



Province of the
EASTERN CAPE
DEPARTMENT OF HEALTH

EXPRESSION OF INTEREST

BID NO: SCMU3-21/22-0303-HO:

**APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND
UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36
MONTHS**

CIDB GRADE 1 - 6 IN VARIOUS CLASSES OF WORK

PREPARED FOR:

Eastern Cape Department of Health
Dukumbana Building, Independence Avenue
P.O. Box X0038
BHISHO
6505

NAME OF SUPPLIER: _____

CRS NUMBER: _____

CLOSING DATE: 10 DECEMBER 2021

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E1.1 – NOTICE AND INVITATION TO SUBMIT AN EXPRESSION OF INTEREST

The Eastern Cape Department of Health hereby invites Built Environment Service Providers with a CIDB Grading's of 1 - 6 in the following Class of works (**GB, CE, ME, EB, EP**, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO & SQ) to submit their Expression of interest for the assignment.

Expression of Interest documents are downloadable for free of charge from National Treasury's eTender Portal: (<http://www.etenders.gov.za/content/advertised-tenders>).

The document is also available from the www.echealth.gov.za as from 19 November 2021

Service Providers are expected to, along compliance issues, meet the Functionality/Quality criteria score of 60 points to be admitted into the list.

Qualifying Service Providers will be registered on a Departmental Panel of Service Providers List for emergency and unplanned maintenance in the Eastern Cape Province for the Eastern Cape Department of Health projects for a period of Thirty-six (36) months. They are expected to have their resources and planning processes ready to urgently respond to whichever need arises within the province.

This is an invitation of Expression of interest (EOI) to the Eastern Cape Department of Health.

Service Providers must be registered on the National Treasury Central Supplier Data Base and proof of registration must be submitted with the proposal (<https://secure.csd.gov.za>).

Submissions should be clearly marked in a sealed envelope indicating the relevant Expression of Interest Bid reference number and deposited in the addresses stated above (ECDOH Offices in the Eastern Cape). Successful Service Providers submissions will be informed through publication on relevant platforms.

It is the responsibility of the Service Provider to ensure that (EOI) document is submitted on or before closing time and date at the correct location as the department will not take responsibility of wrong delivery. Service Providers who are using courier services for delivery of their (EOI) documents must ensure the delivery is at the correct place / location and time as the department will not be held responsible for wrong delivery.

No briefing session will be held. Technical enquiries shall be directed only in writing to Supply Chain Management enquiries to Thabisa Notshe at scmdemand@echealth.gov.za within office hours.

The closing time for receipt of submissions by the ECDOH is 11:00am on 10 December 2021. Telegraphic, telephonic, telex, facsimile, e-mail and late submissions will not be accepted. (EOI) submissions must be submitted in sealed envelopes clearly marked "Expressions of interest No: **SCMU3-21/22-0303-HO** must be deposited in the bid box, **DEPARTMENT OF HEALTH, GLOBAL LIFE CENTRE, SCM UNIT, C/O PHALO AVENUE AND R63 (OPPOSITE ENGEN GARAGES), BHISHO**

(EOI) Submissions will be opened immediately after the closing time for tenders at 11:00am hours. Due to Covid19 safety regulations, no prospective Service Providers will be allowed at the opening of the tender box; register will be published on the departmental website (www.echealth.gov.za/tenders).

All other prerequisites as detailed in the (EOI) documents shall apply.

Issued by:

Supply Chain Management

Bhisho

E1.2 – SUBMISSION DATA

The standard conditions for calling for Expressions of interest make several references to the submission data and shall have precedence in the interpretation of any ambiguity or inconsistency between the submission data and the standard conditions for calling for expressions of interest.

Each item of data given below is cross-referenced to the clause in the standard conditions of the Expression of Interest to which it mainly applies.

Clause Number	Submission Data
	The employer is: The Eastern Cape Department of Health
	<p>The (EOI) documents issued by the employer comprises:</p> <p>E1: Submission procedures</p> <p>E1.1 Notice and invitation to submit an expression of interest</p> <p>E1.2 Submission data</p> <p>E1.3 Standard Conditions for the calling for Expression of Interest</p> <p>E2: Returnable documents</p> <p>E2.1 List of returnable documents</p> <p>E2.2 Submission schedules</p> <p>E3: Indicative scope of work</p> <p>E3.1 Introduction</p> <p>E3.2 Indicative scope of work</p>
	<p>The employer's agent is:</p> <p>Name: Department of Health</p> <p>Dukumbana Building, Department of Health Independence Avenue, Bhisho</p> <p>Cell:</p> <p>E-mail:</p>
	The language for communications is English
	<p>Only those respondents who satisfy the following eligibility criteria are eligible to submit proposals:</p> <p>1) Submit an (EOI) proposal only if the Service Provider satisfies the criteria stated in the tender data and the Service Provider, or any of its principals, is not under any restriction to do business with the employer.</p>

	<p>2) The employer will consider any request to make a material change in the capabilities or formation of the tendering entity or any other criteria which formed part of the requirements used to pre-qualify a Service Provider to submit an (EOI) offer in terms of a previous procurement process and deny any such request if as a consequence:</p> <p>a) in the opinion of the employer, acceptance of the material change would compromise the outcome of the pre-qualification process.</p> <p>3) The Service Provider is registered on the National Treasury Central Supplier Data Base (https://secure.csd.gov.za).</p> <p>4) Only those Service Providers who are registered in a CIDB designation Grade (any of them): 1 - 6 in the following Class of works (GB, CE, ME, EB, EP, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO & SQ) are eligible to submit Expressions of interest.</p> <p>5) Valid Letter of Good Standing MUST be submitted by all the service providers</p>
	No compulsory clarification meeting
	<p>The employer's address for delivery of Expression of Interests and identification details to be shown on each Expression of Interest package as indicated in E1 (page 3-4) above: Eastern Cape Department of Health Offices</p> <p>Identification Details: Expressions of interest should be submitted in clearly marked, sealed envelopes indicating the relevant proposal number</p>
	(EOI) submissions shall be submitted as an original copies.
Clause Number	Submission Data
	Telephonic, telegraphic, telex, facsimile or e-mailed tender offers shall not be accepted.
	The closing time for submission of expressions of interest is as stated in the Notice and invitation to submit an expression of interest (ref. E1.1).
	Late submissions will be returned unopened after the closing time stated in the submission data, unless it is necessary to open a submission to obtain a forwarding address, to the respondent concerned.
	<p>The Service Provider is required to submit with its (EOI) submission the following certificates and/or documentation in addition to the requirement of eligibility as mentioned in Clause 4.1.</p> <p>(EOI) submissions will not be considered responsive should the listed mandatory prerequisites not be met.</p> <p><u>Mandatory documents (failure to provide the following documents will be considered non-responsive):</u></p> <p>Returnable schedules required for (EOI) submission evaluation purposes</p> <p>E2.2e, h, I - Compulsory declaration, Compulsory enterprise questionnaire, SBD4, 8 and 9</p>

