



BID DOCUMENT NUMBER: ZNB 3000/2022-H

REQUEST FOR BIDS

**APPLICATION FOR ESTABLISHMENT OF A PANEL LIST OF APPROVED CLEANING SERVICE PROVIDERS
TO
KWAZULU-NATAL DEPARTMENT OF HEALTH FOR A THREE (3) YEARS / 36 MONTHS CONTRACT PERIOD**

DISTRICT	INSTITUTION NAME
AMAJUBA DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
ETHEKWINI DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
HARRY GWALA DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
ILEMBE DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
KING CETSHWAYO DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
UGU DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
UMGUNGUNDLOVU DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
UMKHANYAKUDE DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
UMZINYATHI DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
UTHUKELA DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS
ZULULAND DISTRICT	HIGH, MEDIUM, LOW VOLUME BIDS

Name of Panelist.....

Central Supplier's Database Registration Number.....

Income Tax Reference Number.....

PANELIST TO NOTE THE FOLLOWING

CLOSING DATE AND TIME:

Venue: 310 Jabu Ndlovu Street, Old Boys Model School, PMB

Date: 30 September 2022

Time: 11:00

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SECTION A: INVITATION TO BE PART OF APPROVED PANEL OF SERVICE PROVIDERS PART A

YOU ARE HEREBY INVITED TO PART OF APPROVED PANEL OF SERVICE PROVIDERS FOR REQUIREMENTS OF THE KWAZULU-NATAL DEPARTMENT OF HEALTH					
APPLICATION NUMBER:	ZNB3000 /2022-H	CLOSING DATE:	30 September 2022	CLOSING TIME:	11:00
DESCRIPTION	REQUEST FOR BIDS APPLICATION FOR ESTABLISHMENT OF A PANEL LIST OF APPROVED CLEANING SERVICE PROVIDERS TO KWAZULU-NATAL DEPARTMENT OF HEALTH. FOR A THREE (3) YEARS / 36 MONTHS CONTRACT PERIOD				
THE SUCCESSFUL PANELIST WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN SERVICE LEVEL & CONTRACT AGREEMENT					
APPLICATION RESPONSE TENDER DOCUMENTS MUST BE DEPOSITED IN THE APPLICATION BOX SITUATED AT (STREET ADDRESS)					
CENTRAL SUPPLY CHAIN MANAGEMENT DIRECTORATE					
OLD BOYS MODEL SCHOOL, 310 JABU NDLOVU STREET					
PIETERMARITZBURG					
3201					
SUPPLIER INFORMATION (INCOMPLETE INFORMATION MAY LEAD TO DISQUALIFICATION)					
NAME OF APPLICANT					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
	TCS PIN:		OR	CSD No:	
STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes		STATUS LEVEL SWORN AFFIDAVIT	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No			<input type="checkbox"/> No	
IF YES, WHO WAS THE CERTIFICATE ISSUED BY?					
AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX	<input type="checkbox"/>	AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA)			
	<input type="checkbox"/>	A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS)			
	<input type="checkbox"/>	A REGISTERED AUDITOR			
	NAME:				
SIGNATURE OF APPLICANT			DATE	
CAPACITY UNDER WHICH THIS APPLICATION IS SIGNED (Attach proof of authority to sign this application ; e.g. resolution of directors, etc.)					
Note: The capacity letter may be requested if not submitted.					
APPLICATION PROCEDURE ENQUIRIES MAY BE DIRECTED TO:			TECHNICAL INFORMATION MAY BE DIRECTED TO:		
DEPARTMENT	KZN Department of Health		DEPARTMENT	KZN Department of Health	
CONTACT PERSON	Mr CH BUTHELEZI		CONTACT PERSON	Mr CH BUTHELEZI	
TELEPHONE NUMBER	033-8158356/61/86		TELEPHONE NUMBER	033-8158356 /61/86	
E-MAIL ADDRESS	SCM.DemandManagement@kznhealth.gov.za		E-MAIL ADDRESS	SCM.DemandManagement@kznhealth.gov.za	

