

Quotation Advert

Literates of Minespersonice		
Opening Date:	2019-08-26	iia
Closing Date:	2019-08-30	iis.
Closing Time:	11:00	72211
INSTITUTION DETAILS		
Institution Name:	Select,,,	*~
Province:	KwaZulu-Natal	
Department or Entity:	Department of Health	
Division or section:	Central Supply Chain Management	
Place where goods / services is required	Regional Cato Manor 800 Bellar road , Durban.	- Parameter - Para
Date Submitted		# ing
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ: 05-19/20-C	
ltem Category:	Select	*~
Item Description:	Supply, deliver and conduct survey on compressed air retriculation	
Quantity (if supplies)	01	ĺ
COMPULSORY BRIEFING SESSION	SITE VISIT	
Select Type:	Compulsory Site Visit	V
Date :	2019-08-28	(41 p
Time:	12:30 AM	
Venue:	Regional Laundry Cato Manor 800 Bellair Road, Durban.	
QUOTES CAN BE COLLECTED FROM:		
QUOTES SHOULD BE DELIVERED TO:		***************************************
ENQUIRIES REGARDING THE ADVE	RT MAY BE DIRECTED TO:	
Name:	Nomusa Gcabashe	
Email:	Nomusagcabashe@kznhealth.gov.za	
Contact Number:		

•	031 906 9495
Finance Manager Name:	(0)
Finance Manager Signature:	Jeune
	No late quotes will be considered
	V
Submit Save Save As	/
	Print this page

Note:

- 1. The completed Quotation Advert must be printed and signed by the Finance manager.
- 2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: webmaster@kznhealth.gov.za for uploading to the department website.
- 3. N.B if the scanned copy emailed to web Administration is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

Site Updated:23 August, 2019, 03:05 pm

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Contact the Web Administrator

STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

DATE A ENQUIR	RE HEREBY I DVERTISED RIES MAY BE FAL ADDRES	. 26/0 : DIRE	8/019 CTED TO: .:	F	ACSIMI loodley	LE NUN	/BER!	(031) 24	40 2880	0		EMAI	FACT NU	i.moodl JMBER	ey@kz . (031	nhea) 240	alth.go 2861	v.za					
	BER: ZNQ 0										·												
DESCRIP	TION Supply	, deliv	er and cond	uct sur	vey on	compre	ssed ai	r reticul	ation in	laun	dry and	submit	report										
	TH	IE FO	LLOWING P.	ARTIC	ULARS	MUST	8E FUR	NISHE) (FAIL	URE	TO DO	SO WIL	RESU	LT IN Y	OUR C	FFE	R BEII	VG DI:	SQUA	LIFI	ED)		
							1	VAME &	ADDR	ESS (OF BID	DER (FII	RM)										
NAME O	F BIDDER:										DATE	:	***************************************			***************************************							
PHYSIC	PHYSICAL ADDRESS: EMAIL ADDRESS:																						
CONTAC	CONTACT NUMBER: FACSIMILE NUMBER:																						
SIGNAT	SIGNATURE OF BIDDER: SARS PIN:																						
[By signing this document I hereby agree to all terms and conditions] CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.: \$\(\)																							
UNIQUE REGISTRATION REFERENCE:																							
												<u> </u>							-				
Does this offer comply with the specification? State delivery period e.g. E.g. 1day, 1week																							
s the price firm? All delivery costs must be included in the quote price																							
Item Quantity Description Brand & model Country of Price																							
No			manufacture R c																				
1	1	Supply, deliver and conduct survey on compressed air reticulation in																					
			laundry and submit report																				
			Compulsory Site Inspection to be held at:																				
			Venue:Regional Laundry Cato Manor, 800 Bellair Road, Durban																				
			Date:28/08/2019, Time:12:30am																				
	Contact Person:Alvin Moodley, Contact Number: (031) 240 2861																						
	Responses must be hand delivered to 310 Jabu Ndiovu Street, Supply Chain																						
		Management Building, Tender Advisory, Quotation Box, OR																					
	e - mailed to : rachel.phiri@kznhealth.gov.za / hayden.cupido@kznhealth.gov.za NOTE: Delivery address for above items is Regional Laundry Durban, 9 Sea Cow Lake Rd,DBN																						
VALUE A	ADDED TAX	@ 15											1							+			
TOTAL (NOITATION	PRIC	E (VALIDITY	PERIO	OD 60 E	ays)														T			
1.1 Thei 1.2 Thei 1.3 Thei vend 1.4 Thei cove bidde	CIAL CONTRAC Institution is under price quoted must department resen- ors, ors, or all for the work/in all for the work/in all for the work/in all for the work/in all for the work/in	r no obli t include yes the i re the co tem (s)	gation to accept to VAT (if VAT ven fight to evaluate a correctness & valid accept that any	the lowes idor), ail quotati fity of quo mistakes	it or any qui ions exclud ote: that the s regarding	ling VAT a e price(s), the price	rate(s) & p (s) & calci	oreference ulations vri	quoted If be at the		1.22	period not a in the even considered.	exceeding to a bidde Furthermover-quoting	IO years. r having n ore a verifi) for this b	ultiple qu cation wil id. In suc	uoles, Ibedo hinsta	only the one to ide ances on	cheapes entify if b ly the ch	t accord idders h eapest l	ding to naving bid ac	specifica multiple cording t	ation will i compani o specific	es and are sation will be