	<p><u>Mandatory requirements (failure to adhere to the requirements, the tender will be considered non-responsive):</u></p> <ol style="list-style-type: none"> 1. The (EOI) document must be signed off by the authorised person of the Service Provider wherever spaces are provided in black and permanent ink. 2. Documents that have correction fluid on them will be rendered non-responsive. Documents must remain intact.
	<p>Mandatory requirements (should not be considered non-responsive in absence of any but must be submitted if a Service Provider qualifies for award prior to signing of the resultant contract):</p> <p>E2.2m Valid certified copy or Original B-BBEE certificates issued by SANAS or SANAS Verification Agencies or a fully completed Sworn Affidavit a valid original or certified copy of a Sworn Affidavit attested by a Commissioner of Oaths (if the Service Provider is an EME or QSE).</p> <p>E2.2l (EOI) submission must be accompanied with a valid and active CIDB Registration certificate (or CIDB CRS number) in a service provider designation of Grade 1 – 6 (GB, CE, ME, EB, EP, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO & SQ).</p> <p>E2.2k Proof of Treasury Central Supplier Database registration or MAAA number.</p> <p>E2.2c Record of Addenda to (EOI) Documents (Only one for the Bid)</p> <p>E2.2f SBD 6.1</p> <p>E2.2o Location of a contractor.</p>
Clause Number	Submission Data
	<ol style="list-style-type: none"> 1. Valid (current) B-BBEE status level verification certificate substantiating their B-BBEE rating issued by a Verification Agency accredited by SANAS* has to be submitted along with the tender, if preferential points are claimed. 2. EME's are required to submit a valid original or certified copy of a Sworn Affidavit attested by a Commissioner of Oaths confirming their annual total revenue of R10 million or less and level of black ownership, or a valid B-BBEE level verification certificate to claim points. 3. QSE's are required to submit a valid original or certified copy of a Sworn Affidavit attested by a Commissioner of Oaths confirming their annual total revenue of between R10 million and R50 million and level of black ownership, or a valid B-BBEE level verification certificate to claim points. 4. E2.2n - Company profile 5. E2.2p - Evaluation schedule 1: Expertise of key personnel & CV's 6. E2.2r - Evaluation schedule 2: Relevant project experience 7. E2.2r - Evaluation schedule 3: Project reference <p>NB: EMEs and QSEs must refer to amended Construction Sector codes (Construction Sector Codes (CSC000) to see whether they qualify for full points or not.</p>

E1.3– STANDARD CONDITIONS FOR THE CALLING FOR EXPRESSION OF INTEREST

D.1 General

D.1.1 Actions

D.1.1.1 The employer and each respondent submitting an expression of interest shall comply with these conditions for calling for expressions of interest. In their dealings with each other, they shall discharge their duties and obligations as set out in D.2 and D.3, timeously and with integrity, and behave equitably, honestly and transparently, comply with all legal obligations and not engage in anti-competitive practices.

D.1.1.2 The employer and the respondent and all their agents and employees involved in the submission process shall avoid conflicts of interest and where a conflict of interest is perceived or known, declare any such conflict of interest, indicating the nature of such conflict. Respondents shall declare any potential conflict of interest in their submissions. Employees, agents and advisors of the employer shall declare any conflict of interest to whoever is responsible for overseeing the procurement process at the start of any deliberations relating to the procurement process or as soon as they become aware of such conflict, and abstain from any decisions where such conflict exists or recuse themselves from the procurement process, as appropriate.

Note: 1) *A conflict of interest may arise due to a conflict of roles which might provide an incentive for improper acts in some circumstances. A conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that person to act properly in his or her position even if no improper acts result.*

2) *Conflicts of interest in respect of those engaged in the procurement process include direct, indirect or family interests in the tender or outcome of the procurement process and any personal bias, inclination, obligation, allegiance or loyalty which would in any way affect any decisions taken.*

D.1.1.3 The respondent shall not make a submission without having a firm intention and the capacity to proceed with the next stage of the procurement process.

D.1.2 Supporting documents

The documents issued by the employer for the purpose of obtaining expressions of interest are listed in the submission data.

D.1.3 Interpretation

D.1.3.1 The submission data and additional requirements contained in the submission schedules that are included in the returnable documents are deemed to be part of these conditions for the calling for expressions of interest.

D.1.3.2 For the purposes of these conditions for the calling for expressions of interest, the following definitions apply:

- a) **conflict of interest** means any situation in which:
 - i) someone in a position of trust has competing professional or personal interests which make it difficult to fulfill his or her duties impartially.
 - ii) an individual or Service Provider is in a position to exploit a professional or official capacity in some way for their personal or corporate benefit.
 - iii) incompatibility or contradictory interests exist between an employee and the Service Provider which employs that employee.
- b) **corrupt practice** means the offering, giving, receiving or soliciting of anything of value to influence the action of the employer or his staff or agents in the (EOI) submission process; and
- c) **fraudulent practice** means the misrepresentation of the facts in order to influence the (EOI) submission process or the award of a contract arising from an (EOI) submission offer to the detriment of the employer, including collusive practices intended to establish prices at artificial levels

D.1.4 Communication and employer's agent

Each communication between the employer and a respondent shall be to or from the employer's agent only, and in a form that can be readily read, copied and recorded. Communications shall be in the English language. The employer shall not take any responsibility for non-receipt of communications from or by a respondent. The name and contact details of the employer's agent are stated in the submission data.

D.2 Respondent's obligations

D.2.1 Eligibility

Submit an expression of interest only if the respondent complies with the criteria stated in the submission data and the respondent, or any of his principals, is not under any restriction to do business with the employer.

D.2.2 Cost of submissions

Accept that the employer will not compensate the respondent for any costs incurred in the preparation and delivery of a submission.

D.2.3 Check documents

Check the submission documents on receipt, including pages within them, and notify the employer of any discrepancy or omission.

D.2.4 Acknowledge addenda

Acknowledge receipt of addenda to the submission documents, which the employer may issue, and if necessary apply for an extension to the closing time stated in the submission data, in order to take the addenda into account.

D.2.5 Clarification meeting

Attend the clarification meeting(s) at which respondents may familiarize themselves with the proposed work, services or supply (and location, etc.) and raise questions. Details of the meeting(s) are stated in the submission data.

D.2.6 Seek clarification

Request clarification of the submission documents, if necessary, by notifying the employer at least five (5) working days before the closing time stated in the submission data.

D.2.7 Making a submission

D.2.7.1 Return all returnable documents to the employer after completing them in their entirety, either electronically (if they were issued in electronic format) or by writing legibly in non-erasable ink.

D.2.7.2 Seal the original and each copy of the submission as separate packages marking the packages as "ORIGINAL" and "COPY". Each package shall state on the outside the employer's address and identification details stated in the submission data, as well as the respondent's name and contact address.

D.2.7.3 Accept that the employer shall not assume any responsibility for the misplacement or premature opening of the submission if the outer package is not sealed and marked as stated.

D.2.8 Information and data to be completed in all respects

Accept that submissions, which do not provide all the data or information requested completely and in the form required, may be regarded by the employer as non-responsive.

