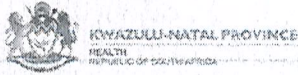


SharePoint

Kekana Maria - ?



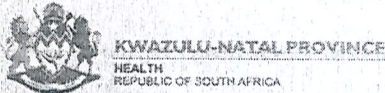
KZN HEALTH **KZN Health Intranet**

Search this site

HOME CORPORATE INFORMATION COMPONENTS DIRECTORY DISTRICT OFFICES HEALTH FACILITIES

KZN Health > Components > Supply Chain Management

AdvertQuote



Quotation Advert

Opening Date: 2021-05-21

Closing Date: 2021-05-28

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Ndwedwe CHC

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required Ndwedwe CHC and 3 clinics

Date Submitted 2021-05-20

ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:
ZNQ/NDW/41- 21/22

Item Category: Services

Item Description: Service to brush cutters
As per attached specification

Quantity (if supplies) 07 units

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date :

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Ndwedwe CHC - SCM Office

QUOTES SHOULD BE DELIVERED TO: Tender box - Ndwedwe CHC Rehabilitation centre veranda

ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Maria Kekana

Email: maria.kekana@kznhealth.gov.za

Contact Number: 032 - 532 3044

Finance Manager Name: Mr SG Hlongwane

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); | 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.



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: NDWEDWE CHC

Physical Address: P100 Main road, Ndwedwe Central, 4342
Postal Address: Private Bag X 528, Ndwedwe, 4342
Tel: 032 532 3048 Fax: 032 532 3628 Email: Xolani.Dlamini2@kznhealth.gov.za

MAINTENANCE DEPARTMENT

**ZNQ –
NDWEDWE CHC WOSIYANE & THAFAMASI CLINICS -**

Repair to Brash cutters

SCHEDULE OF RATES

4.1 ITEMS AND PRICING

The Department reserves the right to place an order for any quantities of items included in the Schedules. The Schedule of Rates must also not be assumed to include and describe every detail of the supply requirement, but must be taken and read in conjunction with the other parts of the document. Thus the supplier shall not have claim for further payment in respect of any order which may be described or implied in the contract, although apparently no corresponding items are given in the Schedule of Rates. The supplier shall be deemed to have satisfied himself before quoting as to the correctness and sufficiency of his quote for the contract and of the rates and prices stated in the Schedule of Rates.

4.2 TAX AND DUTIES

Prices, quoted and paid, must include all customs, excise and import duties, and any other tariffs or taxes levied by the government or statutory body having jurisdiction on the goods provided under this contract, **including Value Added Tax (applicable to the current rate).**

3.3 RATES

Except where provision is made in the Schedule of Rates, the rates and prices inserted shall be the full rates and prices for the service delivered described under the respective items and shall cover all labor, transport, overhead charges and profit, etc. as well as the general liabilities, obligations and risks arising out of the Conditions of Contract, the overhead charges and profit being spread proportionately over the rates of the relative items in the Schedule of Rates.

For all floor coverings are to include for laying as described, for cleaning down backing surfaces before laying and for all square and ranking cutting and waste and fitting, fair edges where no skirting occur, protection from injury and for cleaning down etc. as described at completion.

Rates for all finings are to include for lying as described, cleaning down backing surfaces before laying, sizing backing surfaces if necessary to ensure proper adhesion, all square and raking cutting and waste and fitting, fair etc. as described at completion.

Rates for skirting, stair nosing, edging strips, etc. are to include for fixing as described, cutting to lengths, and fitting at intersections, miters, ends, etc. and for cleaning down at company

NO		IT		R	c	R	c
	<p>All items to be priced fully inclusive of all charges e.g. labour, plan, profit etc. but excluding Value added tax</p> <p>Contractors are advised to visit site to acquire them with site and lay out of the institution premises during the contract is not allowed & arrangements for accommodation will have to be allowed for. all items are subjected to re-measure</p> <p>Tenders are referred to the project specifications for full description of materials, etc. to be used .all works shall be done strictly accordance with the specification & leave in perfect working order after completion</p>	No					
1							
2							
3	<p>Repair to brash cutter NB!!!!</p> <p>A company is allowed to come on site & check the machines for repairs & replacements of parts</p> <p><u>Allow for fault finding & report formally including Coast for repairs required. Fault finding to be done By a skulled service provider artisan or technician. Qualification to be attached to a tender documents For evaluation purpose</u></p> <p>Attach valid tax clearance certificate BEE certificate proof of registration to CSD CIDB Letter of good standing Attach a company grade regarding mechanical & electrical A company must improvise profile of a previous work in health department if not attached or an approved Certificate by a manufacture.</p>						
		No	item				

ITEM NO	DESCRIPTION: Service to brush cutters	UNIT	QTY	RATE/UNIT		TOTAL	
				R	c	R	c
12	SF 280Stihl Allow to replace or fix pistols Allow to replace Air filter Allow to replace Plug with carburettor Allow to fix Accelerator Shaft Cleaning of petrol tank Allow to replace petrol filter NDWEDWE CHC THAFAMASI WOSIYANE MWOLOKOHLO	No.	04				
	Allow 12 months guarantee	No	Item				
17		No	item				
18	Tenderer must allow improvising in connection with acquiring the services of the accredited Safety, Health and environment Consultant to prepare safety plan, risk assessment schedule and do regular inspections for the duration of the contract in compliance with Occupational and Safety act. (Assessment to be forwarded to Department of Health Occupational Health and Safety in Natalia.) Tenderer will not be allowed to start work without submission of Safety Plan	No	item				
19			Item				
20	R 1 500.00 (ONE THOUSAND FIVE HUNDRED RANDS) PER DAY WILL BE CHARGED, FROM DAY I (ONE) AFTER CONTRACT EXPIRED		Item				
21	TENDERES ARE ADVISED THAT ANY WORK DONE NOT UP SATISFACTORY OF THE DEPARTMENT, TENDERER MUST RE-DO WORK AT OWNNER'S EXPENSE.		Item				
	CARRIED TO COLLECTION SUMMARY PS 2			R		R	



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

DIRECTORATE: NDWEDWE CHC

Physical Address: P100 Main road, Ndwedwe Central, 4342
Postal Address: Private Bag X 528, Ndwedwe, 4342
Tel: 032 532 3048 Fax: 032 532 3628 Email: Xolani.Dlamini2@kznhealth.gov.za

MAINTENANCE DEPARTMENT

COLLECTION SUMMARY

Institution NDWEDWE CHC& CLINICS

**Project description: Service
to Brash cutters**

NOTE:

THIS COLLECTION SUMMARY MUST BE COMPLETED IN FULL BY THE CONTRACTOR
AND RETURNED TOGETHER WITH THE QUOTATION FORM

BILL	<u>FINAL SUMMARY</u>	PAGE NO.	AMOUNT
1	Repair to Brash cutters		
2	Contingencies@10%		
	Sub Total		
	Value Added Tax@15%		
	Carried to Form of Tender		