



Quotation Advert

Opening Date: 2020-08-07

Closing Date: 2020-08-17

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: St Mary's Marianhill

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: No.1 Hospital Road, Abbot Francis Monastery, Marianhill 3610

Date Submitted: 2020-08-06

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ: 122/2020

Item Category: Goods

Item Description: Cervical Collar -
Various Sizes

Quantity (if supplies): As above

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: FOR SAFETY PRECAUTIONS NO QUOTATIONS WILL BE AVAILABLE TO COLLECT ON SITE DUE TO COVID-19

QUOTES SHOULD BE DELIVERED TO: ST MARY'S HOSPITAL MARIANHILL - TENDER BOX OR EMAIL/FAX

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Mr. S Kweyama

Email: Sanele.Kweyama@kznhealth.gov.za

Contact Number: 031 717 1111

Finance Manager Name: Mr. S Mthethwa

Finance Manager Signature:

No late quotes will be considered

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 quote (Includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
 - the bidder is employed by the state; and/or
 - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.

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

- | | |
|--|---|
| 2.1. Full Name of bidder/representative..... | 2.4. Company Registration Number: |
| 2.2. Identity Number: | 2.5. Tax Reference Number: |
| 2.3. Position occupied in the Company (director, trustee, shareholder ²):..... | 2.6. VAT Registration Number: |

2.7. 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. TICK APPLICABLE

2.8. Are you or any person connected with the bidder presently employed by the state? YES NO

2.8.1. If so, furnish the following particulars:
 Name of person / director / trustee / shareholder/ member:
 Name of state institution at which you or the person connected to the bidder is employed:.....
 Position occupied in the state institution:Any other particulars:.....

2.8.2. 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

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

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

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

2.9. 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

2.9.1. If so, furnish particulars:.....

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

2.10.1. If so, furnish particulars:.....

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

2.11.1. If so, furnish particulars:.....

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

2.12.1. If so, furnish particulars:.....

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

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

4. DECLARATION

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....
Name of bidder	Signature	Position	Date

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.



END-USER SPECIFICATION FORM

Quote Number: ZNQ 122 / 2020

Item Description: X120 UNITS FOR CERVICAL COLLAR MEDIUM

Department/Section: St Mary's District Hospital: Marianhill

Purpose of Item: PATIENT CARE

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
Regulatory Body / certification required if Yes:

1.2. Is a compulsory site inspection / briefing session required? Yes / No
if Yes, specify: Date / / Time Place

1.3. Is local production and content part of the quote? Yes / No
if Yes, specify:

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
if Yes, specify: REVISED SCM DELIGATION OF 2008

1.5. Liability Cover insurance? Yes / No
if Yes, specify:

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Must be made from medium density foam 19mm thick	
2. Must be covered with cotton woven mesh	
3. Velcro posterior fastening	
4. Anatomically shape	
5. Medium size	
6. The following must be noted on the packaging: Trade name of the product, size and correct specification	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 17 / 08 / 2020 Time 11H00 Place ST MARY'S DISTRICT HOSPITAL (MARIANHILL)

Or
3.2. Specify that samples must be made available when requested in writing. Yes or

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply with stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	Miss S C Khumalo	Name of SCM Rep (in full)	<u>M. NR Melrose</u>
Designation / Rank (in full)	S.C.M Logistics	Designation/ Rank (in full)	<u>SCM Supervisor</u>
Signature	<u>[Signature]</u>	Signature	<u>[Signature]</u>
Date	<u>06/08/2020</u>	Date	<u>6/8/2020</u>



END-USER SPECIFICATION FORM

Quote Number: ZNQ 122/2020

Item Description: X120 UNITS FOR CERVICAL COLLAR LARGE

Department/Section: St Mary's District Hospital: Marianhill

Purpose of item: PATIENT CARE

1. Pre-qualification criteria if any:

1.1. Is the item required to have a regulatory body certification (e.g. SABS, SANS, SANAS, ISO, CIDB, etc.)? Yes / No:
 Regulatory Body / certification required if Yes:

1.2. Is a compulsory site inspection / briefing session required? Yes / No
 if Yes, specify: Date / / Time Place

1.3. Is local production and content part of the quote? Yes / No
 if Yes, specify:

1.4. Provisions of section 4(1)(a) of the PPPFA Regulations, 2017 if applicable? Yes / No
 if Yes, specify: REVISED SCM DELIGATION OF 2008

1.5. Liability Cover insurance? Yes / No
 if Yes, specify:

2. What is the specification of the required item?

List specifications to be advertised	Comment
1. Must be made from medium density foam 19mm thick	
2. Must be covered with cotton woven mesh	
3. Velcro posterior fastening	
4. Anatomically shape	
5. Large size	
6. The following must be noted on the packaging: Trade name of the product, size and correct specification	

3. Does a sample need to be submitted? Yes / No (select option 3.1 or 3.2)

3.1. Deadline for submission if Yes: Date 17/08/20 Time 11H00 Place ST MARY'S DISTRICT HOSPITAL (MARIANHILL)

Or
 3.2. Specify that samples must be made available when requested in writing. Yes or

4. Penalties to be noted by the suppliers:

4.1. 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.

5. What is the evaluation criteria / special terms and conditions to be advertised?

List evaluation criteria / special terms and conditions to be advertised (if applicable)	
1. Pre-qualification criteria	Does the offer meet the pre-qualification criteria?
2. Administrative	Does the offer comply with stipulated administrative requirements?
3. Conformance:	Was the product made or service performed to specifications?
4. Performance:	Will/does the product/service fulfil its performance obligation, in a manner that releases the supplier from all liabilities under the contract?
5. Features:	What characteristics does the product or service have?
6. Reliability:	How long can a product go between failures and the need for maintenance? (guarantee)
7. Durability:	What is the useful life for the product? How will the product hold up under extended use?
8. Serviceability:	How easy is it to repair, maintain or support the product or service? (customer support)
9. Ability & Capacity	The ability and capacity of the vendor to execute the contract
10. Preference points	Preferential Procurement System (80/20) if applicable

Name of End-user (in full)	Miss S C Khumalo	Name of SCM Rep (in full)	M/ NR Mchize
Designation / Rank (in full)	S.C.M Logistics	Designation/ Rank (in full)	SCM-SUPERVISOR
Signature		Signature	
Date	06/08/2020	Date	6/8/2020