D.2.9 Closing time

Ensure that the employer receives the submissions at the address specified in the submission data not later than the closing time stated in the submission data. Proof of posting shall not be accepted as proof of delivery. The employer shall not accept submissions submitted by telegraph, telex, facsimile or e-mail, unless stated otherwise in the submission data.

Accept that, if the employer extends the closing time stated in the submission data for any reason, the requirements of these conditions for expressions of interest apply equally to the extended deadline.

D.2.10 Clarification of submission

Provide clarification of a submission in response to a request to do so from the employer during the evaluation of submissions.

D.3 Employer's undertakings

D.3.1 Respond to clarification Respond to a request for clarification received up to five (5) working days before the submission closing time stated in the submission data and notify all respondents who attended the clarification meetings, if any, of those responses.

D.3.2 Issue Addenda

If necessary, issue addenda that may amend or amplify the submission documents to each respondent during the period from the date of the calling for expressions of interest until seven days before the closing time for submissions stated in the submission data. If, as a result, a respondent applies for an extension to the closing time stated in the submission data, the employer may grant such extension and, shall then notify it to all respondents.

H.3.3 Late submissions

Unless otherwise stated in the submission data, return submissions received after the closing time stated in the submission data, unopened, (unless it is necessary to open a submission to obtain a forwarding address), to the respondent concerned.

D.3.4 Opening of submissions

D.3.4.1 Record the name of each respondent whose submission is opened and acknowledge receipt of each submission.

D.3.4.2 Make available the names of the respondents that made submissions prior to the closing time for submissions to all interested persons upon request.

D.3.5 Non-disclosure

Not disclose to respondents, or to any other person not officially concerned with such processes, information relating to the evaluation and comparison of submissions until after the evaluation process is complete.

D.3.6 Grounds for rejection and disqualification

Determine whether there has been any effort by a respondent to influence the processing of submissions and instantly disqualify a respondent if it is established that he engaged in corrupt or fraudulent practices.

D.3.7 Test for responsiveness

Determine, on opening and before detailed evaluation, whether each submission received:

- a) meets the requirements of these conditions for the calling for expressions of interest;
- b) has all the substantive provisions properly and fully completed and signed, and
- c) is responsive to the other requirements of the call for expressions of interest.

D.3.8 Non-responsive submissions

Reject all non-responsive submissions.

D.3.9 Evaluation of responsive submissions

D.3.9.1 Appoint an evaluation panel of not less than three persons. Evaluate submissions using the evaluation criteria established in the submission data.

D.3.9.2 Notify the respondents of the outcome of the evaluation process within two (2) weeks of the evaluation report being accepted by the employer.

D.3.10 Provide written reasons for actions taken

Provide upon request written reasons to respondents for any action that is taken in applying these conditions, but withhold information which is not in the public interest to be divulged, which is considered to prejudice the legitimate commercial interests of respondents or might prejudice fair competition between respondents.

E2.1 – LIST OF RETURNABLE DOCUMENTS

A-1 For the (EOI) submission evaluation

E2.2a Resolution for Signatory

E2.2c Record of Addenda

E2.2d SBD1

E2.2e SBD4

E2.2f SBD6.1

E2.2h SBD8

E2.2i SBD9

E2.2j Compulsory Enterprise Questionnaire

E2.2k Proof of CSD Registration

E2.2l Proof of CIDB Registration

E2.2m BBEEE Certificate/Sworn Affidavit

E2.2n Valid Letter of Good Standings

E2.2o Company Profile

E2.2p Location of Contractor

E2.2q Schedule of Key Personnel (including CV's)

E2.2r Project Reference Forms 1 – 5

E2.2s Preferred areas of Operation

E2.2t Services to be rendered

E2.2u Time Based Services

E2.2a: RESOLUTION FOR SIGNATORY

Project Name:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Bid Number:	SCMU3-21/22-0303-HO

MUST BE ON COMPANY LETTERHEAD

A: CERTIFICATE OF AUTHORITY FOR SIGNATORY

Signatory for companies shall confirm their authority hereto by attaching a duly signed and dated copy of the relevant resolution of the board of directors to this form. This must be on a company letterhead.

An example is given below:

"By resolution of the board of directors passed at a meeting held on _____

Mr/Ms _____, whose signature appears below, has been duly authorised to

sign all documents in connection with the Supplier for Contract No. _____

and any Contract which may arise there from on behalf of (Block Capitals) _____

SIGNED ON BEHALF OF THE COMPANY: _____

IN HIS/HER CAPACITY AS: _____ DATE: _____ SIGNATURE: _____

WITNESSES:

1. _____ SIGNATURE: _____

2. _____ SIGNATURE: _____

E2.2c: RECORD OF ADDENDA TO SUPPLIER DOCUMENTS

Project Name:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Bid Number:	SCMU3-21/22-0303-HO

We confirm that the following communications received from the Employer before the submission of this Supplier offer, amending the (EOI) documents, have been taken into account in this Supplier offer:

	Date	Title or Details
1.		
2.		
3.		
4.		
5.		

Attach additional pages if more space is required.

Signed

Date

Name

Position

Supplier

*This document must form part of the returnable schedules as it is referenced in the offer portion of the Form of Offer and Acceptance.

PART A INVITATION TO BID

**YOU ARE HEREBY INVITED TO SUBMIT AN EXPRESSION OF INTEREST DOCUMENT FOR REQUIREMENTS OF THE
DEPARTMENT OF HEALTH**

BID NUMBER:	SCMU3-21/22-0303-HO	CLOSING DATE: 10 DECEMBER 2021		CLOSING TIME: 11:00 AM	
DESCRIPTION	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS				
(EOI) RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT (STREET ADDRESS)					
DEPARTMENT OF HEALTH, INDEPENDENCE AVENUE, DUKUMBANA BUILDING 7TH FLOOR. BISHO					
EXPRESSION OF INTEREST PROCEDURE ENQUIRIES MAY BE DIRECTED TO			TECHNICAL ENQUIRIES MAY BE DIRECTED TO:		
CONTACT PERSON	THABISA NOTSHE		CONTACT PERSON		
TELEPHONE NUMBER	N/A		TELEPHONE NUMBER		
FACSIMILE NUMBER	N/A		FACSIMILE NUMBER		
E-MAIL ADDRESS	scmdemand@echealth.gov.za		E-MAIL ADDRESS		
SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE No					
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] <input type="checkbox"/> Yes <input type="checkbox"/> No		B-BBEE STATUS LEVEL SWORN AFFIDAVIT		[TICK APPLICABLE BOX] <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

<p>IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>DOES THE ENTITY HAVE A BRANCH IN THE RSA?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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.</p>	

PART B TERMS AND CONDITIONS FOR BIDDING

1. EXPRESSION OF INTEREST SUBMISSION:

- 1.1. (EOI) DOCUMENT MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE (EOI) SUBMISSIONS WILL NOT BE ACCEPTED FOR CONSIDERATION.
- 1.2. **ALL (EOI) SUBMISSIONS 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 (EOI) SUBMISSION 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 SERVICE PROVIDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**

2. TAX COMPLIANCE REQUIREMENTS

- 2.1 SERVICE PROVIDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.
- 2.2 SERVICE PROVIDERS 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 SERVICE PROVIDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE (EOI) SUBMISSION.
- 2.5 WHERE NO TCS PIN IS AVAILABLE BUT THE SERVICE PROVIDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.
- 2.6 NO (EOI) DOCUMENT 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."