PART B: TERMS AND CONDITIONS FOR APPLICATION TO BE APPROVED AS PANELIST

1. APPLICATION SUBMISSION:	
1.1. APPLICATIONS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE APPLICATION WILL NOT BE ACCEPTED FOR CONSIDERATION.	
1.2. ALL APPLICATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED – (NOT TO BE RE-TYPED) OR ONLINE	
1.3. APPLICANTS MUST REGISTER ON THE CENTRAL SUPPLIER DATABASE (CSD) TO UPLOAD MANDATORY INFORMATION NAMELY: (BUSINESS REGISTRATION/ DIRECTORSHIP/ MEMBERSHIP/IDENTITY NUMBERS; TAX COMPLIANCE STATUS; AND BANKING INFORMATION FOR VERIFICATION PURPOSES). BEE VERIFICATION CERTIFICATE OR SWORN AFFIDAVIT MUST BE SUBMITTED TO APPLICATION DING INSTITUTION.	
1.4. WHERE AN APPLICANT IS NOT REGISTERED ON THE CSD, THE APPLICATION WILL BE CONSIDERED AS NON RESPONSIVE AND WILL BE DISQUALIFIED.	
1.5. THIS APPLICATION WILL BE APPROVED AS PRESCRIBED ON DEPARTMENTAL SCM POLICY AND	
2. TAX COMPLIANCE REQUIREMENTS	
2.1 APPLICANTS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.	
2.2 APPLICANTS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE DEPARTMENT TO VIEW THE TAXPAYER'S PROFILE AND TAX STATUS COMPLIANCE (WHERE APPLICABLE).	
2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) OR PIN MAY ALSO BE MADE VIA E-FILING. IN ORDER TO USE THIS PROVISION, TAXPAYERS WILL NEED TO REGISTER WITH SARS AS E-FILERS THROUGH THE WEBSITE WWW.SARS.GOV.ZA.	
2.4 APPLICANTS MAY ALSO SUBMIT A PRINTED TCS TOGETHER WITH THE APPLICATION.	
2.5 IN APPLICATIONS WHERE CONSORTIA/ JOINT VENTURES/ SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE PROOF OF TCS / PIN / CSD NUMBER.	
2.6 WHERE NO TCS IS AVAILABLE BUT THE APPLICANT IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.	
3. QUESTIONNAIRE TO APPLICATION DING FOREIGN SUPPLIERS	
3.1. IS THE APPLICANT A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.2. DOES THE APPLICANT HAVE A BRANCH IN THE RSA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.3. DOES THE APPLICANT HAVE A PERMANENT ESTABLISHMENT IN THE RSA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3.4. DOES THE APPLICANT HAVE ANY SOURCE OF INCOME IN THE RSA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN, IT IS NOT A REQUIREMENT TO OBTAIN A TAX COMPLIANCE STATUS/ TAX COMPLIANCE SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) THE APPLICATION WILL BE REJECTED AS NON-RESPONSIVE AND DISQUALIFIED	

NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE APPLICATION INVALID.

SECTION B: SPECIAL INSTRUCTIONS AND NOTICES TO APPLICANTS REGARDING THE COMPLETION OF APPLICATION FORMS

PLEASE NOTE THAT THIS APPLICATION IS SUBJECT TO COMPLIANCE WITH TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999; THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and visa versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances whatsoever may the application forms be retyped or redrafted. Photocopies of the original application documentation may be used, but an original signature of the applicant must appear on such photocopies.
3. It is the responsibility of the applicant to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Applications submitted must be complete in all respects.
5. Applications 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 application documents.
6. Each application shall be addressed in accordance with the directives in the application documents and shall be lodged in a separate sealed envelope, with the name and address of the applicant, the application/bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any application other than that shown on the envelope. If this provision is not complied with, such applications may be rejected as being invalid.
7. All applications received in sealed envelopes with the relevant application/bid numbers on the envelopes are kept unopened in safe custody until the closing time of the applications. Where, however, an application is received open, it shall be sealed. If it is received without an application number on the envelope, it shall be opened, the application number ascertained, the envelope sealed, and the application/bid number written on the envelope.
8. A specific box is provided for the receipt of applications, and no application found in any other box or elsewhere subsequent to the closing date and time of application will be considered.
9. The Department does not take responsibility for applications posted and no application sent through the post will be considered if it is received after the closing date and time stipulated in the application documentation, and proof of posting will not be accepted as proof of delivery.
10. No application submitted by telefax, telegraphic or other electronic means will be considered.
11. Application documents must not be included in packages containing samples. Such applications may be rejected as being invalid.
12. Any alteration made by the applicant must be initialled.
13. Only black ink is allowed for the completion of the application document. Use of correcting fluid is prohibited.
14. Applications may be opened in public if practically possible after the closing time of application.
15. The applicant must initial each and every page of the application document.

