualifying Small Enterprise (QSE) to substantiate their B-BBEE rating claims.

A bid will not be disqualified from the bidding process if the bidder does not submit a certificate substantiating the B-BBEE status level of contribution or is a non-compliant contributor. Such a bidder will score 0 out of maximum of 20 points for B-BBEE

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

PRE – QUALIFICATION/ ADMINISTRATIVE COMPLIANCE

The following criteria shall apply:

- a. All documentation inclusive of supporting documentation requested in terms of the Bid Document requirements must be submitted and signed off where required
- b. Bidder must complete and sign SBD 1, 4, 6.1,8 & 9 and the entire document. Submissions of **only** quotation without the standard bid document may not be considered
- c. **Service Provider must be registered with the National Treasury Supplier Database (CSD) and furnish the supplier number.**
- d. Quotation must include delivery to the facilities and all the cost relating to the supplies inclusive of all taxes (N.B. no hidden costs will be paid by the Department of Health).

NON-NEGOTIABLES

- e. **Product Brochures and Specifications must be submitted with the bid.**
- f. **Bidders to attach Authorization Letter from the Original Equipment Manufacturer or Distributor**

Where the bidder is not the OEM, bidders must submit an appointment letter from the OEM or OEM Distributor authorizing the bidder to supply the equipment and services in RSA and/or the Eastern Cape region.

- g. The bidder must demonstrate the capacity to train the end-users. Bidders to attach copies of Application Specialist qualifications (Relevant Manufacturer training).

Bid Strategy

The department is seeking to invite service providers for the supply, delivery and commissioning of **Non-invasive ventilators (Continuous Positive Airway Pressure – CPAP, Bi-level Positive Airway Pressure – BIPAP, High Flow Oxygen Therapy – HFOT)** to the Eastern Cape Department of Health Hospitals/Institutions.

The bid is rate based and will be use as and when needed basis.

SPECIFICATION

The specification is broken into 6 items listed below:

1. CPAP (Continuous Positive Airway Pressure) Ventilator
2. BIPAP ((Bi Level Positive Airway Pressure) Ventilator
3. HFOT (High Flow Oxygen Therapy) Ventilator

ITEM 1: CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) VENTILATOR

A bidder must score a minimum of 172 points (80%) out of 214 points to proceed to the next stage.

	CPAP VENTILATOR	Points	Complies Yes/No	Provide your answers in this Column. You are advised to be straight to the point.
1	SCOPE (Non-negotiable requirements)			
1,1	This specification establishes the requirements for the SUPPLY, DELIVERY, INSTALLATION, DEMONSTRATION and COMMISSIONING of A BASIC CPAP VENTILATOR WITH HUMIDIFIER FOR USE IN HOSPITALS.			
1.1.1	Product Offered:	Y/N		
1.1.2	Make:	Y/N		
1.1.3	Model:	Y/N		
1.1.4	Initial Manufacturing year of Model:	Y/N		
1.1.5	The bidder to indicate applicable patient use (Neonatal, Paediatric, Adult)	Y/N		
1.1.6	Bidder to provide manufacturer documentation to support compliance to specifications.	Y/N		
1,2	Conformity Compliance, please attach certificates for CPAP& HUMIDIFIER. (Non-negotiable requirements)			
1.2.1	The unit must comply with an acceptable international electrical safety standard such as SANS/ IEC 601-1 for medical equipment, attached certification	Y/N		
1.2.2	OEM must comply and be certified on SANS/ ISO 9001 and or 13485 quality standards, attach proof of compliance	Y/N		
1.2.3	Please provide unique ref number of the SANS/ ISO 9001 and or 13485 certificate:	Y/N		
1.2.4	Model quoted for must be EC/ FDA/ SANS certified. Attach a copy of certification	Y/N		

1.2.5	Please provide unique ref number of the EC/ FDA/ SANS certificate:	Y/N		
1.2.6	All electrical/electronic medical equipment must be licensed by Radiation Control, where applicable a copy of the license must be submitted The license must be registered under the bidders name or a letter of joint venture must be submitted by the license holder where the license is not in the name of the bidder. Bidders that neglect to submit a license will not be considered	Y/N		
1.2.7	Radiation Control License number:	Y/N		
1.2.8	The mains cable of the unit being quoted for must be 15 amp 3 prong hospital grade (rubber to with 2 screws) type and it must be a minimum length of three (3) meters. NB the mains cable of the unit tendered for must be SABS colour coded. To comply to 220V and 50Hz.	Y/N		
1.2.9	The equipment quoted for must be protected against electromagnetic interference SANS/ IEC 60601-1-2	Y/N		
1.2.10	The unit must comply with electrical safety and performance standard such as SANS/ IEC 60601-2-12, attached certification	Y/N		
1.2.11	Please provide unique ref number of the IEC certificate:	Y/N		
1,3	COMPREHENSIVE MAINTENANCE. (Non-negotiable requirements)			
1.3.1	A 24 month warranty inclusive maintenance and service (Year 1 to Year 2) must be included in the bid price. THIS ENTAILS: A 2-year warranty against poor workmanship and latent defects and parts. This must be all inclusive and include, BUT NOT LIMITED TO, amongst others, ALL PARTS (including Batteries, Flow sensors and Oxygen cell), Labour, Traveling and Accommodation. The 2-year warranty must also include all quality check, quality assurance requirements, Preventative Maintenance/Calibrations, Software updates and upgrades to be included. This 2-year warranty will commence after formal Commissioning and handover of the equipment.	Y/N		