SIGNATURE OF SERVICE PROVIDER: _____

CAPACITY UNDER WHICH THIS (EOI) IS SIGNED: _____

(Proof of authority must be submitted e.g. company resolution)

DATE: _____

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 (EOI) Submission (includes a price quotation, advertised competitive bid, limited submission or proposal). In view of possible allegations of favouritism, should the resulting submission, 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 service provider or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the service provider is employed by the state; and/or
 - the legal person on whose behalf the (EOI) document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the (EOI) submission, 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 (EOI) submission.
2. **In order to give effect to the above, the following questionnaire must be completed and submitted with the (EOI) submission.**
 - 2.1 Full Name of bidder or his or her representative:
 - 2.2 Identity Number:
 - 2.3 Position occupied in the Company (director, trustee, shareholder²):
 - 2.4 Company Registration Number:
 - 2.5 Tax Reference Number:
 - 2.6 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 service provider presently employed by the state? **YES / NO**

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 Service Provider 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 Service Provider, 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 (EOI) submission? **YES / NO**

2.9.1 If so, furnish particulars.

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

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

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 submitting for this (EOI) submission? **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 Employee Number / 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 (EOI) SUBMISSION OR ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Signature

.....
Date

.....
Position

.....
Name of Service Provider

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all service providers 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, SERVICE PROVIDERS 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 (EOI) submission:

- 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 (EOI) submission is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable; or

b) Either the 80/20 or 90/10 preference point system will be applicable to this submission (*delete whichever is not applicable for this tender*).

1.3 Points for this (EOI) submission shall be awarded for:

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

1.4 The maximum points for this (EOI) submission 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 Service Provider to submit proof of B-BBEE Status level of contributor together with the (EOI) submission, 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 Service Provider, either before an (EOI) submission 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) **“(EOI) submission”** means a written expression of interest submission 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 Service Provider 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 the (EOI) submission invitation, and includes all applicable taxes;

3. POINTS AWARDED FOR PRICE

3.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

or

90/10

$$P_s = 80 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right) \quad \text{or} \quad P_s = 90 \left(1 - \frac{P_t - P_{\min}}{P_{\min}} \right)$$

Where

P_s = Points scored for price of bid under consideration

P_t = Price of (EOI) submission under consideration

P_{\min} = Price of lowest acceptable (EOI) submission

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 Service Provider for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (90/10 system)	Number of points (80/20 system)
1	10	20
2	9	18
3	6	14
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

5. BID DECLARATION

5.1 Service Providers 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		NO	
-----	--	----	--

- 7.1.1 If yes, indicate:

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

(Tick applicable box)

YES		NO	
-----	--	----	--

- 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 <input checked="" type="checkbox"/>	QSE <input checked="" type="checkbox"/>
Black people		
Black people who are youth		
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 (EOI) evaluation 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 Service Provider 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.

WITNESSES

1.

2.

.....
SIGNATURE(S) OF SERVICE PROVIDER (S)

DATE:

ADDRESS

DECLARATION OF SERVICE PROVIDER'S PAST SUPPLY CHAIN MANAGEMENT PRACTICES

- 1 This Standard Bidding Document must form part of all Service Providers 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 (EOI) submission of any Service Provider may be disregarded if that Service Provider, 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	<p>Is the Service Provider or any of its directors listed on the National Treasury's Database of Restricted Suppliers as companies or persons prohibited from doing business with the public sector?</p> <p>(Companies or persons who are listed on this Database were informed in writing of this restriction by the Accounting Officer/Authority of the institution that imposed the restriction after the <i>audi alteram partem</i> rule was applied).</p> <p>The Database of Restricted Suppliers now resides on the National Treasury's website(www.treasury.gov.za) and can be accessed by clicking on its link at the bottom of the home page.</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
4.1.1	If so, furnish particulars:		
4.2	<p>Is the Service Provider 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)?</p> <p>The Register for Tender Defaulters can be accessed on the National Treasury's website (www.treasury.gov.za) by clicking on its link at the bottom of the home page.</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>
4.2.1	If so, furnish particulars:		
4.3	<p>Was the Service Provider 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?</p>	<p>Yes</p> <p><input type="checkbox"/></p>	<p>No</p> <p><input type="checkbox"/></p>

4.3.1	If so, furnish particulars:		
4.4	Was any contract between the Service Provider 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:		

SBD 8

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 Service Provider

CERTIFICATE OF INDEPENDENT BID DETERMINATION

- 1 This Standard Bidding Document (SBD) must form part of all bids¹ invited.

- 2 Section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, prohibits an agreement between, or concerted practice by, firms, or a decision by an association of firms, if it is between parties in a horizontal relationship and if it involves collusive bidding (or bid rigging).² Collusive bidding is a *pe se* prohibition meaning that it cannot be justified under any grounds.

- 3 Treasury Regulation 16A9 prescribes that accounting officers and accounting authorities must take all reasonable steps to prevent abuse of the supply chain management system and authorizes accounting officers and accounting authorities to:
 - a. disregard the (EOI) submission of any Service Provider if that Service Provider, or any of its directors have abused the institution's supply chain management system and or committed fraud or any other improper conduct in relation to such system.

 - b. cancel a contract awarded to a supplier of goods and services if the supplier committed any corrupt or fraudulent act during the (EOI) evaluation process or the execution of that contract.

- 4 This SBD serves as a certificate of declaration that would be used by institutions to ensure that, when bids are considered, reasonable steps are taken to prevent any form of bid-rigging.

- 5 In order to give effect to the above, the attached Certificate of Bid Determination (SBD 9) must be completed and submitted with the (EOI) Submission:

¹ Includes price quotations, advertised competitive bids, limited (EOI) Submission and proposals.

² Bid rigging (or collusive bidding) occurs when businesses, that would otherwise be expected to compete, secretly conspire to raise prices or lower the quality of goods and / or services for purchasers who wish to acquire goods and / or services through a (EOI) Submission process. (EOI) Submission rigging is, therefore, an agreement between competitors not to compete.

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 Service Provider)

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 Service Provider to sign this Certificate, and to submit the accompanying bid, on behalf of the Service Provider;
4. Each person whose signature appears on the accompanying bid has been authorized by the Service Provider to determine the terms of, and to sign the bid, on behalf of the Service Provider;
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 Service Provider, whether or not affiliated with the Service Provider, who:
 - (a) has been requested to submit a (EOI) submission 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 Service Provider and/or is in the same line of business as the Service Provider

SBD 9

6. The Service Provider 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 submission;
 - (e) the submission of a document which does not meet the specifications and conditions of the submission; or
 - (f) bidding with the intention not to win the submission.
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 submission have not been, and will not be, disclosed by the Service Provider, directly or indirectly, to any competitor, prior to the date and time of the official submission 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 (EOI) submission and contracts, submissions 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 Service Provider

E2.2j: COMPULSORY ENTERPRISE QUESTIONNAIRE

The following particulars must be furnished.

