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KZN HEALTH

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AdvertQuote

	KWAZULU-NATAL PROVINC	Е	
	HEALTH REPUBLIC OF SOUTH AFRICA	Quotation Advert	
Opening Dat	e:	2022-01-17	,
Closing Date	<b>:</b> :	2022-01-24	1 6
Closing Time	e:	11:00	
INSTITUTION	ON DETAILS		
Institution N	ame:	Nkonjeni hospital	<b>v</b>
Province:		KwaZulu-Natal	
Department	or Entity:	Department of Health	
Division or s	section:	Central Supply Chain Management	
Place where	goods / services is required	Nkonjeni Hospital	
Date Submit	ted	2022-01-17	Accepted 1
ITEM CATI	EGORY AND DETAILS		
Quotation N	umber:	ZNQ: NKO 442/21/22	
Item Catego	ry:	Goods	<b>v</b>
Item Descrip	otion:	WARD BASE PRIMARY HEALTHCARE OUTREACH TEAM, COMMUNITY O UTREACH SERVICES REFERRAL, WARD BASE PRIMARY HEALTHCARE OU TREACH TEAM MONTLY REGISTER	
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		NB:QUOTES TO HAND DELIVERED OR SENT THEM WITH COURIER, AS	
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	supplies) SORY BRIEFING SESSION /	1500	
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COMPULS Select Type: Date: Time: Venue: QUOTES CA QUOTES SH ENQUIRIE Name: Email: Contact Nur	SORY BRIEFING SESSION /  SORY BRIEFING SESSION /  SOULD BE COLLECTED FROM:  HOULD BE DELIVERED TO:  HES REGARDING THE ADVER  HOBER:  HOBER:  HOBER:  HOBER:  HORAGON H	1500  SITE VISIT  Not Applicable  DOWNLOAD FROM WEBSITE  NKONJENI HOSPITAL, TENDER BOX SITUATED AT SECURITY MAIN GATE  PART MAY BE DIRECTED TO:  Mr S.W BUTHELEZI  N/A  035 873 0013	

STANDARD QUOTE DOCUMENTATION OVER R30 000.00 YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: NKONJENI HOSPITAL DATE ADVERTISED: 17/01/2022 CLOSING DATE: 24/01/2022 CLOSING TIME: 11:00 FACSIMILE NUMBER: ..... E-MAIL ADDRESS: N/A PHYSICAL ADDRESS: NKONJENI HOSPITAL, EKUDUBEKENI RESERVE, MAHLABATHINI. 3865 QUOTE NUMBER: NKO 442/21/22 DESCRIPTION: SUPPLY COMMUNITY HEALTH WORKER TRACING REGISTER CONTRACT PERIOD..... VALIDITY PERIOD 60 Days SARS PIN..... (if applicable) CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO. UNIQUE REGISTRATION REFERENCE DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS) NKONJENI HOSPITAL, TENDER BOX SITUATED AT SECURITY MAIN GATE Bidders should ensure that quotes are delivered timeously to the correct address. If the quote is late, it will not be accepted for consideration. The quote box is open from 08:00 to 15:30. QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS - (NOT TO BE RETYPED) THIS QUOTE IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2011, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT. THE FOLLOWING PARTICULARS MUST BE FURNISHED (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED) NAME OF BIDDER **POSTAL ADDRESS** STREET ADDRESS TELEPHONE NUMBER CODE......NUMBER...... FACSIMILE NUMBER CODE ......NUMBER..... **CELLPHONE NUMBER** E-MAIL ADDRESS VAT REGISTRATION NUMBER (If VAT vendor) ..... HAS A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE BEEN SUBMITTED? (SBD 6.1) YES [A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMES& QSEs) MUST BE SUBMITTED TO QUALIFY