- devolving on under this agreement, as the Principal (s) liable for the due fulfiment of this contract. This quotation will be evaluated specification & correctness of information.

- This quotation will be evaluated specification & correctness of information.

 Only offers that comply with or greater than specification will be considered.

 Late quotes will not be considered.

 All products supplied must be valid for a minimum period of six moniths.

 All products supplied must be valid for a minimum period of six moniths.

 All delivery costs must be included in the quote price, for delivery at the prescribed destination.

 Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.

 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery points.
- for each delivery point.
- If samples / compulsory site inspection / briefing session are required, the supplier will be informed in due

- course.

 The supplier shall furnish any information, when requested.
 In the event that the tax compliance status has failed on CSD, it is the suppliers' responsibility to provide a SARS pin in order for the Institution to validate the tax compliance status of the supplier.

 The supplier shall indemnify the KZN Department of Health (aka the purchaser) against all third-party claims of infringement of patent, trademark, or industrial early nights arising from use of the goods or any part thereof by the purchaser.

 If the supplier falls to deliver any or all of the goods or to perform the services within the period(s) specified in the context the purchaser shall without greatrice to its other consists under the context didner from the
- If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract, price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract.

 The purchaser, may terminate this contract in whole or in part if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract fails to perform any other obligation(s) under the contract; or has engaged in comput or fraudulent practices in competing for or in executing the contract.

 The purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be flable to the purchaser for any excess costs for such classifications.
- such similar goods, works or services.
- Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a

- QUOTATION.
 Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
 Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies. The bidder is advised to check the number of pages and to salisfy himself that none are missing or duplicated. Quotation submitted must be complete in all respects.
 Any alteration made by the bidder must be initiated. Use of correcting fluid is profibitized. Quotation will be opened in public as soon as practicable after the dosing time of quotation. Where practicel, prices are made public at the time of opening quotations.
 If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

- SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

 Quolation shall be todged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.

 Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be todged in a sperale seafed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be related as before levelable.
- other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.

 All quotations received in seafed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the dosing time of the quotation/bids. Where, however, a quotation is received open, it shall be seafed. If it is received valious a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope seafed and the quotation number written on the envelope. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation of provident in the quotation documentation, and proof of posting with not be accepted as proof of delivery. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as beling invide.

- 3.6 as being invalid.

