health Department: Realth	Quotation Advert	
Opening Date:	2020-08-07	<u>= a</u>
Closing Date:	2020-08-17	eb
Closing Time:	11:00	
INSTITUTION DETAILS		
Institution Name:	St Mary's Marianhill	V
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 Monastry, Marianhill 3610	
Date Submitted	2020-08-06	ZP.
ITEM CATEGORY AND DETAILS		
Quotation Number:	ZNQ:	
	725/2020	
Item Category:	Goods	
Item Description:	Ambubags Masks Various Sizes	
Quantity (if supplies)	As above	
COMPULSORY BRIEFING SESSIO	N / SITE VISIT	
Select Type:	Not Applicable	<b>~</b>
Date :		;;c
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 AD	VERT MAY BE DIRECTED TO:	
Name:	Мг. S Кweyama	]
Email:	Sanele.Kweyama@kznhealth.gov.za	
Contact Number:	031 717 1111	
Finance Manager Name:	Mr. S Mthethwa  Mc. G.: MncwAraje	
Finance Manager Signature:	N. Leavest and Will be appointed	-

## STANDARD QUOTE DOCUMENTATION SUPPLY CHAIN MANAGEMENT UNDER R30 000.00

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1.12 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.
1.3 In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
1.14 It samples / compulsory site inspection / briefing session are required, the supplier will be informed in due course.
1.15 The supplier shall furnish any information, when requested.
1.16 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.
1.17 The supplier shall indemnify the KZM Department of Health (aka the purchaser) against all third-party claims of intringement of palent, trademark, or inclustrial design rights arising from use of the goods or any part thereof by the purchaser.
1.18 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, the purchaser may also consider termination of the central contract delivery or performance. The purchaser may also consider termination of the contract.
1.19 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 corrupt or fraudulent practices in competing for or in executing the contract.
1.20 The purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undefivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
1.21 Wh

- Where practical, prices are made public at the time of openting 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.

- pholocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

  SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

  Quotation shall be lodged 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 lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and cosing date indicated on the envelope. If this provision is not compiled with, such quotation number and the provision of the than that shown on the envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the obeing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bids where, however, a quotation is received the quotation number ascertained, the envelope sealed 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 obeing data and time of quotation and provided after the closing data and time of quotation will be considered. No quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

- as being invalid.

## **DECLARATION OF INTEREST**

1. -	rela que by po:	ny legal person, including persons employed by the state <sup>1</sup> , or persons having a kinship with persons employed by the state elationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competi uote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to person to persons connected with or related to them, it is required that the bidder or his/her authorised representationsition 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 evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.	persons employed ive declare his/her
2.	In	n order to give effect to the above, the following questionnaire must be completed and submitted with the quote.	
2	2	Full Name of bidder/representative	********
2	!.8. !.8.1	The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers employee / persal numbers must be indicated in paragraph 3 below.  Are you or any person connected with the bidder presently employed by the state?  1. If so, furnish the following particulars:  Name of person / director / trustee / shareholder/ member:	YES NO
,	2.8.2	Position occupied in the state institution:	
1010	ta. I	Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)  2.2. If no, furnish reasons for non-submission of such proof:	
2	2.9.	Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conductive in the previous twelve months?	YES NO
2	2.10. 2.10	Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by may be involved with the evaluation and or adjudication of this quote?	YES   NO
;	2.11.	Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder, employed by the state who may be involved with the evaluation and or adjudication of this quote?  1. If so, furnish particulars:	YES NO
2	2.12	2. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related $\Sigma$	companies whether YES NO
	3	Full details of directors / trustees / members / shareholders.  The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the supleto ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on to be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.	pliers' responsibility CSD, the quote will
	4	DECLARATION	
	FUI	THE UNDERSIGNED (NAME)CERTIFY THAT THE JRNISHED IN PARAGRAPHS 2.	
		ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLA COVE TO BE FALSE.	ARATION

"State" means --

Name of bidder

e means —
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);
any municipality or municipal entity; a)

Signature

Position

provincial legislature; national Assembly or the national Council of provinces; or

Parliament.

<sup>&</sup>quot;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.



PROVINCE OF KWAZULU-NATAL  Quote Number: _	125/2020		
tem Description:	ambubag mask size 0, 00 , 1		
Department/Section:	Labour Ward		Purpose of Item:
Fo-weigh the newborn	to give their birth-weight and h	<del>eigh</del> t	
1. Pre-qualification crit			
<ol> <li>1.1. Is the item required Regulatory Body / certical</li> </ol>	red to have a regulatory body certif fication required if Yes: <u>Yes</u>	ication (e.g. SABS, SANS	S, SANAS, ISO, CIDB, etc.)? <u>Yes</u> / No:
1.2. <b>Is a compulsory</b> if Yes, specify: Date	site inspection / briefing session re	equired? Yes / <u>No</u> lace	
1.3. Is local producti	on and content part of the quote? Y	es / <u>No</u>	
1.4. Provisions of se if Yes, specify:	ection 4(1)(a) of the PPPFA Regulation	ons,2017 if applicable? \	/es / <u>No</u>
1.5. Liability Cover in if Yes, specify:	nsurance? Yes / <u>No</u>		
	ation of the required item?		Comment
List specifications to be a			
Mask must be rou			
2. Must be silicone			
3. Must come in diff	erent sizes 0, 00, 1		
4. Outer diameter 35-			
5. Outer diameter 50-	-65 mm for size Size 1 (term baby		
6. Should be an autoc	clavable face mask		
<ul><li>3.1. Deadline for subject</li><li>or</li><li>3.2. Specify that same</li></ul>	ples must be made available when re	Time_ <u>//</u>	St Marys Hospital
4.1. If the supplier fai the purchaser si	ils to deliver any or all of the goods or t hall, without prejudice to its other ren	nedies under the contract le delayed goods or unpe	thin the period(s) specified in the contract, deduct from the contract price, as a formed services using the current prime ince.
5. What is the evaluation	on criteria / special terms and cond	tions to be advertised?	
List evaluation criteria / s	pecial terms and conditions to be adv	ertised (if applicable)	
Pre-qualification crite	eria Does the offer meet the pre-qua	ification criteria?	1.0
2. Administrative	Does the offer comply to stipulat	ed administrative requiren	nents?
Conformance:     Performance:	supplier from all liabilities under	fil its performance obligation the contract?	on, in a manner that releases the
5. Features:	What characteristics does the pr	oduct or service have?	
Name of End-user (in ful	I) Nikeziwe Ncwane	Name of SCM Rep (in	1000
Designation / Rank (in fu		Designation/ Rank (in	full) SCM-Supervison
Signature	Ô	Signature	600 L
Date		Date	06/88/620
Standard End-User Speci	fication Form		Page 1 of
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Page 1 of 2



## FND-USER SPECIFICATION FORM

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?
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