FOR PREFERENCE POINTS FOR B-BBEE1

OFFICIAL	PRICE PAGE	FOR QUOTATIONS	QUOTE NUMI	<sub>BER:</sub> NKO 442/2	1/22	
DESCRIPT	rion: SUP	PLY COMMUNITY HEALTH WORKE	ER TRAC	ING REGISTE	R	
		Rt, I hereby agree to all terms and conditions]	DATE.			
CAPACITY	UNDER WHI	CH THIS QUOTE IS SIGNED				
Item No	Quantity	Description	Brand & model	Country of manufacture	Price R	С
	250 EACH	SUPPLY COMMUNITY HEALTH WORKER TRACING REGISTER				
	250 EACH	WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM				$\neg$
		INDIVIDUAL CLIENT HEALTH RECORD				+
	250 EACH	COMMUNITY OUTEACH SERVICES REFERRAL FORM				+
	250 EACH	WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER				$\top$
	250 EACH	WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY				
		DAILY ACTIVITY TRACKER				
	250 EACH	WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY				
		DHIS REPORT				
		NB:CONTRACT TO BRING SAMPLES				
		2				
VALUE AF	DDED TAY @	150/ (O. L. Y.VAT.V L. )				
		15% (Only if VAT Vendor)				
TOTAL QU	JOTATION PI	RICE (VALIDITY PERIOD 60 Days)				
		Does The Article	Conform To	The S.A.N.S. / S.	A D C I	
		With The Specification? Specification?			M.B.S.	
Is The Pric		State Delivery Period,	e.g., <i>1day, 1we</i>	eek		

2000 This other comply With the opcomedicin:	1 0	pecinication:
Is The Price Firm?	State De	ivery Period, e.g., 1day, 1week
Enquiries regarding the quote may be directed to:  Contact Person: SW BUTHELEZI Tel: 035 &  E-Mail Address: N/A		Enquiries regarding technical information may be directed to

### **DECLARATION OF INTEREST**

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.

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

2.2	<ul><li>Full Name of ldentity Num</li></ul>	ber:						2.4.	Compar	ny Registrati	on Number:				
2.3	<ol> <li>Position of shareholder<sup>2</sup></li> </ol>		in t	the Com	ipany (d	director,	truste				ber: ımber:				
2.7	The names of employee / p	of all direc	ctors /	trustees /	sharehold	lers / me	mbers,	their inc	dividual i	dentity numl	oers, tax refere		bers and K APPLI		
2.8	B. Are you or a								the stat	e?		[HC	YE		NO T
	3.1. If so, furnish	the follow	ving pa	articulars:		•									
	Name of pers	on / direc	tor / tru	ustee / sha	areholder/	member	r:								
	Name of			stitution			,	or	the	person	connected	to	the	bidder	r is
	employed:														
	Position			in			ate	insti	tution:				An	у	other
2.8	particulars: 3.2. If you are	orocontly	omnlo	wood by the	etato di	 Lyou obt	tain the	annrani	rioto outl	pority to und	ortako romuno	rativa wa	ark autoid	o omple	oumont
2.0	in the publ			yeu by the	state, uit	ı you obi	lain ine	appropr	iale auli	ionly to und	ertake remune	rative wo			
2.8	3.2.1. If yes, di			of of such	authority	to the a	iote doc	cument?	)				YE	:5	NO
(Note	: Failure to subi	nit proof o	of such	authority,	where au	oplicable.	. mav re	sult in t	he disau	alification of	the auote.)				
2.8	3.2.2.	If no, furr	nish rea	asons for i	non-subm	ission of	such pr	oof:							
2.9	<ol><li>Did you or y</li></ol>	our spous	e, or a	any of the	company'	s directo	rs / trus	tees / s	harehold	ders / memb	ers or their spo	uses co	nduct bus	siness v	vith the
	state in the p												YE	S	NO
2.9	9.1. If so, furnis	sh particul	lars:												
2.1	0. Do you, or a	iny perso	n conr	nected with	n the bido	ler, have	any re	lationsh	ip (famil	y, friend, ot	ner) with a per	son emp	oloyed by	the sta	ate and
2.4	who may be												YE	S	NO
2.	0.1. If so, furnis	any nore	on cor	nacted wi	ith the hi	dor aw	aro of a	ny rola	tionchin	/family frio	nd other) bet	voon on	u other b	iddor o	nd any
۷.	nerson empl	oved by t	he stat	te who ma	v he invol	ved with	the eva	iny reia Ination	and or a	diudication of	of this quote?	veen an			
2.1	1.1. If so, furnis	sh particul	lars:			vod mar				ajaaloallon	i ilio quoto:		YE	:5	NO
2.1	2. Do you or a	ny of the	direct	tors / trust	ees / sha	reholder	s / mer	nbers o	f the co	mpany have	any interest	in any o	ther relat	ed com	npanies
	whether or n	ot they ar	e bidd	ing for this	contract'	?						,	YE		NO
2.1	2.1. If so, furnis	sh particu	lars:												
3.	Full details of	of directo	rs / tru	ustees / m	embers /	shareh	olders								
	3: The Depart							s / trus	stees /	members /	shareholder	s on CS	SD. It is	the su	ppliers'
	responsibilit	to ensur	re that	their deta	ils are up	-to-date	and ver	ified on	CSD. If	the Departn	nent cannot va	lidate the	e inform	ation o	
	the quote wi	II not be c	onside	ered and p	assed ove	er as non	n-compli	ant acc	ording to	National Tr	easury Instruct	ion Note	4 (a) 20°	16/17.	
4	DECLARA	ATION													
I.	THE UNDER	SIGNED	(NA	ME)							CERTIFY T	НАТ Т	HE INF	ORMA	TION
	JRNISHED IN														
L	АССЕРТ ТНА	T THE	тат	FMAVI	REIECT	THEO	HOTE	OR AC	T AG	AINIST ME	SHOTII D T	HIS DE	CLADA	TION	
	ROVE TO BE			L WINT I	CLILC I	THE Q	OOIL	OK A	JI AGA	TINOI WIL	SHOOLD I	III3 DL	CLAKA	HOIN	
Na	ame of bidder			Signat				Po	sition			Date			
411.0				99.70											
1"S a)	tate" means – any national d	r provincial	denarti	ment nation	al or provin	ncial nublic	entity o	r c)	provincia	l legislature;					
u)	constitutional in										national Council	of province	s; or		
L.V	Act, 1999 (Act							e) ,	Parliame	nt.					
b)	any municipalit	y or municip	ai eiilliy	,											

