

**INVITATION TO QUOTE: BEY SCM 166**

**CONSULTING ENGINEERING SERVICES FOR EMERGENCY DROUGHT RELIEF:   
ASSESSMENT AND RECOMMISSIONING OF BOREHOLES FOR VONDELING, FULLARTON AND MILLER**

|  |  |  |
| --- | --- | --- |
| **SUMMARY OF PRICE FOR ITQ**  NAME OF SUPPLIER: …………………………………………………………….  CSD SUPPLIER DATABASE NO: ……………………………………………………………. | | |
| TOTAL PRICE (INCLUDING VAT) | R | |
| **PREFERENCES CLAIMED FOR:** | | |
| B-BBEE Status Level of Contributor: | |  |
| Preference Points Claimed: | |  |
| **ITQ CLOSES AT 12:00 ON THURSDAY 26TH OF APRIL 2018 NO LATER THAN 12 PM AT ROBERT SOBUKWE BUILDING GRAAFF REINET** | | |

**DR BEYERS NAUDE LOCAL MUNICIPALITY**

**P. O. BOX 71**

**GRAAFF-REINET TEL: 049 807 5700**

**6280 FAX: 049 892 2047**

Quotations must be placed in the municipal tender box, Robert Sobukwe Building, in sealed envelopes clearly marked **"BEY-SCM-166**", not later than **12h00 on Thursday, 26th of April 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](http://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. No deposit or payment upon delivery
9. General conditions (National Treasury) will apply
10. Bidders should deem themselves unsuccessful if not contacted within two weeks after closing
11. A current certified Municipal (rates & services) clearance certificate to be submitted.
12. A current certified BBBEE status level certificate or Sworn affidavit must be submitted in order to claim preference points.
13. Council is not bound to accept the lowest or any tender and reserves the right to accept any tender or part thereof.
14. For further details contact, **Mr. B.Arends a**t 049 807 5781

**DR. E.M. RANKWANA**

**MUNICIPAL MANAGER**

**CONTACT DETAILS**

This information shall be used for any correspondence or contact with the service provider.

All correspondence will be via e-mail or fax.

|  |  |
| --- | --- |
| Name of Bidding Company: .................................................................... | |
| Postal  Address: | ..............................................................................................  ..............................................................................................  ..............................................................................................  .................................................. Postal Code: .................... |
| Street  Address: | ..............................................................................................  ..............................................................................................  ..............................................................................................  .................................................. Postal Code: .................... |
| E-mail  Address: | .............................................................................................. |
| Telephone  Number: | .............................................................................................. |
| Cellular  Number: | .............................................................................................. |
| Facsimile  Number: | .............................................................................................. |

Pricing Schedule (C2.2)

**C 2.2.1 Condition assessment of Vondeling, Fullarton and Miller and recommissioning of boreholes**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **Description** | **Quantity** | **Price** |
| 1. | Vondeling (35 km North West of Willowmore) |  |  |
| 1.1 | Assessment and Evaluation of an existing Borehole adjacent to Sand river. | Sum |  |
| 1.2 | Report and recommendation for re-commissioning/rehabilitation. | Sum |  |
| 1.3 | Management fee and supervision for the recommissioning/rehabilitation of the Borehole | Sum |  |
|  |  |  |  |
| SUB TOTAL – FORWARD TO SUMMARY | | | R |

**C 2.2.2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **Description** | **Quantity** | **Price** |
| 2. | Fullarton (30km east of Willowmore) |  |  |
| 2.1 | Assessment and Evaluation of water supply at Fullarton | Sum | R |
| 2.2 | Report and recommendation for water supply at Fullarton. | Sum | R |
|  |  |  |  |
| SUB TOTAL – FORWARD TO SUMMARY | | | R |

**C 2.2.3**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item No** | **Description** | **Quantity** | **Price** |
| 3. | Miller (45km east of Willowmore) |  |  |
| 3.1 | Assessment and Evaluation of an existing borehole at Miller | Sum | R |
| 3.2 | Report and recommendation for re-commissioning/rehabilitation. | Sum | R |
| 3.3 | Management fee and supervision for the recommissioning/rehabilitation of the Borehole | Sum | R |
|  |  |  |  |
| SUB TOTAL – FORWARD TO SUMMARY | | | R |

**C 2.2.4 Summary of Pricing Schedule**

|  |  |  |
| --- | --- | --- |
| **Item No** | **Description** | **Price** |
| 4.1 | As per Item 1  Vondeling | R |
| 4.2 | As per Item 2  Fullarton | R |
| 4.3 | As per Item 3  Miller | R |
|  | Sub Total | R |
|  | Plus 15% VAT | R |
|  | Total Price (VAT Incl.) | R |

I, the undersigned, do hereby declare that the above is a properly priced Activity Schedule forming part of this Contract Document upon which my / our tender for:

ITQ No: ………………………………….

Signed on behalf of Service Provider: ………………………………….

**MBD 4**

**DECLARATION OF INTEREST**

1. No bid will be accepted from persons in the service of the state[[1]](#footnote-1)\*.

1. 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 positionin 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**[[2]](#footnote-2)\*** **YES / NO**

3.6.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

3.7 Have you been in the service of the state for the past **YES / NO**

twelve months?

* + 1. If so, furnish particulars.

………………………………………………………………

………………………………………………………………

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?

3.8.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

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

…………………………………………………………….

…………………………………………………………….

3.10 Are any of the company’s directors, managers, principal **YES / NO**

shareholders or stakeholders in service of the state?

3.10.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

* 1. Are any spouse, child or parent of the company’s directors, **YES / NO**

managers, principal shareholders or stakeholders in service

of the state?

3.11.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

# 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.**

………………………………….. ……………………………………..

Signature Date

…………………………………. …………………………………………………………………………….

Position Name of Bidder

1. [↑](#footnote-ref-1)
2. **\*** MSCM Regulations: “in the service of the state” means to be –

   a member of –

   any municipal council;

   any provincial legislature; or

   the national Assembly or the national Council of provinces;

   a member of the board of directors of any municipal entity;

   an official of any municipality or municipal entity;

   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);

   a member of the accounting authority of any national or provincial public entity; or

   an employee of Parliament or a provincial legislature. [↑](#footnote-ref-2)