1.3.2	The bidder shall demonstrate the capability and the capacity to maintain the equipment. Bidder to attach copies of technical personnel qualifications (Minimum NQF Level 5 in Clinical/ Electrical/ Mechanical Engineering studies) and the relevant manufacturer training certificate.	Y/N		
1.3.3	The bidder to provide the OEM recommended service interval of the unit:	Y/N		
1.3.4	Bidder to provide details of technical work (Spare parts & Calibrations) involving the unit bided for	Y/N		
1.3.5	Has the product on offer being on safety recall by the Regulatory Authority in the last 5 years? If yes, please provide further details of the recall and how was it addressed	Y/N		
1.3.6	The unit on offer must be the latest technology.	Y/N		
2	SPECIFICATION FOR CPAP AND HUMIDIFIER			
2,1	The unit shall be a basic flow system to safely deliver controlled gas mixtures to a patient circuit to generate a constant positive airway pressure in the patient airway.	4		
2,2	The gas delivery to the patient shall be a non-invasive, nasal cannula and or face mask type.	4		
2,3	The unit shall be offered with a good quality warm water humidifier with a circuit heater.	10		
2,4	If either the oxygen or air fails, the unit shall carry on operating with the remaining supply.	10		
2,5	The system (CPAP) shall be complete with colour coded Air and Oxygen hoses and Heyer type keys. The hose lengths shall be at least 3 metres. <i>(Air hose not applicable on units with built-in compressor)</i>	4		
2,6	The unit shall mix air and oxygen to a user selected FiO2 percentage from 21% to 99%.	4		
2,7	The unit shall have an audible gas supply failure alarm.	10		
2,8	The proximal airway pressure shall be mechanically or electronically displayed.	10		
2,9	The airway pressure shall be displayed in cmH2O.	4		

2,10	The minimum Airway Pressure range shall not be more than 5cmH2O.	4		
2,11	The maximum Airway Pressure range shall not be less than 20cmH2O.	4		
2,12	Both re-usable and disposable lightweight circuits can be offered as options. Bidders to indicate the price per circuit.	2		
2,13	Bidders to offer nasal cannula and or masks in atleast four different sizes as option.	2		
2,14	The unit shall be mounted on a mobile trolley, equipped with 4 to 5 castors (at least two shall be lockable) with a sturdy pole to accommodate all the required components.	4		
2,15	The Humidifier shall be shall be equipped with a suitable clamp to securely mount it to the stand on which the CPAP is mounted.	4		
2,16	The heater output shall not exceed 150Watt.	2		
2,17	The airway temperature shall not exceed 42 ° C. Bidder to specify maximum.	4		
2,18	The output of heater shall be disconnected when an over temperature alarm occurs.	4		
2,19	The offered humidifier base shall have the means to secure the humidifier chamber to it.	4		
2,20	Proximal inspiration temperature shall be displayed on an illuminated digital display.	4		
2,21	Displayed Temperature accuracy to be within 0,1 ° C.	4		
2,22	The bidder to specify the maximum allowable gas flow through the humidifier. Specified data shall comply with the offered CPAP.	10		
2,23	The CPaP stand shall have a patient circuit holder	4		
2,24	The CPaP stand shall have an internal rechargeable battery.	10		
2,25	CPaP Alarms			
2.25.1	Leak	4		
2.25.2	Pressure (High and Low)	4		
2.25.3	Power failure	4		
2,26	Alarms on the Humidifier shall include:			
2.26.1	Pre-set temperature not reached.	4		
2.26.2	Electrical connection between humidifier and circuit components failed.	4		
2.26.3	Temperature sensor failed.	4		

2.26.4	Hose heater (if applicable) wire failed.	4		
2.26.5	Loss of airflow through system	4		
2.26.6	There shall be a timed alarm mute function on lesser important failures	4		
2,27	Compressor Built-in or comply to the following: (Applicable on machines without a built-in compressor)			
2.27.1	Medical Air Compressor to meet the required gas supply of the CPAP. A minimum of 3 bar pressure is required.	4		
2.27.2	Low Noise compressor. Noise level shall not exceed 55 dB	4		
2.27.3	The make shall be built for safe use in doors with protective cover.	4		
2.27.4	The cover shall be made of non-conductor materials.	4		
2.27.5	The unit shall have a built castors for easy mobility.	4		
2.27.6	The unit shall have a connector that is compatible with the CPAP	4		
2,28	Standard Accessories and Consumables (in line with the applicable patient use)			
2.28.1	Nasal cannula with securing straps	4		
2.28.2	Masks with securing straps (Mask) <i>if applicable</i>	4		
2.28.3	Proximal flow sensor	4		
2.28.4	Patient circuits	4		
2.28.5	Humidifier Chamber	4		
2.28.6	Humidifier Temp probes	4		
2.28.7	Heater wire	4		

ITEM2: BiPAP (Bi-level POSITIVE AIRWAY PRESSURE) VENTILATOR

A bidder must score a minimum of 188 points (80%) out of 234 points to proceed to the next stage.

	BiPAP VENTILATOR	Points	Complies Yes/No	Provide your answers in this Column. You are advised to be straight to the point.
1	SCOPE - (Non-negotiable requirements)			
1,1	This specification establishes the requirements for the SUPPLY, DELIVERY, INSTALLATION, DEMONSTRATION and COMMISSIONING of A BASIC BiPAP VENTILATOR WITH HUMIDIFIER FOR USE IN HOSPITALS.			
1.1.1	Product Offered:	Y/N		
1.1.2	Make:	Y/N		
1.1.3	Model:	Y/N		
1.1.4	Initial Manufacturing year of Model:	Y/N		
1.1.5	The bidder to indicate applicable patient use (Neonatal, Paediatric, Adult)	Y/N		
1.1.6	Bidder to provide manufacturer documentation to support compliance to specifications.	Y/N		
1,2	Conformity Compliance, please attach certificates for BiPAP& HUMIDIFIER [if stand alone]. (Non-negotiable requirements)			
1.2.1	The unit must comply with an acceptable international electrical safety standard such as SANS/ IEC 601-1 for medical equipment, attached certification	Y/N		
1.2.2	OEM must comply and be certified on SANS/ ISO 9001 and or 13485 quality standards, attach proof of compliance	Y/N		
1.2.3	Please provide unique ref number of the SANS/ ISO 9001 and or 13485 certificate:	Y/N		
1.2.4	Model quoted for must be EC/ FDA/ SANS certified. Attach a copy of certification	Y/N		
1.2.5	Please provide unique ref number of the EC/ FDA/ SANS certificate:	Y/N		