DECLARATION OF INTEREST

 Nar	ne of bidder	Signature	Position		Date
	CCEPT THAT TH OVE TO BE FAL	IE STATE MAY REJECT THE QUO SE.	TE OR ACT AGAI	NST ME SHOULD	THIS DECLARATION
	THE UNDERSIGN RNISHED IN PAI	IED (NAME) RAGRAPHS 2.	***************************************	CERTIFY	THAT THE INFORMATION
4	DECLARATION				
3. NB	: The Department C to ensure that the	ectors / trustees / members / sharehold of Health will validate details of directors ir details are up-to-date and verified on C and passed over as non-compliant accor	I trustees I members SD. If the Department	cannot validate the i	nformation on CSD, the quote will
_	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2.13	Do you or any of the or not they are bid	ne directors / trustees / shareholders / mer Iding for this contract? ticulars:	nbers of the company i	have any interest in ar	ny other related companies whether YES NO
2.1	 Are you, or any pe employed by the s 	erson connected with the bidder, aware of state who may be involved with the evalua ticulars:	any relationship (family tion and or adjudicatio	y, friend, other) between of this quote?	en any other bidder and any person YES NO
2.10	Do you, or any pe may be involved v	rson connected with the bidder, have any vith the evaluation and or adjudication of t ticulars:	relationship (family, fri nis quote?	end, other) with a pers	son employed by the state and who YES NO
2.9	 Did you or your sp state in the previo 	couse, or any of the company's directors ous twelve months?	trustees / shareholde	rs / members or their	spouses conduct business with the YES NO
(Note: 2 8	Failure to submit pro	oof of such authority, where applicable, measons for non-submission of such proof:	ay result in the disqual	ification of the quote.)	
2.8	.2.1. If yes, did you	attach proof of such authority to the quot	e document?		YES NO
2.8	Position occupied i	n the state institution:ntly employed by the state, did you obtain	Any ot	her particulars:	unerative work outside employment
	Name of person / c Name of state insti	lirector / trustee / shareholder/ member: tution at which you or the person connect	ed to the bidder is emp	oloyed:	
	.1. If so, furnish the fo	ollowing particulars:			<u> </u>
	employee / persal	directors / trustees / shareholders / memb numbers must be indicated in paragraph rson connected with the bidder presently	3 below.		ference numbers and, if applicable, [TICK APPLICABLE] [YES NO
	. Position occupied	in the Company (director, trustee, shareh	older²):2.6. VAT Regi 	istration Number:	
		er/representative			
2. I		t to the above, the following questionnaire		•	-
(quote or proposal). I by the state, or to pe position in relation to the bidder is empl the legal person evaluation and or	n view of possible allegations of favouritis rsons connected with or related to them, the evaluating/adjudicating authority whe oyed by the state; and/or on whose behalf the bidding document is adjudication of the quote(s), or where it is declarant acts and persons who are involved.	m, should the resulting t is required that the b re- s signed, has a relatio known that such a rel	g quote, or part thereo idder or his/her author onship with persons/a ationship exists betwe	f, be awarded to persons employed rised representative declare his/her person who are/is involved in the een the person or persons for or on
		luding persons employed by the state ¹ , or ske an offer or offers in terms of this invit			

- "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;
- provincial legislature; national Assembly or the national Council of provinces; or 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.

roat	Department	FIGURE OF KWAZULU-NAT
		は高温温を

CHECKED

			N.S.I. FORM (Requisition form for Non-Stock Item)	Stock Item)	NOTED	
Department Presity Province	health Department: Health Frovince of Kwazulu-Natal	ONE CASE PER NSI RE	Province of KwaZulu-Natal Department of Health (ONE CASE PER NSI REQUEST) (The definition of a case can be found in the SCM delegations)	it of Health be found in the SCM		
1. Requisitioner:			(To Be Completed By)			1
Name:	Mr. T.T. Terblanche		1. Applicant And The Applicants Supervisor	6. Assets Management	nagement	
Name Of Office/Work:	Maintenance		7. Demand Management	7. Acquisitio	7. Acquisition Management	
Tel. Number:	031 240 2866		4. Finance Manager/Responsibility Manager			
Reg. No:	Job No.: NSI 17-19		5. Chairperson CFC			
				2.		,
1. Full Description Of Item/Service/Repair	/Service/Repair			Qty Required	Demand Function Estimated Cost	
CONDUCT SURVEY ON CON	CONDUCT SURVEY ON COMPRESSED AIR RETICULATION AND SUBMIT REPORT	I AND SUBMIT REPORT		1	R 20 000.00	
						_
1. WHY IS IT ESSENTIAL AP	Y IS IT ESSENTIAL AND IN THE BEST INTEREST OF THE DEPAI If The Item is Available On Contract Approval Must Be Given By T	THE DEPARTIMENT/INSTITUT	1. WHY IS IT ESSENTIAL AND IN THE BEST INTEREST OF THE DEPARTMENT/INSTITUTION TO BUY/REPAIR THE ITEM? (If The Item is Available On Contract Approval Must Be Given By The CFO For The Item To Be Procured Outside Of The Contract)			ı
REQUIRED FOR MAINTAIN	REQUIRED FOR MAINTAINING RETICULATION AND EQUIPMENT IN	IPMENT INVOLVED				_
				/		