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:

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.

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.
- 3.4 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.
- 3.5 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.
- 3.6 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.

.....
Signature

.....
Date

.....
Position

.....
Name of bidder

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.

SECTION D: PROCEDURE FOR ESTABLISHMENT OF PANEL OF APPROVED CLEANING SERVICE PROVIDERS

1. Application for the establishment of a panel list of approved cleaning service providers for the Department is published in the Government Tender Bulletin or eTender Portal. The closing time and date for the inclusion in the panel/list of approved service providers will be indicated.
2. Applications will be evaluated based objective criteria and point system covering the following aspects:
 - ✓ Proof of registration with Bargaining Council Contract Cleaning Services Industry KZN (BCCCI)
 - ✓ Financial capacity;
 - ✓ Proven experience in cleaning services;
 - ✓ Locality and designated groups.
3. Applications will be ranked and allocated categories as follows:

Type of Bids	Number of Cleaners
High Volume Bids	From 50 and above
Medium Volume	From 30 to 49
Low Volume	From 1 to 29

4. Applications will be screened, evaluated and awarded by Bid Committees. The list of approved Panelist of cleaning service providers will published in the Government Tender Bulletin or eTender Portal and Departmental Website.
5. Once the Panelist of cleaning service providers has been awarded and approved, only the successful applicants will be approached, depending on the circumstances, either by obtaining minimum of three quotations, or according to the bid procedure as and when services are required. The exception is that the requirement is not advertised in the Government Tender Bulletin or eTender again.
6. The quotations or bid procedure will be conducted in line with General Conditions of Contract; the Special Conditions of Contract (SCC) and Specification / Terms of Reference (TOR).
7. Once quotations/bids received with pricing schedules, calculation of Price and Preference Points System will be applied.
8. Price Quotations/Bids will be screened, evaluated and adjudicated by Bid Committees.
9. The awards of price quotations/bids will be published to the Panelist that was invited to quote / to bid.

SECTION E: REQUIREMENT FOR ESTABLISHMENT OF PANEL FOR CLEANING PROVIDERS

1. CERTIFICATE OF COMPLIANCE (BCCCI)

- 1.1 A valid registration certificate indicating that the Service Provider is registered with the Bargaining Council Contract Cleaning Services Industry KZN (BCCCI) must accompany the application document. Note this also applies to subcontracted service providers where applicable.
- 1.1.1 Failure to submit the BCCCI Certificate will invalidate the applicants offer and the application will be treated as non-responsive.
- 1.1.2 The Department reserves the right to verify the authenticity of the Certificate with the Bargaining Council Contract Cleaning Services Industry KZN (BCCCI).

2. REGISTRATION WITH CENTRAL SUPPLIER DATABASE (CSD)

- 2.1 The Supplier Industry Classification Information on CSD, must reflect 51% share of turnover for provision of cleaning services. The application with CSD Industry classification of below 51% for provision of cleaning services will be treated as non-responsive.
- 2.2 An applicant submitting an offer must be registered on the Central Supplier Database. The applicant who has submitted an offer and is not registered on the Central Supplier Database will be treated as non-responsive and will not be considered. Each party to a joint venture/ consortium/subcontracting must be registered on the Central Suppliers Database at the time of submitting the application.

NB.: IF AN APPLICANT IS FOUND TO BE EMPLOYED BY THE STATE, THE APPLICATION WILL BE DISQUALIFIED.

3. FINANCIAL CAPABILITIES

- 3.1 The applicant to provide company proof of turnover for the past twelve months issued by the Bank, the Department reserves a right to check authenticity of turnover.