"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.

### SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

### 1. AMENDMENT OF CONTRACT

1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

### 2. CHANGE OF ADDRESS

2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

### 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The Department is under no obligation to accept the lowest or any quote.
- 3.2. The Department reserves the right to communicate in writing with vendors in cases where information is incomplete or where there are obscurities regarding technical aspects of the offer, to obtain confirmation of prices or preference claims in cases where it is evident that a typing, written, transfer or unit error has been made, to investigate the vendor's standing and ability to complete the supply/service satisfactorily.
- 3.3. ALL DECISIONS TAKEN BY THE DEPARTMENT ARE FINAL, INCLUDING THE AWARD OF THIS QUOTATION.
- 3.4. The price quoted must include VAT (if VAT vendor). However, it must be noted that the Department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.5. The bidder must ensure the correctness & validity of the quotation:
  - (i) that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk
  - (ii) it is the responsibility of the bidder to confirm receipt of their quotation and to keep proof thereof.
- 3.6. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.7. This quotation will be evaluated based on the 80/20 points system, specification, correctness of information and/or functionality criteria.

  All required documentation must be completed in full and submitted.
- 3.8. Offers must comply strictly with the specification.
- 3.9. Only offers that meet or are greater than the specification will be considered.
- 3.10. Late offers will not be considered.
- 3.11. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.12. Used/ second-hand products will not be accepted.
- 3.13. A bidder not registered on the Central Suppliers Database or whose verification has failed will not be considered.
- 3.14. All delivery costs must be included in the quoted price for delivery at the prescribed destination.
- 3.15. 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.
- 3.16. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.17. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered.
- 3.18. Verification will be conducted to identify if bidders have multiple companies and are cover-quoting for this bid.
- 3.19. In such instances, the Department reserves the right to immediately disqualify such bidders as cover-quoting is an offence that represents both corruption and acquisition fraud.

### 4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. 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.
- 4.2. 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.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotations submitted must be complete in all respects. However, where it is identified that information in a bidder's response is incomplete in any respect, the said supplier meets all specification requirements and is lowest to quote, the Department reserves the right to request the bidder to complete/submit such information.
- 4.5. Any alteration made by the bidder must be initialled; failure to do so may render the response invalid.
- 4.6. Use of correcting fluid is prohibited and may render the response invalid.
- 4.7. Quotations will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. 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.
- 4.10. The Department is under no obligation to pay suppliers in part for work done if the supplier can no longer for fulfil their obligation.