1.2.6	All electrical/electronic medical equipment must be licensed by Radiation Control, where applicable a copy of the license must be submitted The license must be registered under the bidders name or a letter of joint venture must be submitted by the license holder where the license is not in the name of the bidder. Bidders that neglect to submit a license will not be considered	Y/N		
1.2.7	Radiation Control License number:	Y/N		
1.2.8	The mains cable of the unit being quoted for must be 15 amp 3 prong hospital grade (rubber to with 2 screws) type and it must be a minimum length of three (3) meters. NB the mains cable of the unit tendered for must be SABS colour coded.	Y/N		
1.2.9	The equipment quoted for must be protected against electromagnetic interference SANS/ IEC 60601-1-2	Y/N		
1.2.10	The unit must comply with electrical safety and performance standard such as SANS/ IEC 60601-2-12, attached certification	Y/N		
1.2.11	Please provide unique ref number of the IEC certificate:	Y/N		
1,3	COMPREHENSIVE MAINTENANCE - (Non-negotiable requirements)			
1.3.1	A 24 month warranty inclusive maintenance and service (Year 1 to Year 2) must be included in the bid price	Y/N		
1.3.2	THIS ENTAILS: A 2-year warranty against poor workmanship and latent defects and parts. This must be all inclusive and include, BUT NOT LIMITED TO, amongst others, ALL PARTS (including Batteries, Flow sensors and Oxygen cell), Labour, Traveling and Accommodation. The 2-year warranty must also include all quality check, quality assurance requirements, Preventative Maintenance/Calibrations, Software updates and upgrades to be included. This 2-year warranty will commence after formal Commissioning and handover of the equipment.	Y/N		

1.3.3	The bidder shall demonstrate the capability and the capacity to maintain the equipment. Bidder to attach copies of technical personnel qualifications (Minimum NQF Level 5 in Clinical/ Electrical/ Mechanical Engineering studies) and the relevant manufacturer training certificate.	Y/N		
1.3.4	The bidder to provide the OEM recommended service interval of the unit:	Y/N		
1.3.5	Bidder to provide details of technical work (Spare parts & Calibrations) involving the unit bided for	Y/N		
1.3.6	Has the product on offer being on safety recall by the Regulatory Authority in the last 5 years? If yes, please provide further details of the recall and how was it addressed	Y/N		
1.3.7	The unit on offer must be the latest technology.	Y/N		
2	SPECIFICATION FOR BiPAP AND HUMIDIFIER			
2,1	The unit shall be a basic flow system to safely deliver controlled gas mixtures to a patient circuit to generate a bi-level positive airway pressure in the patient airway.	4		
2,2	The gas delivery to the patient shall be a non-invasive, nasal cannula and or face mask type.	4		
2,3	The unit shall be offered with a good quality warm water humidifier with a circuit heater.	10		
2,4	If either the oxygen or air fails, the unit shall carry on operating with the remaining supply.	10		
2,5	The system (BiPAP) shall be complete with colour coded Air and Oxygen hoses and Heyer type keys. The hose lengths shall be at least 3 metres. (<i>Air hose not applicable on units with built-in compressor</i>)	4		
2,6	The unit shall mix air and oxygen to a user selected FiO2 percentage from 21% to 99%.	4		
2,7	The unit shall have an audible gas supply failure alarm.	10		
2,8	The proximal airway pressure shall be mechanically or electronically displayed.	10		
2,9	The airway pressure shall be displayed in cmH2O.	4		

2,10	The minimum CPAP range shall not be more than 5cmH2O.	4		
2,11	The maximum CPAP range shall not be less than 20cmH2O.	4		
2,12	The minimum IPAP range shall not be more than 5cmH2O.	4		
2,13	The maximum IPAP range shall not be less than 20cmH2O.	4		
2,14	The minimum EPAP range shall not be more than 5cmH2O.	4		
2,15	The maximum EPAP range shall not be less than 20cmH2O.	4		
2,16	Maximum Respiratory rate shall not be less than 30bpm	4		
2,17	Both re-usable and disposable lightweight circuits can be offered as options. Bidders to indicate the price per circuit.	2		
2,18	Bidders to offer nasal cannula and or masks in four different sizes as option.	2		
2,19	The unit shall be mounted on a mobile trolley, equipped with 4 to 5 castors (at least two shall be lockable) with a sturdy pole to accommodate all the required components.	4		
2,20	The Humidifier shall be shall be equipped with a suitable clamp to securely mount it to the stand on which the BiPAP is mounted.	4		
2,21	The heater output shall not exceed 150Watt.	2		
2,22	The airway temperature shall not exceed 42 ° C. Bidder to specify maximum.	4		
2,23	The output of heater shall be disconnected when an over temperature alarm occurs.	4		
2,24	The offered humidifier base shall have the means to secure the humidifier chamber to it.	4		
2,25	Proximal inspiration temperature shall be displayed on an illuminated digital display.	4		
2,26	Displayed Temperature accuracy to be within 0,1 ° C.	4		
2,27	The bidder to specify the maximum allowable gas flow through the humidifier. Specified data shall comply with the offered BiPAP.	10		
2,28	The CPaP stand shall have a patient circuit holder	2		

