



Quotation Advert

Opening Date: 09/10/2023
Closing Date: 16/10/2023

Closing Time: 11:00

INSTITUTION DETAILS

Institution Name: Emmaus Hospital
Province: KwaZulu-Natal
Department of entity: Department of Health
Division or section: Central Supply Chain Management
Place where goods/
service is required: Emmaus Hospital

Date Submitted: 09/10/2023

ITEM CATEGORY AND DETAILS

Quotation number: EMM248/09/23
Item Category: Goods
Item Description: Supply & Deliver patient health record & PHC comprehensive head count register
Quantity (if supplies): 950

COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not applicable
Date: [Click here to enter a date.](#)
Time: [Click here to enter text.](#)

Venue:

QUOTES CAN BE COLLECTED FROM: uploaded on website

QUOTES SHOULD BE DELIVERED TO: Emmaus hospital management block tender box

ENQUIRIES REGARDING ADVERT MAY BE DIRECTED TO:

Name: Bongekile Miya

Email: EmmausQuotation@kznhealth.gov.za

Contact number: 036 488 8211

Finance Manager Name: Mr P.P Zulu

Finance Manager Signature



PARTICULARS OF QUOTATION

YOU ARE HEREBY INVITED TO QUOTE FOR REQUIREMENTS AT: EMMAUS HOSPITAL

FACSIMILE NUMBER: 036-4881739 E-MAIL ADDRESS: EmmausQuotation@kznhealth.gov.za

PHYSICAL ADDRESS: EMMAUS HOSPITAL CATHERDRAL PEAK ROAD WINTERTON 3340

QUOTE NUMBER: ZNQ / EMM 248 / 09 -23

VALIDITY PERIOD: 60 DAYS

DATE ADVERTISED: 09/10/2023

CLOSING DATE: 16/10/2023

CLOSING TIME: 11:00

DESCRIPTION: SUPPLY & DELIVER PATINENT HEALTH RECORDS FILE AND PHC COMPREHENSIVE HEAD COUNT

CONTRACT PERIOD (IF APPLICABLE): ONCE

DEPOSITED IN THE QUOTE BOX SITUATED AT (STREET ADDRESS):
EMMAUS HOSPITAL CATHERDRAL PEAK ROAD WINTERTON 3340
MANAGEMENT BLOCK

ENQUIRIES REGARDING THE QUOTE MAY BE DIRECTED TO:

CONTACT PERSON: PHINDILE NDEBELE TELEPHONE NUMBER: 036-4888211
 E-MAIL ADDRESS: EmmausQuotation@kznhealth.gov.za

ENQUIRIES REGARDING TECHNICAL INFORMATION MAY BE DIRECTED TO:

CONTACT PERSON: _____ TELEPHONE NUMBER: _____
 E-MAIL ADDRESS: _____

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, 2022, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

**THE FOLLOWING PARTICULARS OF BIDDER MUST BE FURNISHED
 (FAILURE TO DO SO MAY RESULT IN YOUR QUOTE BEING DISQUALIFIED)**

NAME OF BIDDER: _____

E-MAIL ADDRESS: _____

POSTAL ADDRESS: _____

STREET ADDRESS: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

CELLPHONE NUMBER: _____ SARS PIN: _____

VAT REGISTRATION NUMBER (if VAT vendor): _____

CENTRAL SUPPLIER DATABASE REGISTRATION (CSD) NO.

M	A	A	A								
---	---	---	---	--	--	--	--	--	--	--	--

UNIQUE REGISTRATION REFERENCE:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

OFFICIAL PRICE/PAGE/EXPIRY DATE/NOTATIONS/VER R2.039(01)

QUOTE NUMBER: ZNQ /EMM / 248 / 09 / 23

DESCRIPTION: SUPPLY & DELIVER PATIENT HEALTH RECORDS FILE AND PHC COMPREHENSIVE HEAD COUNT

PREFERENCE POINTS WILL BE ALLOCATED ACCORDING TO THE IMPLEMENTATION OF SPECIFIC GOALS IN TERMS OF PPR 2022.

Promotion of enterprises manufacturing in the Province of KwaZulu-Natal

POINTS ALLOCATED 20

ICN NUMBER	QUANTITY	UNIT OF MEASURE	DESCRIPTION	BRAND & MODEL	COUNTRY OF MANUFACTURE	PRICE
	250	UNITS	PATIENT HEALTH RECORDS PRIMARY		R	C
			HEALTH CARE FOR CHILD			
	450	UNITS	PATIENT HEALTH RECORDS PRIMARY			
			HEALTH CARE FOR FEMALE			
	100	UNITS	PATIENT HEALTH RECORDS PRIMARY			
			HEALTH CARE FOR MALE			
	100	UNITS	PHC COMPREHENSIVE HEAD COUNT REGISTER			
			(AS PER SPEC & ATTACHED)			
			REQUIREMENTS			
			CSD REPORT UPDATED			
			SARS PIN UPDATED			
VALUE ADDED TAX @ 15% (Only if VAT Vendor)						
TOTAL QUOTATION PRICE (VALIDITY PERIOD 60 Days)						