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. 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.
- 5.2. 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 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 rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. 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 will be considered.
- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

### SAMPLES

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
- (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
- (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. Samples must be made available when requested in writing or if stipulated on the document.
- (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

### COMPULSORY SITE INSPECTION / BRIEFING SESSION

7.1.	Bidders who fail to attend the compulsory meeting will be disqua	alified from the evaluation process.
(i) (ii)	The institution has determined that a compulsory site meeting Date/ Time: Place	take place
Institut	ion Stamp:	Institution Site Inspection / briefing session Official
		Full Name:
		Signature:
		Date:

### 8. STATEMENT OF SUPPLIES AND SERVICES

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

### 9. SUBMISSION AND COMPLETION OF SBD 6.1

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

### 10. TAX COMPLIANCE REQUIREMENTS

- 10.1. 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.
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

### 11. TAX INVOICE

- 11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:
- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged:
- (vii) the words tax invoice in a prominent place.

### 12. PATENT RIGHTS

The supplier shall indemnify the KZN Department of Health (hear after known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

### 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. 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.

### 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
- (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
- (ii) if the supplier fails to perform any other obligation(s) under the contract; or
- (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, 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 liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

### 15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.

### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
  - the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
  - (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

- Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

### 2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

### 3. POINTS AWARDED FOR PRICE

### 3.1 THE 80/20 PREFERENCE POINT SYSTEMS

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 - \frac{Pt - P\min}{P\min} \right)$$
 Where

Ps = Points scored for price of bid under consideration

Pt = Price of bid under consideration Pmin = price of lowest acceptable bid

### 4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR

In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

5 BID DECLARATION					
	C	DID	DECL	ADATIO	RI

- 5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:
- 6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1
- 6.1 B-BBEE Status Level of Contributor: = .......(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

7.	SUB-CONTRACTING	(Tick
	applicable box)	· ·

- 7.1 Will any portion of the contract be sub-contracted?
- 7.1.1 If yes, indicate:
  - i) What percentage of the contract will be subcontracted.....%
  - ii) The name of the sub-contractor.....
  - iii) The B-BBEE status level of the sub-contractor.....
- 8. Whether the sub-contractor is an EME or QSE (Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations, 2017:

Designated Group: An EME or QSE which is at last 51% owned by:	EME	QSE
	√	√
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		

YES

NO

	Any QSE					
	DECLAR	ATION WITH REGARD TO COMPANY/FIRM				
.1	Name o	of company/firm:				
.2	VAT re	gistration number:				
.3	Compa	any registration number:				
.4	TYPE (	OF COMPANY/ FIRM [TICK APPLICABLE BOX				
		Partnership/Joint Venture / Consortium One person business/sole propriety Close corporation Company (Pty) Limited				
5	DESCF	RIBE PRINCIPAL BUSINESS ACTIVITIES				
.6	COMP	ANY CLASSIFICATION [TICK APPLICABLE BC	DX]			
		Manufacturer Supplier				
		Professional service provider				
		Other service providers, e.g. transporter, etc.				
.7	Total n	umber of years the company/firm has been in bu	ısiness:			
8.8	the B-E	ne undersigned, who is / are duly authorised to on BBE status level of contributor indicated in paragesterence(s) shown and I / we acknowledge that:	lo so on behalf of the com graphs 1.4 and 6.1 of the f	pany/firm, certify that the poregoing certificate, qualifi	points claimed, bas es the company/ fi	ed or rm fo
	i) Th	he information furnished is true and correct;				
	ii) Th	he preference points claimed are in accordance	with the General Condition	ns as indicated in paragrap	h 1 of this form;	
	iii) In be	the event of a contract being awarded as a rese required to furnish documentary proof to the sa	ult of points claimed as shatisfaction of the purchase	own in paragraphs 1.4 and that the claims are correc	d 6.1, the contracto t;	r may
	iv) If	the B-BBEE status level of contributor has be ontract have not been fulfilled, the purchaser ma	een claimed or obtained or y, in addition to any other	on a fraudulent basis or a remedy it may have –	any of the condition	ons of
	(a)	disqualify the person from the bidding process	5;			
	(b)	recover costs, losses or damages it has incurr	ed or suffered as a result	of that person's conduct;		
	(c)	cancel the contract and claim any damages varrangements due to such cancellation;	which it has suffered as a	result of having to make le	ess favourable	
	(d)	recommend that the bidder or contractor, its who acted on a fraudulent basis, be restricted of state for a period not exceeding 10 years, applied; and	by the National Treasury	from obtaining business fr	om any organ	
	(e)	forward the matter for criminal prosecution.				
	\/\/ITNI	ESSES				
				ATURE(S) OF BIDDERS		
	1		DATE:			
	2		1 1			