Section 1: Name of enterprise:

Section 2: VAT registration number:

Section 3: CIDB Registration number, if any.

Section 4: Particulars of sole proprietors and partners in partnerships

Name*	Identity number*	Personal income tax number*

** Complete only if sole proprietor or partnership and attach separate page if more than 3 partners*

Section 5: Particulars of companies and close corporations

Company registration number

Close corporation number

Tax reference number

Section 6: The attached SBD 4 must be completed for each tender and be attached as a tender requirement.

Section 7: The attached SBD 6.1 must be completed for each tender and be attached as a requirement.

Section 8: The attached SBD 8 must be completed for each tender and be attached as a requirement.

Section 9: The attached SBD 9 must be completed for each tender and be attached as a requirement.

The undersigned, who warrants that he/she is duly authorised to do so on behalf of the enterprise:

- i) authorizes the Employer to obtain a tax clearance certificate from the South African Revenue Services that my / our tax matters are in order;

- ii) confirms that the neither the name of the enterprise or the name of any partner, manager, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears on the Register of Supplier Defaulters established in terms of the Prevention and Combating of Corrupt Activities Act of 2004;
- iii) confirms that no partner, member, director or other person, who wholly or partly exercises, or may exercise, control over the enterprise appears, has within the last five years been convicted of fraud or corruption;
- iv) confirms that I / we are not associated, linked or involved with any other (EOI) Submission entities submitting Supplier offers and have no other relationship with any of the Suppliers or those responsible for compiling the scope of work that could cause or be interpreted as a conflict of interest;
- iv) confirms that the contents of this questionnaire are within my personal knowledge and are to the best of my belief both true and correct.

Signed _____

Date _____

Name _____

Position _____

**E2.2k – PROOF OF REGISTRATION ON THE NATIONAL TREASURY
CENTRAL SUPPLIER DATABASE (CSD REPORT) (ATTACH HERE)**

**E2.2I – ACTIVE PROOF OF CIDB REGISTRATION
(TO BE ATTACHED HERE)**

I apply for registration in the following class of works as indicated in the table below

Please Tick to select	Select the categories registered on as per your CIDB registration certificate.		
Grade 1 - 6			
	Special Works		
GB <input type="checkbox"/>	SB <input type="checkbox"/>	SG <input type="checkbox"/>	SL <input type="checkbox"/>
CE <input type="checkbox"/>	SC <input type="checkbox"/>	SH <input type="checkbox"/>	SM <input type="checkbox"/>
ME <input type="checkbox"/>	SD <input type="checkbox"/>	SI <input type="checkbox"/>	SN <input type="checkbox"/>
EB <input type="checkbox"/>	SE <input type="checkbox"/>	SJ <input type="checkbox"/>	SO <input type="checkbox"/>
EP <input type="checkbox"/>	SF <input type="checkbox"/>	SK <input type="checkbox"/>	SQ <input type="checkbox"/>
Water Supply <input type="checkbox"/>		Sewer Desludge <input type="checkbox"/>	
<i>(Water Truck Registration must be submitted with this submission or no work will be allocated)</i>		<i>(Sewer Desludge Truck Registration must be submitted with this submission or no work will be allocated)</i>	

**E2.2m - VALID ORIGINAL OR CERTIFIED COPY OF B-BBEE
CERTIFICATE** (Suppliers must attach BBBEE Certificate or Sworn Affidavit)

E2.2n - VALID LETTER OF GOOD STANDING

(TO BE ATTACHED HERE)

E2.2o – COMPANY PROFILE

Service Providers must attach a company profile which indicate list of past projects complete, under construction and those cancelled or not yet started. The following information is expected to cover at least the following areas:

NO	NAME OF PROJECT	NAME OF CLIENT	CONTACT DETAILS OF CLIENT	PROJECT VALUE	PROJECT STATUS (i.e. Under Construction, Complete, Started, Etc.)
1.					
2.					
3.					
4.					

Attach a separate page to address this issue (the above table is just for reference purposes).

Service Providers should bear in mind that their assertions about the project can be verified in a number of ways, including by contacting the references. ECDOH reserves the right to verify all information presented by the Service Provider.

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed

Date

Name

Position

Enterprise name

E2.2p – LOCATION OF A CONTRACTOR

Distance from worksite

Provide physical address/address 1 and contact details of the Service Provider.

This must be the address on CSD / Municipal rate address / Signed lease agreement

The Department will verify the address if the submission is not satisfactory

NAME OF SERVICE PROVIDER

PHYSICAL ADDRESS / ADDRESS

TELEPHONE

CONTACT PERSON

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed

Date

Name

Position

Enterprise name

E2.2q – SCHEDULE OF KEY PERSONNEL

Evaluation schedule 1: Expertise of key personnel & CV's

The experience of the key persons who will be responsible on behalf of the contractor for the management of the project and the project team will be evaluated in relation to her/ his academic and **qualifications and experience**.

Please Note:

1. The Respondent must complete the CV template provided in this document for **each personnel** it **intends to claim capacity for and that meets the criteria**.
2. A **Certified copy** of the key personnel's **qualifications**.
3. Only five projects must be submitted.

The CIDB *Competence Standard* for Service Providers established the competencies that should exist within a contracting enterprise within a CIDB Class of Construction Works, within a Construction Category and where relevant within a sub-Category.

For the purposes of this document, the following terms and definitions apply:

- **class of construction works:** the class of construction works referred to in Schedule 3 of the Construction Industry Development Regulations 2004 and 2013 as amended and published in terms of the Construction Industry Development Board Act of 2000 (Act 38 of 2000);
- **competent:** having suitable or sufficient skill, knowledge and experience;
- **construction category:** 'Open', 'Limited' or 'Trade Contractor' defined in Section 3.1;
- **contractor:** person or organization that contracts to provide the goods, services or engineering and construction works covered by the contract;

Note: Grade one Service Providers will not be evaluated for this

CURRICULUM VITAE AND CERTIFICATES OF QUALIFICATION OF KEY PERSONNEL
(COMPULSORY) – for each person

Name:	Date of Birth:
Profession:	Nationality:
Qualifications:	
Name of Employer (firm):	
Current position:	
Employment Record:	
Experience Record Pertinent to Required service:	

Attach a separate sheet which details all the above key information. None submission of this information will lead to a Service Provider losing points on Quality/ Functionality evaluation. Attach a CV to detail the above information

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed

Date

Name

Position

Enterprise name

E2.2r – PROJECT REFERENCE FORMS 1- 5

Evaluation schedule 2: Relevant Project Experience

Service Providers must submit a max one-page description of at least Five projects per specialisation area which one or more team members have undertaken that best display the skills needed for the project:

The description of each project must include the following information:

1. Essential introductory information:

- 1.1. Name of project.
- 1.2. Name of client.
- 1.3. Contact details of client.
- 1.4. Contact details (including telephone numbers and email addresses) of currently contactable references.
- 1.5. The period during which the project was performed, and also, if this is different, the period during which the Service Provider's team members were contracted.
- 1.6. Cost of works and/or contract value (making it clear in broad terms what this cost/value purchased, and to what extent (if any) this cost/value was part of a larger project budget or programme budget).