2,29	The BiPaP stand shall have an internal rechargeable battery.	4		
2,30	BiPaP Alarms shall include the following			
2.30.1	Leak	4		
2.30.2	Respiratory rate (High and Low)	4		
2.30.3	Pressure (High and Low)	4		
2.30.4	Power failure	4		
2,31	Alarms on the Humidifier shall include:			
2.31.1	Pre-set temperature not reached.	4		
2.31.2	Electrical connection between humidifier and circuit components failed.	4		
2.31.3	Temperature sensor failed.	4		
2.31.4	Hose heater (if applicable) wire failed.	4		
2.31.5	Loss of airflow through system	4		
2.31.6	There shall be a timed alarm mute function on lesser important failures	4		
2,32	Compressor Built-in or comply to the following: (Applicable on machines without a built-in compressor)			
2.32.1	Medical Air Compressor to meet the required gas supply of the CPAP. A minimum of 3 bar pressure is required.	4		
2.32.2	Low Noise compressor. Noise level shall not exceed 55 dB	4		
2.32.3	The make shall be built for safe use in doors with protective cover.	4		
2.32.4	The cover shall be made of non-conductor materials.	4		
2.32.5	The unit shall have a built castors for easy mobility.	4		
2.32.6	The unit shall have a connector that is compatible with the CPAP	4		
2,33	Standard Accessories and Consumables <i>(some accessories might not be applicable on units with built-in humidifiers)</i>			
2.33.1	Nasal cannula with securing straps (Nasal cannula)	4		
2.33.2	Masks with securing straps (Mask) if applicable	4		
2.33.3	Proximal flow sensor	4		
2.33.4	Patient circuits	4		
2.33.5	Humidifier Chamber	4		
2.33.6	Humidifier Temp probes	4		
2.33.7	Heater wire	4		
2.33.8	SpO2 probe	4		

ITEM 3: HFOT (HIGH FLOW OXYGEN THERAPY) WITH COMPRESSOR

A bidder must score a minimum of 95 points (80%) out of 118 points to proceed to the next stage.

	HFOT (High Flow Oxygen Therapy) with Compressor	Points	Complies Yes/No	Provide your answers in this Column. You are advised to be straight to the point.
1	SCOPE (Non-negotiable requirements)			
1,1	This specification establishes the requirements for the SUPPLY, DELIVERY, INSTALLATION, DEMONSTRATION and COMMISSIONING of A HFOT WITH HUMIDIFIER AND AIR MIXER FOR USE IN HOSPITALS.			
1.1.1	Product Offered:	Y/N		
1.1.2	Make:	Y/N		
1.1.3	Model:	Y/N		
1.1.4	Initial Manufacturing year of Model:	Y/N		
1.1.5	The bidder to indicate applicable patient use (Neonatal, Paediatric, Adult)	Y/N		
1.1.6	Bidder to provide manufacturer documentation to support compliance to specifications.	Y/N		
1,2	Conformity Compliance, please attach certificates for HFOT. (Non-negotiable requirements)			
1.2.1	The unit must comply with an acceptable international electrical safety standard such as SANS/ IEC 601-1 for medical equipment, attached certification	Y/N		
1.2.2	OEM must comply and be certified on SANS/ ISO 9001 and or 13485 quality standards, attach proof of compliance	Y/N		
1.2.3	Please provide unique ref number of the SANS/ ISO 9001 and or 13485 certificate:	Y/N		
1.2.4	Model quoted for must be EC/ FDA/ SANS certified. Attach a copy of certification	Y/N		
1.2.5	Please provide unique ref number of the EC/ FDA/ SANS certificate:	Y/N		

1.2.6	All electrical/electronic medical equipment must be licensed by Radiation Control, where applicable a copy of the license must be submitted. The license must be registered under the bidders name or a letter of joint venture must be submitted by the license holder where the license is not in the name of the bidder. Bidders that neglect to submit a license will not be considered	Y/N		
1.2.7	Radiation Control License number:	Y/N		
1.2.8	The mains cable of the unit being quoted for must be 15 amp 3 prong hospital grade (rubber to with 2 screws) type and it must be a minimum length of three (3) meters. NB the mains cable of the unit tendered for must be SABS colour coded.	Y/N		
1.2.9	The equipment quoted for must be protected against electromagnetic interference SANS/ IEC 60601-1-2	Y/N		
1.2.10	The unit must comply with electrical safety and performance standard such as SANS/ IEC 60601-2-12, attached certification	Y/N		
1.2.11	Please provide unique ref number of the SANS/ IEC certificate:	Y/N		
1,3	COMPREHENSIVE MAINTENANCE - (Non-negotiable requirements)			
1.3.1	A 24 month warranty inclusive maintenance and service (Year 1 to Year 2) must be included in the bid price	Y/N		
1.3.2	THIS ENTAILS: A 2-year warranty against poor workmanship and latent defects and parts. This must be all inclusive and include, BUT NOT LIMITED TO, amongst others, ALL PARTS (including Batteries, Flow sensors and Oxygen cell), Labour, Traveling and Accommodation. The 2-year warranty must also include all quality check, quality assurance requirements, Preventative Maintenance/Calibrations, Software updates and upgrades to be included. This 2-year warranty will commence after formal Commissioning and handover of the equipment.	Y/N		
1.3.3	The bidder shall demonstrate the capability and the capacity to maintain the equipment. Bidder to attach copies of technical personnel qualifications (Minimum NQF Level 5 in Clinical/ Electrical/ Mechanical Engineering	Y/N		