### health

Department:
Health
REPUBLIC OF SOUTH AFRICA

COMMUNITY HEALTH WORKER TRACING REGISTER

CHW:

Team Name:

health Desermone Health REPUBLIC OF COUTH AFRICA	COMMUN	COMMUNITY HEALTH WORKER TRACING REGISTER
Team Namé	СНА	CHW name
Date list generated	Date	Date allocated

Name and Surname	Age	File number/UID	Missed appointment date	Phone Number (s)	Physical Address	Date(s) client visited at home	Outcome of home visit	Final Outcome	Proposed Date of Clinic visit	Comment
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						EL Contractor				
12.			A Second Comments			(2) Angeles (2)			A Company	
						(B) Asia radio				

<sup>\*\*</sup>Outcome of home visit can be S = Successful (Client reached and appointment made), R = RIP (Client has died), T = Transfer (Client reached, receiving treatment at another facility), M = Message (Client unavailable, left a message), U = Unsuccessful (Client reached but unwilling to return), L = Lost (Client cannot be reached, incorrect number or no answer)

OTL: Name:

Date: \_\_

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## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM INDIVIDUAL CLIENT HEALTH RECORD



### INDIVIDUAL CLIENT RECORD HOUSEHOLD RECORD

Contract details   C1	This record individual Name of individual	This record should only be completed for clients that require clinical interventions ance screening has been completed. Individual details    Date of birth
Relationship  (2)    Colid Health HIV TB Importants Important Importants Important Importants Important I	details (1	
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	bid	letails
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Services provided  Antenatal Postnatal Child HIV TB Hyper Diabetes Adherence Other  The Tension Diabetes Diabetes Adherence Other  The Tension Diabetes D		
Services provided		details
Antenatal Postnatal Child HIV TB Hyper Diabetes Adherence Other		f Care
Antenatal Postnatal Health HIV TB Hyper- The Health House Other The Hyper- The Health House Other The Hyper- The Health Hyper- The Hyper- The Health Hyper- The Hyper	-	
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dd/mm/yyyy	dd/n	Ahidyana
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COMMUNITY OUTREACH SERVICES REFERRAL FORM

This form should be used w	nen referring a person from co	mmunity or house	chold to fac	cility for a po	rticular service.	t.															•	
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## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER

Facility Name:

Team Name:



## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY REGISTER

AH AH Health Condition Team Total Complete totals for each Leader Name Outreach Team Instructions

1. This form should be used by an OTL to summarise the monthly totals for each CHW in the WBPHCOT.

2. At the end of the month, the total numbers should be summarised in the last row of the table. CHW Name and Surname Number of 1st visite VIsit Number of follow up visits Number of clients listed on WBPHCOT Tracing Register Number of supervised visits Under 5 5-9 years 10-19 years Number of clients with outcomes recorded (S,R,T,M,U,L) 20 years and above Pregnancy test Antenatal 1st Antenatal visit Reporting Month Antenatal support Post-natal support Number of clients with outcomes = S (Successful) Post-patal Under 1 assessed for danger signs Under 1 referred Child (1-5) assessment Under 5 referred for nutrition and growth problems Under 5 with Diarrhoea referred for further treatment return date Number of clients with a Clinic Name Child referred for immunisation Child Health Child (12-59 months) provided with Vitamin A Child (12-59 months) provided with deworming If there are more CHWs than the rows, use a second summary sheet Child under 15 referred to social services Child under 5 referred for HIV test Reviewed by Facility Manager: Signature: Compiled by OTL: Child 5-14 referred for HIV Clients 15 years and above referred for HIV test ₹ V HIV defaulter traced Clients under 5 screened WBPHCOT DHIS Name Clients 5 years and older screened for TB TB Clients referred for TB investigation TB defaulters traced Clients screened for high blood pressure Hypertension Clients referred for blood pressure testing Clients screened for diabetes Diabetes Date: Clients referred for blood glucose test Clients provided with adherence support Adherence Clients 15 years and older referred to social services