NO	NAME OF PROJECT	NAME OF CLIENT	CONTACT DETAILS OF CLIENT	PROJECT VALUE	DATE COMPLETED
1.					
2.					
3.					
4.					

Attach a separate page to address this issue (the above table is just for reference purposes).

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed

Date

Name

Position

Enterprise name

Note: Grade one Service Providers will not be evaluated for this

B-8 Evaluation Schedule 3 – Project Reference Forms - 1

Project title:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Project Number:	SCMU3-21/22-0303-HO

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of
 _____ (company name) declare that I
 was the Project Manager on the following building construction project successfully executed by
 _____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting “Yes” in the relevant box below:

Key Performance Indicators	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5	Total
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

Signature of principal agent



NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider

Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 2

Project title:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Project Number:	SCMU3-21/22-0303-HO

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of
 _____ (company name) declare that I
 was the Project Manager on the following building construction project successfully executed by
 _____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

Key Performance Indicators	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5	Total
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

Signature of principal agent



NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider

Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 3

Project title:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Project Number:	SCMU3-21/22-0303-HO

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of
 _____ (company name) declare that I
 was the Project Manager on the following building construction project successfully executed by
 _____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

Key Performance Indicators	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5	Total
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

Signature of principal agent



NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider

Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 4

Project title:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Project Number:	SCMU3-21/22-0303-HO

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of
 _____ (company name) declare that I
 was the Project Manager on the following building construction project successfully executed by
 _____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

Key Performance Indicators	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5	Total
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

Signature of principal agent



NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider

Date:

B-8 Evaluation Schedule 3 – Project Reference Forms - 5

Project title:	APPOINTMENT OF SERVICE PROVIDERS FOR EMERGENCY AND UNPLANNED MAINTENANCE FOR ECDOH FOR A PERIOD OF 36 MONTHS
Project Number:	SCMU3-21/22-0303-HO

NOTE: This returnable document must be completed by the person who was the Engineer/Project Manager on a project of similar value and complexity that was completed successfully by the Service Provider.

I, _____ (name and surname) of
 _____ (company name) declare that I
 was the Project Manager on the following building construction project successfully executed by
 _____ (name of Service Provider):

Project name: _____

Project location: _____

Construction period: _____ Completion date: _____

Contract value: _____

A. Please evaluate the performance of the Service Provider on the abovementioned project, on which you were the principal agent, by inserting "Yes" in the relevant box below:

Key Performance Indicators	Very Poor 1	Poor 2	Fair 3	Good 4	Excellent 5	Total
1. Project performance / time management / programming						
2. Quality of workmanship						
3. Resources: Personnel						
4. Resources: Plant						
5. Financial management / payment of subService Providers / cash flow, etc						
Total						

B. Would you consider / recommend this Service Provider again:

YES	NO

C. Any other comments:

D. My contact details are:

Telephone: _____ Cellphone: _____ Fax: _____

E-mail: _____

Thus signed at _____ on this _____ day of _____ 2019

Signature of principal agent



NOTE:

If reference cannot be verified due to the inability to get hold of the referee or failure on his/her part to respond to a written request to do so, that reference will not score any points. It is the responsibility of the Service Provider to put referees who are reachable

Name of Service Provider

Signature of Service Provider

Date:

E2.2s – AREA OF OPERATION

For the purposes of Local Economic Development, service providers are required to work in the District where they have operational offices (Proof will be required in terms of FICA documents)

Please tick to select (one or more)	Area of operation
Eastern Cape Districts	
<input type="checkbox"/>	1. Nelson Mandela Bay Metropolitan Municipality
<input type="checkbox"/>	2. Sarah Baartman
<input type="checkbox"/>	3. Chris Hani
<input type="checkbox"/>	4. Joe Gqabi
<input type="checkbox"/>	5. Alfred Nzo
<input type="checkbox"/>	6. OR Tambo
<input type="checkbox"/>	7. Amatole
<input type="checkbox"/>	8. Buffalo City Metro

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed _____ Date _____

Name _____ Position _____

Enterprise name _____

E2.2t –SERVICES TO BE RENDERED

We would prefer that we only get invited to projects that have the following trades/services, indicated in the table below: **Scope of Works to be part of this Bid**

Please tick to select (one or more)	Trade/Service
<input type="checkbox"/>	i. Domestic HVAC systems
<input type="checkbox"/>	ii. Industrial HVAC systems
<input type="checkbox"/>	iii. Laundry equipment
<input type="checkbox"/>	iv. Kitchen equipment
<input type="checkbox"/>	v. Autoclaves and sterilisers
<input type="checkbox"/>	vi. Plumbing systems
<input type="checkbox"/>	vii. Boilers and steam reticulation
<input type="checkbox"/>	viii. Medical gas infrastructure
<input type="checkbox"/>	ix. Mortuary equipment
<input type="checkbox"/>	x. Refrigeration system and equipment
<input type="checkbox"/>	xi. LV Electrical
<input type="checkbox"/>	xii. MV Electrical
<input type="checkbox"/>	xiii. Electronics
<input type="checkbox"/>	xiv. Fire Protection systems
<input type="checkbox"/>	xv. Fire detection and fire alarm system
<input type="checkbox"/>	xvi. Automatic fire suppression systems
<input type="checkbox"/>	xvii. Firefighting equipment
<input type="checkbox"/>	xviii. Fire Hydrants and hose reels
<input type="checkbox"/>	xix. Fire extinguishers and blankets
<input type="checkbox"/>	xx. Backup power systems including generators, automatic switches, uninterrupted power supply(UPS) and diesel storage;
<input type="checkbox"/>	xxi. Emergency Minor Building Works
<input type="checkbox"/>	xxii. Emergency Water Supply and Sewer Desludge

The undersigned, who warrants that she/ he is duly authorised to do so on behalf of the enterprise, confirms that the content of this schedule that presented by the Service Provider are within my personal knowledge and are to the best of my knowledge both true and correct.

Signed	Date
_____	_____

Name	Position
_____	_____

Enterprise name

E2.2u – TIME BASED SERVICES

Time-based Services (that may be requested by the Employer upon written instruction to the Service Provider)

This provision is for services provided on instruction from the Employer and will be deducted in whole or part if not required. The estimated period of involvement of each category of person must be agreed with the Employer before any work in this regard commences

Description:	Rate per hour
i) Maintenance Technician	R340.34
ii) Plumber	R340.34
iii) Maintenance and Repair worker, General (Artisan Aid or Assistant)	R123.53
iv) Diesel Technician (for Generator)	R338.67
v) Builder	R166.83
vi) Boiler operator	R134.04
vii) General Work (General Hand)	R97.93
TRANSPORT RATES	
1) Truck Rate	R12.00 p/km
2) General Bakkie Rate	R4.05 p/km
3) Accommodation (Maximum rate with proof)	R600 p/night
4) Water Supply	R0.60 p/litre (incl labour)
5) Desludging	R0.60 p/litre (incl labour)

Material Mark-up @ 15%

Signed

Date

Name

Position

Enterprise name

FUNCTIONALITY EVALUATION

All grade One (1) Service Providers will not be evaluated under the Functionality; however, the following table will be applicable as a qualifying measure.