	studies) and the relevant manufacturer training certificate.			
1.3.4	The bidder to provide the OEM recommended service interval of the unit:	Y/N		
1.3.5	Bidder to provide details of technical work (Spare parts & Calibrations) involving the unit bided for	Y/N		
1.3.6	General	Y/N		
1.3.7	Has the product on offer being on safety recall by the Regulatory Authority in the last 5 years? If yes, please provide further details of the recall and how was it addressed	Y/N		
1.3.8	The unit on offer must be the latest technology.	Y/N		
2	SPECIFICATION FOR HFOT, HUMIDIFIER AND AIR MIXER			
2,1	The unit shall be a high flow oxygen therapy system to safely deliver controlled gas mixtures to a patient circuit.	4		
2,2	The gas delivery to the patient shall be a non-invasive, nasal cannula and or similar technology.	4		
2,3	The unit shall be offered with an intergrated good quality warm water humidifier.	10		
2,4	The HFOT shall be complete with colour coded Oxygen hose and Oxygen connector. The hose length shall be at least 3 metres.	10		
2,5	The unit shall be able to deliver a user selectable FiO2 percentage from 21% to 99%.	4		
2,6	The unit shall have an audible gas supply failure alarm.	10		
2,7	The proximal airway pressure shall be mechanically or electronically displayed.	10		
2,8	The maximum flow therapy shall not be less than 60 LPM	10		
2,9	Both re-usable and disposable lightweight circuits can be offered as options. Bidders to indicate the price per circuit.	2		
2,10	Bidders to offer nasal cannula and or similar technology in at least four different sizes as option.	2		

2,11	The unit shall be mounted on a mobile trolley, equipped with 4 to 5 castors (at least two shall be lockable) with a sturdy pole to accommodate all the required components.	4		
2,12	The airway temperature shall not exceed 42 ° C. Bidder to specify maximum.	4		
2,13	The output of heater shall be disconnected when an over temperature alarm occurs.	4		
2,15	The offered humidifier base shall have the means to secure the humidifier chamber to it.	4		
2,16	Proximal inspiration temperature shall be displayed on an illuminated digital display.	4		
2,17	Displayed Temperature accuracy to be within 0,1 ° C.	4		
2,18	The bidder to specify the maximum allowable gas flow through the humidifier. Specified values shall be compatible to the HFOT.	4		
2,19	Alarms shall include:			
2.19.1	Chamber Temperature.	4		
2.19.2	Temperature sensor.	4		
2.19.3	FiO2.	4		
2.19.4	There shall be a timed alarm mute function on lesser important failures.	4		
2,20	Built-in Compressor or similar technology to comply to the following:			
2.20.1	Medical Air Compressor or similar technology to meet the required gas supply of the HFOT.	4		
2.20.2	Low Noise compressor or similar technology. Noise level shall not exceed 55 dB	4		
2,21	Standard Accessories and Consumables <i>(some accessories might not be applicable on units with built-in humidifiers)</i>			
2.21.1	Nasal cannula with securing straps			
2.21.2	Proximal flow sensor			
2.21.3	Patient circuits, Heated or non heated			
2.21.4	Heater wire <i>(if non heated circuits are provided)</i>			
2.21.5	Other therapy delivery technology <i>(manufacturer unique naming)</i>			
2.21.6	Humidifier Chamber			
2.21.7	Humidifier Temp probes			
2.21.8	SPO2 probes			

SBD 3.2

**PRICING SCHEDULE – NON-FIRM PRICES
(PURCHASES)**

NOTE: PRICE ADJUSTMENTS WILL BE ALLOWED AT THE PERIODS AND TIMES SPECIFIED IN THE BIDDING DOCUMENTS.

Name of Bidder..... Bid number: SCMU3-20/21-0055-HO Closing Time 11:00Closing date: 25/ 06 /2020

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

ITEM 1: CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) VENTILATOR

ITEM NO.	ITEM DESCRIPTION:	Indicative Qty	Unit of measure	Unit Price (inclusive of all applicable taxes)	Total Price Inclusive of all applicable taxes
1	BASIC CPAP VENTILATOR WITH HUMIDIFIER (including 24 months warranty).				
1	Stand alone compressor				
2,28	Standard Accessories and Consumables				
2.28.1	Nasal cannula with securing straps (Adult)				
2.28.2	Nasal cannula with securing straps (Paediatric)				
2.28.3	Nasal cannula with securing straps (Neonatal)				
2.28.2	Masks with securing straps (Adult) if applicable				
2.28.2	Masks with securing straps (Paediatric) if applicable				
2.28.2	Masks with securing straps (Neonatal) if applicable				
2.28.3	Proximal flow sensor				

2.28.4	Patient circuits (Adult)				
2.28.4	Patient circuits (Paediatric)				
2.28.4	Patient circuits (Neonatal)				
2.28.5	Humidifier Chamber				
2.28.6	Humidifier Temp probes				
2.28.7	Heater wire				
	Grand Total				

ITEM2: BiPAP (Bi-level POSITIVE AIRWAY PRESSURE) VENTILATOR

ITEM NO.	ITEM DESCRIPTION:	Indicative Qty	Unit of measure	Unit Price (inclusive of all applicable taxes)	Total Price Inclusive of all applicable taxes
1	BASIC BiPAP VENTILATOR with humidifier (including 24 months warranty).				
	Stand alone compressor				
2,33	Standard Accessories and Consumables				
2.21.1	Nasal cannula with securing straps (Adult)				
2.21.1	Nasal cannula with securing straps (Paediatric)				
2.21.1	Nasal cannula with securing straps (Neonatal)				
2.21.2	Proximal flow sensor				
2.21.3	Patient circuits, Heated or non heated (Adult)				
2.21.3	Patient circuits, Heated or non heated (Paediatric)				
2.21.3	Patient circuits, Heated or non heated (Neonatal)				
2.21.4	Heater wire (<i>if non heated circuits are provided</i>)				
2.21.5	Other therapy delivery technology (manufacturer unique naming)				
2.33.6	Humidifier Chamber				
2.33.7	Humidifier Temp probes				
2.33.8	SpO2 probe				
	Grand Total				