DOES THIS OFFER COMPLY WITH THE SPECIFICATION? YES / NO

IS THE PRICE FIRM? YES / NO

DOES THE ARTICLE CONFORM TO THE S.A.N.S. / S.A.B.S. SPECIFICATION? YES / NO

STATE DELIVERY PERIOD (E.G. 3 DAYS, 1 WEEK) YES / NO

NAME OF BIDDER: _____

SIGNATURE OF BIDDER: _____

[By signing this document, I hereby agree to all terms and conditions]

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED: _____ DATE: _____

BIDDER'S DISCLOSURE

1 PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2 BIDDER'S DECLARATION

2.1. Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest¹ in the enterprise, employed by the state? YES / NO

2.1.1. If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

FULL NAME	IDENTITY NUMBER	NAME OF STATE INSTITUTION

2.2. Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? YES / NO

2.2.1. If so, furnish particulars: _____

2.3. Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? YES / NO

2.3.1. If so, furnish particulars: _____

3 DECLARATION

I, the undersigned, (name) _____ in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1. I have read and I understand the contents of this disclosure;
- 3.2. I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3. The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium² will not be construed as collusive bidding.
- 3.4. In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.5. The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.6. There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.7. I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME OF BIDDER

SIGNATURE

POSITION

DATE

¹ the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

² Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2), 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
- (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
 - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system.
- then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

Note to tenderers: The tenderer must indicate how they claim points for each preference point system.

The specific goal/s allocated points in terms of this tender	Number of points allocated (80/20 system)	Number of points claimed (80/20 system)
Promotion of enterprises manufacturing in the Province of KwaZulu-Natal	20	

DECLARATION WITH REGARD TO COMPANY/FIRM

- 4.3. Name of company/firm: _____
- 4.4. Company registration number: _____
- 4.5. TYPE OF COMPANY/ FIRM [tick applicable box]
- Partnership/Joint Venture / Consortium
 - One-person business/sole propriety
 - Close corporation
 - Public Company
 - Personal Liability Company (Pty) Limited
 - Non-Profit Company
 - State Owned Company

- 4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:
- i) The information furnished is true and correct;
 - ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
 - iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
 - iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
 - (a) disqualify the person from the tendering process;
 - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
 - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
 - (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the audi alteram partem (hear the other side) rule has been applied; and
 - (e) forward the matter for criminal prosecution, if deemed necessary.

SIGNATURE(S) OF TENDERER(S)

SURNAME AND NAME: _____

DATE: _____

ADDRESS: _____



Quote Number: _____

Item Description: **child Patient Health Record Primary Health Care**

Department/Section: **Emmaus gateway**

Purpose of Item:

keeping of clients medical records

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: no _____

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: _____

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. White record with a letter-head for RSA Health, written Child Patient in the cover page	
2. Have space to write patient file number, HPRS label, name, Surname, facility name, facility unique number	
3. Must have a disclaimer at the bottom	
4. 64 pages	
5.	

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 ____ / ____ / ____ Time ____ : ____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

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 to 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)	<i>J. Kwonani</i>	Name of SCM Rep (in full)	<i>P. H. Ndebele</i>
Designation / Rank (in full)	<i>Admin PHC</i>	Designation / Rank (in full)	<i>Scm Supervisor</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>11/09/23</i>	Date	<i>11/09/2023</i>



Quote Number: _____

Item Description: **Adult Male Patient Health Record Primary Health Care**

Department/Section: **Emmaus gateway**

Purpose of Item: **keeping of clients medical records**

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: no _____

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: _____

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. Blue record with a letter-head for RSA Health, written adult male in the cover page	
2. Have space to write patient file number, HPRS label ,name ,Surname, facility name , facility unique number	
3. Must have a disclaimer at the bottom	
4. 64 pages	
5.	

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 ____/____/____ Time ____:____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

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 to 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)	<i>D. Z. HONGWANE</i>	Name of SCM Rep (in full)	<i>P. H. Ndebele</i>
Designation / Rank (in full)	<i>ADD PTE</i>	Designation/ Rank (in full)	<i>Scm Supervisor</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>11/09/23</i>	Date	<i>11/09/2023</i>



Quote Number: _____

Item Description: **Adult Female Patient Health Record Primary Health Care**

Department/Section: **Emmaus gateway** Purpose of Item: **keeping of clients medical records**

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: no _____

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: _____

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.	Pink record with a letter-head for RSA Health, written adult male in the cover page	
2.	Have space to write patient file number, HPRS label, name, Surname, facility name, facility unique number	
3.	Must have a disclaimer at the bottom	
4.	64 pages	
5.		

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 ____/____/____ Time ____:____ Place _____

or

3.2. Specify that samples must be made available when requested in writing. Yes or No

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 to 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)	<i>A. Z. Mkhizane</i>	Name of SCM Rep (in full)	<i>P. H. Ndebele</i>
Designation / Rank (in full)	<i>Admin PHC</i>	Designation / Rank (in full)	<i>SCM Supervisor</i>
Signature	<i>[Signature]</i>	Signature	<i>[Signature]</i>
Date	<i>11/09/23</i>	Date	<i>11/09/2023</i>