4. EXPERIENCE WORKING IN CLEANING SERVICES

- 4.1. The applicant to provide at contactable trade references to demonstrate experience in providing cleaning services, the Department reserves a right to check authenticity of references.
- 4.2. The applicant must provide company profile which must include composition of the firm in terms of shareholding; personnel complement a % percentage with cleaning related experience.

5. PROOF OF ADDRESS

- 5.1. The applicant to provide proof of address which will be utility bill or letter from Local Municipality Councillor, the Department reserves a right to check authenticity of proof of address.

SECTION F: OBJECTIVE EVALUATION CRITERIA:

The Department will evaluate applications received before the closing date and time using two (2) evaluation phases, these are peremptory requirements, should the applicant fail to comply, the application will be regarded as non-responsive and be disqualified. The criteria are as follows:

Phase 1: Minimum Compulsory Requirements

Phase 2: Technical Objective Evaluation Criteria

Phase 1: Minimum Compulsory Requirements

NO.	REQUIREMENTS	RETURNABLE	COMPULSORY FOR APPLICATION EVALUATION PURPOSES FOR PHASES 1 AND 2	FOR OFFICIAL USE ONLY		
				YES	NO	N/A
1. Prospective APPLICANTS MUST ensure that the following Sections of the application document MUST be completed/adhered to, in ALL respects to qualify for the next stage of evaluation:						
1.1	Section A: Invitation To Be Part Of Approved Panel Of Service Providers Part A	Yes	Phase 1			
1.2	Section B: Special Instructions and Notices To Applicants Regarding The Completion Of Application Forms	No				
1.3	Section C: Declaration of Interest	Yes	Phase 1			
1.4	Section D: Procedure For Establishment Of Panel Of Approved Service Providers	No				
1.5	Section E: Requirement For Establishment Of Panel For Cleaning service Providers	No				
2. Prospective APPLICANTS MUST provide the following as Mandatory Requirements: Main Contractor						
2.1	Official Company Registration documents and profile including list of Directors ID numbers, List of workers currently employed, financials	Yes	Phase 2			
2.2	The Consortium/ Joint Venture/ Partnership agreement, if applicable. (Certified Copies).	Yes If Applicable				
2.3	Proof of Registration with BCCCI.	Yes				
2.4	Traceable trade references (Points will be allocated)	Yes				
2.5	Proof of Valid Turnover from the Bank (Points will be allocated)	Yes				
2.6	Proof of Business Address (Preferably a Utility Bill/s, or alternatively, a Letter/s from the Ward Councillor/s) of the Main Contractor where the Head Office and or Satellite office are situated.	Yes				
2.7	CSD and Tax Compliance With 51% Share Turnover for Industry Classification allocated to Cleaning Services	Yes				