ITEM 3: HFOT (HIGH FLOW OXYGEN THERAPY) WITH COMPRESSOR

ITEM NO.	ITEM DESCRIPTION:	Indicative Qty	Unit of measure	Unit Price (inclusive of all applicable taxes)	Total Price Inclusive of all applicable taxes
1	HFOT (High Flow Oxygen Therapy) with Compressor (including 24 months warranty).				
	Stand alone compressor				
2,21	Standard Accessories and Consumables				
2.21.1	Nasal cannula with securing straps (Adult)				
2.21.1	Nasal cannula with securing straps (Paediatric)				
2.21.1	Nasal cannula with securing straps (Neonatal)				
2.21.2	Proximal flow sensor				
2.21.3	Patient circuits, Heated or non heated (Adult)				
2.21.3	Patient circuits, Heated or non heated (Paediatric)				
2.21.3	Patient circuits, Heated or non heated (Neonatal)				
2.21.4	Heater wire <i>(if non heated circuits are provided)</i>				
2.21.5	Other therapy delivery technology (manufacturer unique naming)				
2.21.6	Humidifier Chamber				
2.21.7	Humidifier Temp probes				
2.21.8	SpO2 probe				
	Grand Total				

ITEM 4 OPTIONAL: REBREATHING BAG MASK

ITEM NO.	ITEM DESCRIPTION:	Indicative Qty	Unit of measure	Unit Price (inclusive of all applicable taxes)	Total Price Inclusive of all applicable taxes
1	Adult rebreathing bag mask with reservoir bag which is used in delivery of oxygen therapy to allow for the delivery of high concentration of oxygen	2000			
2	Child breathing Mask	200			
	Grand Total				

ITEM NO. QUANTITY DESCRIPTION BID PRICE IN RSA CURRENCY
 ** (ALL APPLICABLE TAXES INCLUDED)

-
- Required by: Easter Cape Department of Health
 - At:
 - Brand and model
 - Country of origin
 - Does the offer comply with the specification(s)? *YES/NO
 - If not to specification, indicate deviation(s)
 - Indicate availability of stock and Provide Lead time for the supply and delivery of Ventilators ---- days
 - Delivery: *Firm/not firm

SBD 3.2

PRICE ADJUSTMENTS

A NON-FIRM PRICES SUBJECT TO ESCALATION

1. IN CASES OF PERIOD CONTRACTS, NON FIRM PRICES WILL BE ADJUSTED (LOADED) WITH THE ASSESSED CONTRACT PRICE ADJUSTMENTS IMPLICIT IN NON FIRM PRICES WHEN CALCULATING THE COMPARATIVE PRICES
2. IN THIS CATEGORY PRICE ESCALATIONS WILL ONLY BE CONSIDERED IN TERMS OF THE FOLLOWING FORMULA:

$$Pa = (1 - V)Pt \left(D1 \frac{R1t}{R1o} + D2 \frac{R2t}{R2o} + D3 \frac{R3t}{R3o} + D4 \frac{R4t}{R4o} \right) + VPt$$

Where:

Pa	=	The new escalated price to be calculated.
(1-V)Pt	=	85% of the original bid price. Note that Pt must always be the original bid price and not an escalated price.
D1, D2..	=	Each factor of the bid price eg. labour, transport, clothing, footwear, etc. The total of the various factors D1, D2...etc. must add up to 100%.
R1t, R2t.....	=	Index figure obtained from new index (depends on the number of factors used).
R1o, R2o	=	Index figure at time of bidding.
VPt	=	15% of the original bid price. This portion of the bid price remains firm i.e. it is not subject to any price escalations.

3. The following index/indices must be used to calculate your bid price:

Index..... Dated..... Index..... Dated..... Index..... Dated.....
 Index..... Dated..... Index..... Dated..... Index..... Dated.....

4. FURNISH A BREAKDOWN OF YOUR PRICE IN TERMS OF ABOVE-MENTIONED FORMULA. THE TOTAL OF THE VARIOUS FACTORS MUST ADD UP TO 100%.

g. Labour, transport etc.)	PERCENTAGE OF BID PRICE

SBD 3.2

B PRICES SUBJECT TO RATE OF EXCHANGE VARIATIONS

1. Please furnish full particulars of your financial institution, state the currencies used in the conversion of the prices of the items to South African currency, which portion of the price is subject to rate of exchange variations and the amounts remitted abroad.

PARTICULARS OF FINANCIAL INSTITUTION	ITEM NO	PRICE	CURRENCY	RATE	PORTION OF PRICE SUBJECT TO ROE	AMOUNT IN FOREIGN CURRENCY REMITTED ABROAD
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		
				ZAR=		

				ZAR=		
--	--	--	--	------	--	--

2. Adjustments for rate of exchange variations during the contract period will be calculated by using the average monthly exchange rates as issued by your commercial bank for the periods indicated hereunder: (Proof from bank required)

AVERAGE MONTHLY EXCHANGE RATES FOR THE PERIOD:	DATE DOCUMENTATION MUST BE SUBMITTED TO THIS OFFICE	DATE FROM WHICH NEW CALCULATED PRICES WILL BECOME EFFECTIVE	DATE UNTIL WHICH NEW CALCULATED PRICE WILL BE EFFECTIVE

SBD 4

DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state¹, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes a price quotation, advertised competitive bid, limited bid or proposal). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-

- the bidder is employed by the state; and/or
- the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

2.2 Full Name of bidder or his or her representative:
.....

2.3 Identity Number:.....

2.4 Position occupied in the Company (director, trustee, shareholder²):

2.5 Company Registration Number:
.....

2.6 Tax Reference Number:
.....

2.7 VAT Registration Number:
.....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below.

¹"State" means –

- (a) 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);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

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

2.7 Are you or any person connected with the bidder **YES / NO**
presently employed by the state

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member:
.....