Resolution of Signatory	<input type="checkbox"/>	SBD 1	<input type="checkbox"/>
Record of Addenda	<input type="checkbox"/>	SBD 4	<input type="checkbox"/>
Compulsory Enterprise Questionnaire	<input type="checkbox"/>	SBD 6.1	<input type="checkbox"/>
Proof of CSD Registration	<input type="checkbox"/>	SBD 8	<input type="checkbox"/>
Valid B-BBEE Certificate / Sworn Affidavit	<input type="checkbox"/>	SBD 9	<input type="checkbox"/>
Valid CIDB Registration	<input type="checkbox"/>	Valid Letter of Good Standing	<input type="checkbox"/>
Company Profile (Key Personnel with <u>certified</u> qualification to be attached with this)	<input type="checkbox"/>	Location of Contractor (Proof of Address to be attached)	<input type="checkbox"/>

All grade one (1) Service Providers must have all the boxes checked, if any of the boxes does not have a supporting document attached the Service Provider will not be considered for this Expression of Interest.

THE FOLLOWING IS APPLICABLE TO ALL OTHER SERVICE PROVIDERS EXCEPT GRADE ONE'S (1)

The evaluation criteria and maximum score in respect of each of the criteria are given hereunder.

A Service Provider scoring an average score below **60 points** in Functionality points will be considered as DISQUALIFIED for evaluation and will be discarded from any further evaluation.

Quality Criteria	Evaluation Schedule	Maximum number of points
Expertise of key personnel	Schedule 1	35
Relevant project experience	Schedule 2	32.5
Project reference	Schedule 3	32.5
Maximum possible score for functionality (M_s)		100

Functionality shall be scored by not less than three evaluators in accordance with the above-mentioned schedules:
The minimum number of evaluation points for quality is **60**.

Total (Max) Points (C) is calculated by multiplying the Scale/Score (A) by the Weight (B): **A x B = C**

Clause Number	Submission Data	
	Table 1: Apply for Grade 2 & 3	
	(EOI) SUBMISSION EVALUATION CRITERIA	TOTAL (MAX) POINTS (C)
	1. EXPERTISE OF KEY PERSONNEL – 35 POINTS.	
	<u>Breakdown of Points:</u>	
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 6 + years' experience plus.	35
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 4 years' experience.	30
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3 years' experience.	25
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 1-2 years' experience	20
	None or partial submission of any above or incompatibility with the above categories.	0
	2. RELEVANT PROJECT EXPERIENCE.	
	PROOF OF PROJECTS/EXPERIENCE RELATED TO THE SCOPE OF WORK (COMPLETION CERTIFICATES SIGNED ON A CLIENT LETTERHEAD MUST BE ATTACHED): 32.5 POINTS	
	<u>Breakdown of Points:</u>	
	Service Provider must have completed at least 4 projects on the range of the required CIDB Grading. For each, attach a Practical Completion Certificate or written testimonial/confirmation of completion from client or employer with the bid	32.5
	Service Provider must have completed at least 3 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	25
	Service Provider must have completed at least 2 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	20
	Service Provider with less than 2 projects in any of the above or did not submit Practical completion certificates or still I has projects under construction or not reached completion or incompatible with any of the above categories	0

	3. PROJECT REFERENCE		
	PROOF OF PROJECTS REFERENCES SIGNED BY THE CLIENT MUST BE ATTACHED): 32.5 POINTS		
	✓ Service Provider with 4 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.		32.5
	✓ Service Provider with 3 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.		25
	✓ Service Provider with 2 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.		20
	✓ Service Provider with 1 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.		0
	Score (Points)	Prompt for judgement	
	0 - 59	Less than acceptable – response / answer / solution lacks convincing evidence of skill / experience sought or medium risk that relevant skills will not be available.	
	60-79	Acceptable response – answer / solution to the particular aspect of the requirements and evidence given of skill / experience sought are convincing	
	80-89	Above acceptable – response / answer / solution demonstrating real understanding of requirements and evidence of ability to meet it.	
	90-100	Excellent – response / answer / solution gives real confidence that the Service Provider will add real value.	
	The scores of each of the evaluators will be averaged, weighted and then totalled to obtain the final score for quality.		
	The Evaluation Criteria will be done in two (2) phases as follows: Phase 1: Functionality: Service Providers are to achieve a minimum of 60 points score to be considered for phase 2. Phase 2: Compliance to (EOI) submission rules and conditions -		

Clause Number	Submission Data	
	Table 2 : Apply for Grade 4 - 6	
	(EOI) SUBMISSION EVALUATION CRITERIA	TOTAL (MAX) POINTS (C)
	1. EXPERTISE OF KEY PERSONNEL - 35 POINTS.	
	<u>Breakdown of Points:</u>	
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 10 + years' experience plus.	35
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 8 years' experience.	30
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 5 years' experience.	25
	Attach a certified copy of Artisan/s possessing a trade test certificate in area/s of entity's speciality with a minimum of 3 years' experience	20
	None or partial submission of any above or incompatibility with the above categories.	0
	2. RELEVANT PROJECT EXPERIENCE.	
	PROOF OF PROJECTS/EXPERIENCE RELATED TO THE SCOPE OF WORK (COMPLETION CERTIFICATES SIGNED ON A CLIENT LETTERHEAD MUST BE ATTACHED): 32.5 POINTS	
	<u>Breakdown of Points:</u>	
	Service Provider must have completed at least 4 projects on the range of the required CIDB Grading. For each, attach a Practical Completion Certificate or written testimonial/confirmation of completion from client or employer with the bid	32.5
	Service Provider must have completed at least 3 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	25

	Service Provider must have completed at least 2 projects on the range of the required CIDB Grading. For each, attach a Practical Completion or written testimonial/confirmation of completion from client or employer Certificate with the bid.	20
	Service Provider with less than 2 projects in any of the above or did not submit Practical completion certificates or still I has projects under construction or not reached completion or incompatible with any of the above categories	0
	3. PROJECT REFERENCE	
	PROOF OF PROJECTS REFERENCES SIGNED BY THE CLIENT MUST BE ATTACHED): 32.5 POINTS	
	✓ Service Provider with 4 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	32.5
	✓ Service Provider with 3 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	25
	✓ Service Provider with 2 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	20
	✓ Service Provider with 1 references attached – with a stamp and signature of the client, contact details must be clear as this will be verified.	0

Service Providers are to take note of the following:

- ✓ Proposed resources/personnel must be employed by the Service Provider at the time of submission, and this assertion must coincide with the employees CV. All qualifications and certificates must be valid and certified.
- ✓ A prospective Service Provider, upon appointment will be required to have an office (s) in the Eastern Cape.