Clients referred for mental health assessment

Other

Signature:

Date:



### health

Department:
Health
REPUBLIC OF SOUTH AFRICA

## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER

CHW:

\_Team Name:

health

# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM DAILY ACTIVITY TRACKER

Instructions
1. This form should be used daily at each household visit.
2. Record each client provided with the service per household in each row. If a particular service is not provided to anyone in the household, fill in zero (0).

Month:

Visit

Summarise the totals for each page in the last row of the table.
 At the end of the month, add up all the page totals applicable for that month and submit to OTL.
 Start a new page at the beginning of each month.

Signature:	Name:	CHW:	*Other, record any any other services provided to household member	्रा क्ष्म	Page Summary Complete totals															Household profile number	
			ord any		ary. Cor															Date of visit (dd/mmm)	
			any othe	77	nplete to	*:	77	3	71	**	73	3 er	51		37	32	~-=	27	41	Type of visit (Tick 1 for 1st visit to household, F for follow up visit)	Alsit
			er service	23	tals for each column below	2	22	≈ 28	2	5	ν: 2	z	z.	\$3 	-3 -22.	: 23	22	z:	-4	Was this visit supervised? (Tick Y/N)	
			es pr	-	acha	<u> </u>														Under 5	
			ovide	-	불	-	_													5-9 years	Headcount
			d to		n bel	_		_	_					_						10-19 years	cour
			hou	<u> </u>	- WO			-												20 years and above	7
			sehold																	Pregnancy test	
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	Date:		er.				_													Antenatal support	Antenate
								1												Post-natal support	
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																				Under 1 referred	Post-matal
																				Child (1-S) assessment	
			-			4	1	1	1											Under 5 referred for nutrition and growth problems	
			-			1	1	1		1										Under 5 with Diarrhoea referred for further treatment	
	1				1															Child referred for Immunisation	0
			-																	Child (12-59 months) provided with Vitamin A	Child Health
	-	~	-			$\perp$														Child (12-59 months) provided with deworming	alth
	Name:	Reviewed by OTL:																		Child under 15 referred to social services	
	1	ed by																		Child under 5 referred for HIV test	
		OTL:																		Child 5-14 referred for HIV test	
										T					$\top$	$\top$	1	T	T	Clients 15 years and above referred for HIV test	
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									T						T	$\dagger$	T	$\dagger$		Clients under 5 screened for TB	
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	Date:				L													T	0	Clients referred for blood pressure testing	Hypertension
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Signature:



## WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DHIS REPORT



# WARD BASED PRIMARY HEALTH CARE OUTREACH TEAM MONTHLY DHIS REPORT

Instructions
1. This form should be used an OTL to compile DHIS monthly report on WBPHCOT activities.
2. At the end of the month, the total numbers should be summarised in the last row of the table.

Outreach Team Leader Name

Reporting Month

Clinic Name

WBPHCOT DHIS Name

If there are more CHWs than the rows, use a second summary sheet.
 The facility manager must sign and submit the form together with other PHC reports for capturing on DHIS.

	Visit			Headcount	Count		201		7		
			COS Hadas				Child	Child Health	ANH	TB	Adherence
CHW Name	COS Household 1st visits	COS Household follow up visits	5 years attended to	COS 5-9 years attended to	COS 10-19 years attended to	COS 20 years and above attended to	COS Vitamín A dose 12-59 months	COS deworming dose 12-59	COS HIV defaulter	COS TB defaulters	COS with adherence
								monus	riaced	пасед	support
Complete totals for each column below											
Team Total											
OTL:											
					raciiity manager:						
Name:	Date:			1	Name:				Date:		
Signature:					Signature:						