Name of state institution at which you or the person
connected to the bidder is employed :

Position occupied in the state institution:

Any other particulars:

.....

.....

.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attached proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

.....

.....

.....

2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

.....

.....

.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

.....

.....

.....

2.10 Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this bid? **YES/NO**

2.10.1 If so, furnish particulars.

.....

.....

.....

2.11 Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? **YES/NO**

2.11.1 If so, furnish particulars:

.....

.....

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

Full Name	Identity Number	Personal Tax Reference Number	State Number / Employee Persal Number

4 DECLARATION

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATIONS PROVE TO BE FALSE.

.....
 Signature

.....
 Date

.....
 Position

.....
 Name of bidder

DECLARATION OF BIDDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Standard Bidding Document must form part of all bids invited.
- 2 It serves as a declaration to be used by institutions in ensuring that when goods and services are being procured, all reasonable steps are taken to combat the abuse of the supply chain management system.
- 3 The bid of any bidder may be disregarded if that bidder, or any of its directors have-
 - a. abused the institution's supply chain management system;
 - b. committed fraud or any other improper conduct in relation to such system; or
 - c. failed to perform on any previous contract.
- 4 **In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.**

Item	Question	Yes	No
4.1	Is the bidder or any of its directors listed on the National Treasury's database as companies or persons prohibited from doing business with the public sector? (Companies or persons who are listed on this database were informed in writing of this restriction by the National Treasury after the audi alteram partem rule was applied).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.1.1	If so, furnish particulars:		
4.2	Is the bidder or any of its directors listed on the Register for Tender Defaulters in terms of section 29 of the Prevention and Combating of Corrupt Activities Act (No 12 of 2004)? To access this Register enter the National Treasury's website, www.treasury.gov.za, click on the icon "Register for Tender Defaulters" or submit your written request for a hard copy of the Register to facsimile number (012) 3265445.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2.1	If so, furnish particulars:		
4.3	Was the bidder or any of its directors convicted by a court of law (including a court outside of the Republic of South Africa) for fraud or corruption during the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.3.1	If so, furnish particulars:		
4.4	Was any contract between the bidder and any organ of state terminated during the past five years on account of failure to perform on or comply with the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.4.1	If so, furnish particulars:		

CERTIFICATION

I, THE UNDERSIGNED (FULL NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS TRUE AND CORRECT.

I ACCEPT THAT, IN ADDITION TO CANCELLATION OF A CONTRACT, ACTION MAY BE TAKEN AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....

Signature

.....

Date

.....

Position

.....

Name of Bidder

CERTIFICATE OF INDEPENDENT BID DETERMINATION

I, the undersigned, in submitting the accompanying bid:

(Bid Number and Description)

In response to the invitation for the bid made by:

(Name of Institution)

do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of: _____ that:

(Name of Bidder)

1. I have read and I understand the contents of this Certificate;
2. I understand that the accompanying bid will be disqualified if this Certificate is found not to be true and complete in every respect;
3. I am authorized by the bidder to sign this Certificate, and to submit the accompanying bid, on behalf of the bidder;
4. Each person whose signature appears on the accompanying bid has been authorized by the bidder to determine the terms of, and to sign the bid, on behalf of the bidder;
5. For the purposes of this Certificate and the accompanying bid, I understand that the word "competitor" shall include any individual or organization, other than the bidder, whether or not affiliated with the bidder, who:
 - (a) has been requested to submit a bid in response to this bid invitation;
 - (b) could potentially submit a bid in response to this bid invitation, based on their qualifications, abilities or experience; and
 - (c) provides the same goods and services as the bidder and/or is in the same line of business as the bidder
6. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However communication between partners in a joint venture or consortium³ will not be construed as collusive bidding.
7. In particular, without limiting the generality of paragraphs 6 above, there has been no consultation, communication, agreement or arrangement with any competitor regarding:
 - (a) prices;
 - (b) geographical area where product or service will be rendered (market allocation)
 - (c) methods, factors or formulas used to calculate prices;
 - (d) the intention or decision to submit or not to submit, a bid;

- (e) the submission of a bid which does not meet the specifications and conditions of the bid; or
 - (f) bidding with the intention not to win the bid.
8. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications and conditions or delivery particulars of the products or services to which this bid invitation relates.
 9. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

³ **Joint venture or Consortium 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**

10. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

.....
Signature

.....
Date

.....

Position

.....

Name of Bidder

SBD 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, 2017.

1. GENERAL CONDITIONS

1.1 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
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2

- a) The value of this bid is estimated not to exceed R500 000 (all applicable taxes included) and therefore the 80/20 Preference point system shall be applicable; or
- b) The 80/20 preference point system will be applicable to this tender (*delete whichever is not applicable for this tender*).

1.3 Points for this bid shall be awarded for:

- (a) Price; and
- (b) B-BBEE Status Level of Contributor.

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

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the bid, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.

1.6 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

- (a) **“B-BBEE”** means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) **“B-BBEE status level of contributor”** means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) **“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 goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) **“Broad-Based Black Economic Empowerment Act”** means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) **“EME”** means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) **“functionality”** means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) **“prices”** includes all applicable taxes less all unconditional discounts;
- (h) **“proof of B-BBEE status level of contributor”** means:
 - 1) B-BBEE Status level certificate issued by an authorized body or person;
 - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
 - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) **“QSE”** means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 PREFERENCE POINT SYSTEMS

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

80/20

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$$

Where

P_s = Points scored for price of bid under consideration
 P_t = Price of bid under consideration
 P_{\min} = Price of lowest acceptable bid

4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

- 4.1 In terms of Regulation 6 (2) and 7 (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 Contributor	Status	Level	of	Number of points (80/20 system)
1				20
2				18
3				14
4				12
5				8
6				6
7				4
8				2
Non-compliant contributor				0

5. BID DECLARATION

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

6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1

- 6.1 B-BBEE Status Level of Contributor: . =(maximum of 10 or 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7. SUB-CONTRACTING

- 7.1 Will any portion of the contract be sub-contracted?