E3 Scope of Work (Terms of Reference)

1. Eastern Cape Department of Health Prequalified Group of Service Providers

The Department intends to enter create a reasonable number of prequalified Service Providers with a CIDB Grade 1- 6. The Service Providers needed are in the following categories:

CLASS OF WORKS	GRADE
Building Maintenance works (GB)	1 - 6
Civil engineering (CE)	1 - 6
Mechanical engineering works (ME)	1 - 6
Electrical engineering works - building (EB) - Electrical certificate Required	1 - 6
Electrical engineering works - infrastructure (EP)	1 - 6
Specialist works- (SB, SC, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SSO, SQ)	1 - 6

ECDOH by inviting Expression of Interests (EoIs) to enter into a suitable contract for the required work, using stringent compliance and evaluation criteria to ensure that contracts are entered into with only those Service Providers who have the capability and capacity to provide the services and works and entering into contracts based on the projected demand and geographic location for those services.

The term of a list shall not exceed Thirty-six (36) months. This prequalification shall not commit the Department to appoint any Service Provider in the list.

Being accredited and remaining on the List is linked to the responsibilities, skills and performance required from competent Service Providers.

2. Procurement strategy

The Employer intends entering into a pre-contract with a limited number of a Service Providers for the MAINTENANCE of Health facilities in the Eastern Cape Province, following a competitive selection process (qualified procedure).

The JBCC or GCC form of contracts with Bills of Quantities or Schedule of Rates or Lump Sum pricing strategy may be used by the employer.

The service providers' responsibilities for construction works are the same as those of a Service Provider working under one of the other options provided in the any form of contract used. However, the main service provider appointed from the prequalified list is expected to execute work with a short space of time or limited period. The turnaround time to establish and execute work will usually be shorter.

The service provider will be expected to ensure that its compliance to Construction Health and Safety is of utmost importance.

Almost all infrastructure input material (where feasible) should be sourced from Eastern Cape based suppliers, manufacturers or producers.

Firms will apply for accreditation or admission to the Service Provider Prequalified list by completing their information and make a comprehensive submission through this Expression of Interest (EoI) to the Department. After initial closure of the process, firms will be evaluated against the criteria as stipulated in this document before they are registered on the list,

The Prequalified list of Service Providers shall enable the department to identify the B-BBEE Status level, EMEs or QSEs status, Capacity and capability, CIDB Grading Level. It will assist the province to identify development opportunities for Service Providers. Once a Service Provider is appointed on the prequalified list, the Service Provider will have access only to update their own information and will be able to update it. A prospective service provider just provides accurate and up-to-date information about its offices, Capacity and resources changes, B-BBEE Status Level or Emerging Micro Enterprises (EME) or Qualifying Small Enterprises (QSE) and CIDB Grading level and valid status.

The tender period for invitation of tenders for prequalified list may vary between 5 days up to 21 days. Service Providers must ensure that they are capable of responding to the department, with their complete submission, within such limited time.

Tender period intervals:

- ✓ Emergency works – No tender
- ✓ Urgent works – No tender
- ✓ Critical works – 5-day Tender
- ✓ Major works – 21 days (normal Tender)

Unsuccessful Service Providers will be informed through many ways, which inter alia, includes publication of winners on ECDOH website, information on notice boards, email correspondences, CIDB, etc

3. Location of the works

The works may be located anywhere within the boundaries of the Eastern Cape Province.

Service Providers will be allocated works in the areas where they reside unless otherwise a formal request has been made by the Department of Health.

4. Objective of the call for an expression of interest

The objective of this call for an expression of interest is to prequalify interested CIDB registered Service Providers (as stated above) so that they can be invited to submit (EOI) submission for the maintenance and improvement of health facilities in the Eastern Cape Province where applicable.

5. Description of the works and services

The required services of the Service Provider in relation to the envisaged works includes the maintenance and repairs of the following:

- i. Domestic HVAC systems
- ii. Laundry equipment
- iii. Kitchen equipment
- iv. Autoclaves and sterilisers
- v. Industrial HVAC systems
- vi. Plumbing systems
- vii. Boilers and steam reticulation
- viii. Medical gas infrastructure
- ix. Mortuary equipment
- x. Refrigeration system and equipment
- xi. LV Electrical
- xii. MV Electrical
- xiii. Electronics
- xiv. Fire Protection systems
- xv. Fire detection and fire alarm system
- xvi. Firefighting equipment
- xvii. Fire Hydrants and hose reels
- xviii. Fire extinguishers and blankets
- xix. Backup power systems including generators, automatic switches, uninterrupted power supply(UPS) and diesel storage;
- xx. Minor Emergency Building Works
- xxi. Emergency Water Supply and Sewer Desludging

6. Appointments

The service provider appointments will be made per district. The reimbursement will be paid for travelling within the selected district. Where such is not feasible, the employer reserves the right to utilise Service Providers from other districts and reimburse from the registered physical address

7. Performance

The appointed Service Providers will be expected to perform both reactive and planned.

- ❖ For reactive maintenance activities which are priority 1(P1) life threatening and priority (P2) emergency calls, the appointed Service Provider will receive a notification/ jobcard to carry out work in its area of speciality as per the priority list below:
 - ✓ P1 Life threatening (8 hours)
 - ✓ P2 Emergency calls (12 hours)

The remuneration in respect of the above will be based on proven cost.

- ✓ For materials used the Service Provider will be allowed to add mark-up not exceeding 15%. Distances for travelling to site shall be remunerated on a kilometre basis from the premises of the Service Provider to the location of the site on a round trip basis.
- ✓ The per kilometre rate for the remunerated of travel expenses shall be as per the Table on E2.2u attached It shall be noted that, in respect of the aforementioned, the Employer shall only be liable for travel expenses with respect to vehicles of engine capacity up to 1950cc only, for diesel and petrol fuelled engines respectively. If the Service Provider elects to use a vehicle with engine capacity exceeding 1950cc, the Employer shall not be liable for any additional cost resulting from a higher rate per kilometre associated with an engine capacity larger than 1950cc and the rate per kilometre to be paid shall be deemed to be that of a 1950cc engine.

For human resources/artisans, rates provided on E2.2u of this document will be applicable.

With regard to planned maintenance, the department may pre-select Service Providers on this database and invite the Service Providers to quote for planned maintenance or any other task identified

8. Occupational Health and Safety

Service Provider's MUST come to the health facility and comply with the requirements of OHSA and construction regulations:

- ✓ Valid letter of Good standing to be submitted
- ✓ The Service Providers are required to comply with the requirements of the Occupational Health and Safety Act no 85 of 1993.
- ✓ All Service Providers are required to be registered and in good standing with the compensation fund or with a licensed compensation insure as contemplated in the compensation for Occupational Injuries and Diseases Act, 1993(Act No.130 of 1993)
- ✓ In terms of the Construction Regulation, 2014 All Service Providers submitting (EOI) submission are required to have made adequate provision for the cost of health and safety measures and they are also required to have necessary competencies and resources to carry out the construction work safely.