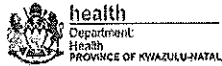


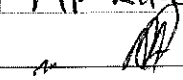
AdvertQuote

Submit Save Save As... Close Print Preview



Quotation Advert

Opening Date:	HHHH 02/03/2021
Closing Date:	10/03/2021
Closing Time:	11:00
INSTITUTION DETAILS	
Institution Name:	Select.. Hlenjisizwe CHC
Province:	KwaZulu-Natal
Department or Entity:	Department of Health
Division or section:	Central Supply Chain Management
Place where goods / services is required	Mpumalanga Clinic
Date Submitted	02/03/2021
ITEM CATEGORY AND DETAILS	
Quotation Number:	ZNQ: 532/2021
Item Category:	Select.. SERVICE
Item Description:	CUTTING OF GRASS AT MPUMALANGA CLINIC FOR SIX MONTHS
Quantity (if supplies)	
COMPULSORY BRIEFING SESSION / SITE VISIT	
Select Type:	Select.. COMPULSORY SITE VISIT
Date :	05/03/2021
Time:	10H00
Venue:	Mpumalanga Clinic
QUOTES CAN BE COLLECTED FROM:	Hlenjisizwe - SCM
QUOTES SHOULD BE DELIVERED TO:	Hlenjisizwe - TENDER BOX
ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:	

Name: M. G. MAKHATE
Email: Hlengisizwe.SCM@kznhealth.gov.za
Contact Number: 031 774 1033
Finance Manager Name: MP KAYUMALO
Finance Manager Signature: 

No late quotes will be considered

 Submit  Save  Save As...  Close  Print Preview

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: SCM.Advert@kznhealth.gov.za for uploading to the department website.
3. N.B if the scanned copy submitted is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

Site Updated: 16 October, 2020, 12:06 pm

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Contact the Web Administrator

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); | c) provincial legislature; |
| b) any municipality or municipal entity; | 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.

SPECIFICATION

THE CUTTING OF GRASS AND CLEANING OF GROUNDS FOR VARIOUS CLINICS UNDER HLENGISIZWE CHC (MSUNDUZI BRIDGE, BHOBHONONO HEALTH POST, SHONGWENI DAM AND MPUMALANGA CLINICS).

CUTTING OF GRASS ON 6 MONTHS CONTRACT

1. SCOPE OF WORK:

PERIOD: 6 months (April - September 2021) thereafter renewal on a month to month basis at the discretion of the department for a further maximum period of 12 months. Premature termination of contract will apply with a 1 month notice if Head Office awards another contract for maintenance of grounds or facility management decides.

2. SCOPE OF WORK:

- Cutting of grass twice a month (cut ,rake, dispose and sweep surrounding paved areas)
- Removal of weeds/grass in all retaining walls and in between paving
- Above to include areas up to 5m around external perimeter of the clinic
- Trimming of flower hedges
- Cleaning of gutters and down pipes every 3 months
- Cleaning of drains
- Compulsory site meeting to take correct measurement, etc.

3. CONDITION FOR CONTRACT:

- ALL NECESSARY SAFETY PRECAUTIONS TO BE ADHERED TO I.T.O THE OHS ACT
- CONTRACTOR IS ADVISED TO VISIT SITE AND TAKE SPECIFIC MEASUREMENT PRIOR TO SUBMIT QUOTES
- ANY DAMAGE TO HOSPITAL PROPERTY WILL BE REPAIRED BY THE CONTRACTOR AT HIS/ HER COST
- NO CLAIM FOR LACK OF INFORMATION WILL BE CONSIDERED FOR WHAT SO EVER
- ALL WORKMANSHIP TO BE CARRIED OUT AS PER SPECIFICATION
- CONTRACTOR TO REMOVE ALL GARDEN REFUSE / RUBBLE AND MAKE GOOD BEFORE LEAVING THE SITE.
- IF THE CONTRACTOR FAILS TO CARRYOUT THE WORK ACCORDINGLY, SUCH CONTRACTOR'S CONTRACT WILL BE TERMINATED.
- ALL WORK CARRIED HAS TO BE TO THE SATISFACTION OF THE OPERATION MANAGER OF THE CLINIC, SYSTEMS MANAGER OR CHC MANAGER