(***Tick applicable box***)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- 7.1.1 If yes, indicate:

- What percentage of the contract will be subcontracted.....%
- The name of the sub-contractor.....
- The B-BBEE status level of the sub-contractor.....
- Whether the sub-contractor is an EME or QSE

(***Tick applicable box***)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

- v) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME √	QSE √
Black people	<input type="checkbox"/>	<input type="checkbox"/>
Black people who are youth	<input type="checkbox"/>	<input type="checkbox"/>

Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

8. DECLARATION WITH REGARD TO COMPANY/FIRM

8.1 Name _____ of
company/firm:.....

8.2 VAT _____ registration
number:.....

8.3 Company _____ registration
number:.....

8.4 TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
 - ☐ One person business/sole propriety
 - ☐ Close corporation
 - ☐ Company
 - ☐ (Pty) Limited
- [TICK APPLICABLE BOX]

8.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....
.....
.....
.....
.....

8.6 COMPANY CLASSIFICATION

- ☐ Manufacturer
 - ☐ Supplier
 - ☐ Professional service provider
 - ☐ Other service providers, e.g. transporter, etc.
- [TICK APPLICABLE BOX]

8.7 Total number of years the company/firm has been in
business:.....

8.8 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-BBE status level of
contributor indicated in paragraphs 1.4 and 6.1 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 paragraphs 1.4 and 6.1, 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 contributor 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;
 - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution.

<p>WITNESSES</p> <p>1.</p> <p>2.</p>
--

<p>.....</p> <p>SIGNATURE(S) OF BIDDERS(S)</p>
<p>DATE:</p> <p>ADDRESS</p> <p>.....</p> <p>.....</p>

SWORN AFFIDAVIT – B-BBEE EXEMPTED MICRO ENTERPRISE - GENERAL

I, the undersigned,

Full name & Surname	
Identity number	

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member / Director / Owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	
Trading Name (If Applicable):	
Registration Number:	
Enterprise Physical Address:	
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	
Nature of Business:	
Definition of “Black People”	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 “Black People” is a generic term which means Africans, Coloureds and Indians –</p> <p>(a) Who are citizens of the Republic of South Africa by birth or descent; or</p> <p>(b) Who became citizens of the Republic of South Africa by naturalization-</p> <p>i. Before 27 April 1994; or</p> <p>ii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date</p>

3. I hereby declare under Oath that:

- The Enterprise is _____% Black Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is _____% Black Woman Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is _____% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of _____, the annual Total Revenue was R10,000,000.00 (Ten Million Rands) or less
- Please Confirm on the below table the B-BBEE Level Contributor, **by ticking the applicable box.**

100% Black Owned	Level One (135% B-BBEE procurement recognition level)	
At least 51% Black Owned	Level Two (125% B-BBEE procurement recognition level)	
Less than 51% Black Owned	Level Four (100% B-BBEE procurement recognition level)	

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the Owners of the Enterprise which I represent in this matter.
5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent

Signature: _____

Date:

Commissioner of Oaths Signature & stamp

SWORN AFFIDAVIT – B-BBEE QUALIFYING SMALL ENTERPRISE - GENERAL

I, the undersigned,

Full name & Surname	
Identity number	

Hereby declare under oath as follows:

1. The contents of this statement are to the best of my knowledge a true reflection of the facts.
2. I am a Member / Director / Owner of the following enterprise and am duly authorised to act on its behalf:

Enterprise Name:	
Trading Name (If Applicable):	
Registration Number:	
Enterprise Physical Address:	
Type of Entity (CC, (Pty) Ltd, Sole Prop etc.):	
Nature of Business:	
Definition of "Black People"	<p>As per the Broad-Based Black Economic Empowerment Act 53 of 2003 as Amended by Act No 46 of 2013 "Black People" is a generic term which means Africans, Coloureds and Indians –</p> <ul style="list-style-type: none">(a) Who are citizens of the Republic of South Africa by birth or descent; or(b) Who became citizens of the Republic of South Africa by naturalization-<ul style="list-style-type: none">i. Before 27 April 1994; orii. On or after 27 April 1994 and who would have been entitled to acquire citizenship by naturalization prior to that date

3. I hereby declare under Oath that:

- The Enterprise is _____% Black Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is _____% Black Woman Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- The Enterprise is _____% Black Designated Group Owned as per Amended Code Series 100 of the Amended Codes of Good Practice issued under section 9 (1) of B-BBEE Act No 53 of 2003 as Amended by Act No 46 of 2013,
- Based on the Financial Statements/Management Accounts and other information available on the latest financial year-end of _____, the annual Total Revenue was between R10,000,000.00 (Ten Million Rands) and R50,000,000.00 (Fifty Million Rands),
- Please confirm on the table below the B-BBEE level contributor, **by ticking the applicable box.**

100% Black Owned	Level One (135% B-BBEE procurement recognition level)	
At Least 51% black owned	Level Two (125% B-BBEE procurement recognition level)	

4. I know and understand the contents of this affidavit and I have no objection to take the prescribed oath and consider the oath binding on my conscience and on the owners of the enterprise which I represent in this matter.
5. The sworn affidavit will be valid for a period of 12 months from the date signed by commissioner.

Deponent

Signature: _____

Date:

Commissioner of Oaths Signature & stamp