

INVITATION TO QUOTE – BEY-SCM-146

WRITING OF JOB DESCRIPTIONS AS PER TASK JOB EVALUATION SYSTEM (SALGBC)

Quotations are hereby invited from prospective service providers for:

QUALIFIED EXPERIENCED SERVICE PROVIDER – WRITING OF JOB DESCRIPTIONS AS PER REQUIREMENTS OF THE TASK JOB EVALUATION SYSTEM (SALGBC)

Quotations must be placed in the municipal tender box, Robert Sobukwe Building, in sealed envelopes clearly marked "**BEY-SCM-146**", not later than **12h00 on Friday, 16th February 2018** and will be opened in public immediately thereafter.

Note:

1. Faxed, e-mailed or late quotations will not be accepted.
2. Price to include VAT (if registered for vat) and disbursement costs involved with the project.
3. The tender will be evaluated on 80/20 system.
4. All suppliers must be registered on the **CENTRAL SUPPLIER DATABASE**. Log onto www.csd.gov.za for registration.
5. Most recent CSD registration reports must be submitted.
6. Attached declaration of interest form needs to be completed.
7. SARS Verification pins to be supplied.
8. A current certified Municipal (rates & services) clearance certificate to be submitted.
9. A current certified BBBEE status level certificate must be submitted in order to claim preference points.
10. Council is not bound to accept the lowest or any tender and reserves the right to accept any tender or part thereof.
11. For further details contact the **Mr. H. Hendricks** at 049 807 5700 hendricksh@bnlm.gov.za

DR. E.M. RANKWANA

MUNICIPAL MANAGER

MBD 4

DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state*.
2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

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

3.1 Full Name:

3.2 Identity Number:

3.3 Company Registration Number:

3.4 Tax Reference Number:

3.5 VAT Registration Number:

3.6 Are you presently in the service of the state* YES / NO

3.6.1 If so, furnish particulars.

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* MSCM Regulations: "in the service of the state" means to be –

- (a) a member of –
 - (i) any municipal council;
 - (ii) any provincial legislature; or
 - (iii) the national Assembly or the national Council of provinces;
- (b) a member of the board of directors of any municipal entity;
- (c) an official of any municipality or municipal entity;
- (d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
- (e) a member of the accounting authority of any national or provincial public entity; or
- (f) an employee of Parliament or a provincial legislature.

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3.7 Have you been in the service of the state for the past
twelve months?

YES / NO

3.7.1 If so, furnish particulars.

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3.8 Do you, have any relationship (family, friend, other) with persons
in the service of the state and who may be involved with the
evaluation and or adjudication of this bid?

YES / NO

3.8.1 If so, furnish particulars.

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YES / NO

3.9 Are you, aware of any relationship (family, friend, other) between
a bidder and any persons in the service of the state who may be
involved with the evaluation and or adjudication of this bid?

3.9.1 If so, furnish particulars

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3.10 Are any of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

3.10.1 If so, furnish particulars.

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3.11 Are any spouse, child or parent of the company's directors, managers, principal shareholders or stakeholders in service of the state?

YES / NO

3.11.1 If so, furnish particulars.

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CERTIFICATION

I, THE UNDERSIGNED (NAME)

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

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Signature

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Date

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Position

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Name of Bidder