PHASE 2: OBJECTIVE EVALUATION CRITERIA FOR LOW VOLUME BIDS FROM 1 TO 29 CLEANERS

No.	EVALUATION CRITERIA	WEIGHTING	SCORING (FOR OFFICIAL USE)								
1.	COMPANY EXPERIENCE	30									
1.1	<p>Company Valid Registration with BCCCI</p> <ul style="list-style-type: none"> ○ Certificate attached: 10 Points ○ No proof of certificate 0 Points <p>Required: Proof of BCCCI registration with expiry dates</p>	Sub Point 10									
1.2	<p>Number of valid contracts for cleaning services</p> <ul style="list-style-type: none"> ○ More than 1 contract: 20 Points ○ 1 contract : 15 Points ○ No proof of contract: 10 Points <p>Required: Proof of valid service level agreements or contract agreement, as well as copy of an order issued by your client</p>	Sub Point 20									
2.	CAPACITY TO DELIVER	40									
2.1	<p>Proven work/trade experience</p> <table border="1" data-bbox="236 902 1018 1021"> <thead> <tr> <th data-bbox="236 902 616 931">Number of cleaners</th> <th data-bbox="616 902 1018 931"></th> </tr> </thead> <tbody> <tr> <td data-bbox="236 931 616 960">Up to 29 cleaners:</td> <td data-bbox="616 931 1018 960">20 Points</td> </tr> <tr> <td data-bbox="236 960 616 990">Less than 20 cleaners</td> <td data-bbox="616 960 1018 990">15 Points</td> </tr> <tr> <td data-bbox="236 990 616 1019">No proof of cleaners</td> <td data-bbox="616 990 1018 1019">10 Points</td> </tr> </tbody> </table> <p>Required: Submit a valid Surnames, Names and ID Numbers of cleaners</p>	Number of cleaners		Up to 29 cleaners:	20 Points	Less than 20 cleaners	15 Points	No proof of cleaners	10 Points	Sub Point 20	
Number of cleaners											
Up to 29 cleaners:	20 Points										
Less than 20 cleaners	15 Points										
No proof of cleaners	10 Points										
2.2	<p>Financial Capacity Turnover:</p> <ul style="list-style-type: none"> ○ More than R1 million turnover per annum : 20 Points ○ Less than R1m turnover : 15 Points ○ No Proof : 0 Points <p>Required: Submit letter from your Accounting Officer (Accountant) confirming turnover in the past 12 months (NB: not the current bank balance) as well as financial statement submitted to SARS. The financials must not be older than year 2021.</p> <p>Furthermore please submit bank rating or letter of good standing from the bank. This is to show the financial capacity of the applicant to effectively execute the contract.</p>	Sub Point 20									
3.	<p>PROOF OF LOCALITY OR PRESENCE IN KZN:</p> <ul style="list-style-type: none"> • Head Office in KZN: 10 points • Regional/Branch Office in KZN: 5 Points • No proof of offices in KZN 0 points 	10									
4.	<p>DESIGNATED GROUPS (WOMEN, PERSONS WITH DISABILITIES AND YOUTH)</p> <ul style="list-style-type: none"> • At least 51% owned by Designated group: 20 points • No evidence / proof: 0 points <p>Information obtainable from submitted CSD Report</p>	20									
<p>MINIMUM QUALIFYING SCORE: (Applicant that fails to obtain 60 minimum qualifying score for objective evaluation criteria will be rejected, treated as non-responsive, not be included as panelist)</p>											

PHASE 2: OBJECTIVE EVALUATION CRITERIA FOR MEDIUM VOLUME BIDS FROM 30 TO 49 CLEANERS

No.	EVALUATION CRITERIA	WEIGHTING	SCORING (FOR OFFICIAL USE)								
1	COMPANY EXPERIENCE	40									
1.1	<p>Company Valid Registration with BCCCI</p> <ul style="list-style-type: none"> ○ Certificate attached: 20 Points ○ No proof of certificate 0 Points <p>Required: Proof of BCCCI registration with expiry dates</p>	Sub Point 20									
1.2	<p>Number of valid contracts for cleaning services:</p> <ul style="list-style-type: none"> ○ More than 2 contracts: 20 Points ○ 1 contract : 15 Points ○ No proof of contract: 0 Points <p>Required: Proof of valid service level agreements or contract agreement, as well as copy of an order issued by your client.</p>	Sub Point 20									
2.	CAPACITY TO DELIVER	40									
2.1	<p>Proven work/trade experience</p> <table border="1" data-bbox="213 909 999 1025"> <thead> <tr> <th data-bbox="213 909 596 936">Number of cleaners</th> <th data-bbox="596 909 911 936"></th> </tr> </thead> <tbody> <tr> <td data-bbox="213 936 596 965">49 cleaners</td> <td data-bbox="596 936 911 965">20 Points</td> </tr> <tr> <td data-bbox="213 965 596 994">Less than 30 cleaners</td> <td data-bbox="596 965 911 994">10 Points</td> </tr> <tr> <td data-bbox="213 994 596 1025">No proof of guards</td> <td data-bbox="596 994 911 1025">0 Points</td> </tr> </tbody> </table> <p>Required: Submit a valid Surnames, Names and ID Numbers of cleaners</p>	Number of cleaners		49 cleaners	20 Points	Less than 30 cleaners	10 Points	No proof of guards	0 Points	Sub Point 20	
Number of cleaners											
49 cleaners	20 Points										
Less than 30 cleaners	10 Points										
No proof of guards	0 Points										
2.2	<p>Financial Capacity:</p> <ul style="list-style-type: none"> ○ More than R3 million turnover per annum: 20 Points ○ Less than R3m turn over per annum :10 Points ○ No Proof: : 0 Points <p>Required: Submit letter from your Accounting Officer (Accountant) confirming turnover in the past 12 months (NB: not the current bank balance) as well as financial statement submitted to SARS. The financials must not be older than year 2021.</p> <p>Furthermore please submit bank rating or letter of good standing from the bank. This is to show the financial capacity of the applicant to effectively execute the contract.</p>	Sub Point 20									
3.	<p>PROOF OF PRESENCE IN KZN PROVINCE:</p> <ul style="list-style-type: none"> • Head Office in KZN: 20 points • Regional/Branch Office in KZN: 10 Points • No proof of offices in KZN 0 points 	20									
<p>Note: MINIMUM QUALIFYING SCORE (Applicant that fails to obtain 60 minimum qualifying score for objective evaluation criteria will be rejected, treated as non-responsive, not be included as panelist)</p>											