3. ALLOCATION OF EXPENDITURE (FINANCE FUNCTION)

1. Recommended/Supervisor Name

1. Requisitioner Name

OBJECTIVE	OTHER SERVICES MAINTENANCE (POST)	BUDGET ALLOCATION FOR ITEM	R 2 800 000.00
FUND	VOTED FUNDS	Less Expenditure	R 774 912.09
RESPOSIBILITY	REGIONAL LAUNDRY CATO MANOR	Less Commitments	R 29 998.90
PROJECT	MAINTENANCE A (CUR)	Amount Allocated For This NSI	R 20 000.00
ASSET	OFFICE BUILDINGS	Budget Available	R 1 995 089.01
REGIONAL IDENTIFIER	KZ000 ETHEKWINI (POST)		
INFRASTRUCTURE	EX INFRA:MAINT&REP:BUILDINGS		
ITEM	P/P:CONTRCTD MAINT PROP		
		SOUTH THE STATE OF	And Present & winds of

1

24 July 2019

Date:

Signature Signature

T.T. Terblanche

Date:

5. Chairman C.F.C. To Complete Hereunder. Purchase/Repair Approved. SCM Staff To Adhere To SCM Prescripts. (Specification Committee) (Demand Management) (Acquisition Management) (BEC, BAC)

Asset Management Office Name And Signature Designation Date: 7019107 4. Funds Are Available Finance Manager/Responsibility Manager in MARCHOBA Finance Manage. Officer Name And Signature Designation Acquisition Office Name:

2019 No /s Yes / 175 至66年 Signature: Date: Is A Copy Of NSI Filed By Asset Controller? Is the Asset Available On Surplus Stock? Name: Level Total Cost: Signature: Date: Order No: ZNQ No.:

Level:





Physical Address 800 Bellair road, Durban ,4001
Postal Address Private bag X18, Mayville ,4058
Tel: 031 240 2861 Fax 031 240 2880 Email: Alvin.moodley@kznhealth.gov.za www.kznhealth.gov.za

Regional Laundry Cato Manor

CASHFLOW CERTIFICATE

	OHOIH DOW ODICH							
FUNDS ARE AVAILABLE / NOT AVAILABLE R20000.00								
RESPONSIBILITY: REGIONAL LAUNDRY CATO MANOR								
OBJECTIVE: OTHER SERVICE	CES MAINTENANCE (POST)							
APPROVED/NOT APPROVED	· Jak							
NATURE OF SUPPLIES/SERV SUMBIT REPORT.	TICE CONDUCT A SURVEY ON	I AIR COMPRESSED R	ETICULATION AND					
Signature of person comple	eting document.							
Moodby Signature	A.N MOODLEY Print name	<u>S. 0</u> Rank						
CASH FLOW COMMITTEE								
1. On 2404 2011 this inservice and comprised	stitution's Cash Flow Committe I of the following members.	e met to approve the ex	penditure of goods/					
Member Member Member Member Member Member Member Member Member	Signature LGRYN By Angle By Angle LHOBA Agreed Junds are	Rank Sio Sio Aic. Ae CCM Hao A-C-S	Date 2019/07/24. 2019/07/24 2019/07/24 2019/07/24 2019/07/24 2019/07/24					
EXPENDITURE APPROVED S' EXPENDITURE APPROVED S' SIGNATURE: A-C-S DELEGATION: 0203 ORDER No:	DVED	REGIONAL LAUND	RY CATO MANOR					