PHASE 2: OBJECTIVE EVALUATION CRITERIA FOR HIGH VOLUME BIDS FROM 50 AND ABOVE CLEANERS

No.	EVALUATION CRITERIA	WEIGHTING	SCORING (FOR OFFICIAL USE)								
1	COMPANY EXPERIENCE	40									
1.1	Company Valid Registration with BCCCI <ul style="list-style-type: none"> ○ Certificate attached: 20 Points ○ No proof of certificate 0 Points Required: Proof of BCCCI registration with expiry dates	Sub Point 20									
1.2	Number of valid contracts in the past 3 years: <ul style="list-style-type: none"> ○ More than 3 contracts: 20 Points ○ 1 contract : 10 Points ○ No proof of contract: 0 Points Required: Proof of valid service level agreements or contract agreement, as well as copy of an order issued by your client.	Sub Point 20									
2.	CAPACITY TO DELIVER	40									
2.1	Proven work/trade experience <table border="1" data-bbox="215 958 997 1106" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">Number of cleaners</th> </tr> </thead> <tbody> <tr> <td>50 or more cleaners on payroll:</td> <td style="text-align: center;">20 Points</td> </tr> <tr> <td>Between 30 to 49 cleaners on payroll</td> <td style="text-align: center;">10 Points</td> </tr> <tr> <td>No proof of registered cleaners</td> <td style="text-align: center;">0 Points</td> </tr> </tbody> </table> Required: Submit a valid Surnames, Names and ID Numbers, and employee numbers of cleaners. The Department reserve a right to request and verify valid payroll.	Number of cleaners		50 or more cleaners on payroll:	20 Points	Between 30 to 49 cleaners on payroll	10 Points	No proof of registered cleaners	0 Points	Sub Point 20	
Number of cleaners											
50 or more cleaners on payroll:	20 Points										
Between 30 to 49 cleaners on payroll	10 Points										
No proof of registered cleaners	0 Points										
2.2	Financial Capacity: <ul style="list-style-type: none"> ○ R10 million turnover or more per annum : 20 Points ○ Between R5m to R9 million turnover per annum : 10 Points ○ Less than R5m : 5 Points ○ No Proof: : 0 Points Required: Submit letter from your Accounting Officer (Accountant) confirming turnover in the past 12 months (NB: not the current bank balance) as well as financial statement submitted to SARS. The financials must not be older than year 2021. Furthermore please submit bank rating or letter of good standing from the bank. This is to show the financial capacity of the applicant to effectively execute the contract.	Sub Point 20									
3.	LOCALITY / PROOF OF PRESENCE IN KZN PROVINCE: <ul style="list-style-type: none"> • Head Office in KZN: 20 points • Regional/Branch Office in KZN: 10 Points • No proof of offices in KZN 0 points 	20									
MINIMUM QUALIFYING SCORE: (Applicant that fails to obtain 70 minimum qualifying score for objective evaluation criteria will be rejected, treated as non- responsive, not be included as panelist).											