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City of Johannesburg  
Supply Chain Management Unit

SUPPLIER NAME: \_\_\_\_\_

**REQUEST FOR QUOTATION FOR GOODS AND SERVICES FOR THE CITY OF JOHANNESBURG**

**Procurement Less than R 200 000 (Including Vat)**

**(For publication on the City of Johannesburg Notice Board/s & Website)**

The City of Johannesburg requests your quotation on the goods and/or services listed hereunder and/or on the available RFQ forms. Please furnish all information as requested and return your quotation on the date stipulated. Late and incomplete submissions will invalidate the quotation submitted.

ADVERTISEMENT DATE	09 NOVEMBER 2016
DEPARTMENT	HEALTH
RFQ NUMBER:	R0136/16 RE- ADVERT (02)
DESCRIPTION OF GOODS/SERVICES	SUPPLY AND DELIVERY CONSUMABLES FOR CLINICAL CARE INVESTIGATION
RFQ SPECIFICATION FORMS/ DOCUMENTS ARE OBTAINABLE FROM:	The COJ Website – <a href="http://www.joburg.org.za/quotations">www.joburg.org.za/quotations</a>  OR  FROM INFORMATION DESK 15 <sup>TH</sup> FLOOR METRO CENTRE 158 Civic Boulevard street BRAAMFONTEIN
COMPULSORY REQUIREMENTS	PLEASE NOTE THAT NOT SUBMITTING THE COMPULSORY DOCUMENTS MAY LEAD TO DISQUALIFICATION.
<u>SUBMISSION OF QUOTES:</u>	<u>QUOTATION BOX , GROUND FLOOR,</u> <u>METRO CENTRE</u> <u>158 CIVIC BOULEVARD STREET</u> <u>BRAAMFONTEIN</u>
TIME: CLOSING DATE	10h30 16 NOVEMBER 2016
ENQUIRIES:	<b>DOROTHY DIALE</b> <b>(011) 407 6548</b>

Quotations above R30 000 will be evaluated on the basis of the 80:20 point system as stipulated in the Preferential Procurement Policy Framework Act (Act number 5 of 2000) & the City's Supply Chain Management Policies and Procedures.



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## CHECKLIST

RFQ NO: R0136/16 RE –ADVERT (02)

**PLEASE USE THE CHECKLIST TO CONFIRM THAT ALL COMPULSORY DOCUMENTS HAVE BEEN ATTACHED TO YOUR QUOTATION.**

No	Details	✓
1.	Copy of Company Registration Document <b>NOT A COPY OF CERTIFIED COPY AND IT MUST NOT BE OLDER THAN 3 MONTHS)</b>	
2.	Rates & Taxes Invoice for Company OR Certified Copy of Lease Agreement OR Affidavit Certified by the SAPS <b>NOT A COPY OF CERTIFIED COPY AND IT MUST NOT BE OLDER THAN 3 MONTHS)</b>	
3.	Rates and Taxes Invoice for All the Directors of the Company OR Certified Copy of Lease Agreement OR Affidavit Certified by the SAPS <b>NOT A COPY OF CERTIFIED COPY AND IT MUST NOT BE OLDER THAN 3 MONTHS)</b>	
4.	Declaration on State of Municipal Account (Attached)	
5.	MBD 4: Declaration of Interest (Attached)	
6.	MBD 9: Certificate of Independent Bid Determination. (Attached)	
7.	MBD 6.2: Local Content (Attached)	
8.	Certified Copy of BBBEE certificate. <b>NOT A COPY OF CERTIFIED COPY AND IT MUST NOT BE OLDER THAN 3 MONTHS)</b>	
9.	Original Tax Clearance Certificate <b>(TENDER NOT GOOD STANDING)</b>	
10.	Training Suppliers to be accredited with SITA	
11.	Catering Suppliers to submit a Health Certificate	
12.	All alterations have been signed.	
13.	Quotation is signed.	

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_



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## **PLEASE NOTE THAT NOT SUBMITTING THE COMPULSORY DOCUMENTS MAY LEAD TO DISQUALIFICATION COMPULSORY REQUIREMENTS**

### **1. Original tax clearance**

Please note that copies of tax clearance certificates are not valid as per SARS and they will not be accepted by the City of Johannesburg. Failure to provide the original tax clearance certificate will result in the quotation being disqualified.

- 2. Latest copy of rate and taxes together with a completed "Declaration on State of Municipal Accounts" form. (Attached)**

Please note the following:

- a) There must be a Rates & Taxes invoice for each of the Directors of the Company as well as for the Company. The Rates & Taxes Invoice cannot be older than 3 months. If Rates & Taxes are in arrears for more than 3 months, the quotation will be disqualified.**
  - b) If the business is operated from the residence of one of the directors, an affidavit, certified, must be submitted stating the address of the business premises.**
  - c) If the premises from where business is conducted or where a director is residing, is leased a copy of the lease agreement or an affidavit must be submitted.**
- 3. The quotation page must be signed. If you are using your own format on your Company's letterhead to quote please ensure that the quotation is signed.**
  - 4. The attached MBD 9 form (Certificate of Independent Bid Determination) must be completed and submitted with the quotation. If the MBD 9 is incomplete or not attached the quotation will be disqualified.**
  - 5. The attached MBD 4 form (Declaration of Interest) must be completed and submitted with the quotation. If the MBD 4 is incomplete or not attached the quotation will be disqualified.**
  - 6. Both the MBD 4 & 9 forms must be original for each quotation. No copies will be accepted. Both the MBD 4 & 9 forms must be dated within the quotation period.**
  - 7. Proof of Directors: A certified copy of your Company Registration Documents**
  - 8. A certified copy of the B-BBEE Status Level Verification Certificate must be attached. If not attached no points for B-BBEE will be awarded.**
  - 9. All price alterations must be signed for by the Bidder confirming that such changes were made by the Bidder. PLEASE NOTE THAT PRICE CHANGES WITHOUT A SIGNATURE WILL LEAD TO THE DISQUALIFICATION OF THE QUOTATION SUBMITTED.**

**I HEREWITH CONFIRM THAT HAVE READ AND UNDERSTOOD THE ABOVEMENTIONED  
REQUIREMENTS**

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_



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### CONDITIONS

1. All goods or services purchased will be subject to CoJ SCM Policy and Procedures. A copy of said conditions is available from the SCMU office.
2. All purchases will be made through an official order form. Therefore no goods must be delivered or services rendered before an official order has been forwarded to and accepted by the successful bidder..
3. To participate in the City's Quotation process for the procurement of goods and/or services, vendors are advised to get accredited and registered on the City's Supplier Database. Supplier registration forms are available from the Supply Chain Management Unit. The City is dealing only with the registered and accredited suppliers on its Database.
4. All prices quoted must be exclusive of Value Added Tax (VAT). Suppliers who are not registered for VAT will be treated as Non VAT Vendors.
5. Prices quoted must include delivery charges and goods must be delivered to the address indicated on the quotation page.
6. All prices submitted must be firm. "Firm" prices are deemed to be fixed prices, which are only subject to the following statutory changes, namely VAT and any levy related to customs and excise.
7. Quantities are given in good faith and without commitment to the City of Johannesburg. The City reserves the right to increase or reduce the quantity to be in line with the set threshold for quotations prescribed in the SCM Policy.
8. ***THE CITY OF JOHANNESBURG DOES NOT TAKE RESPONSABILITY FOR ANY QUOTATIONS DEPOSITED IN THE WRONG BOX.***

**I HEREWITH CONFIRM THAT HAVE READ AND UNDERSTOOD THE ABOVEMENTIONED REQUIREMENTS**

**SIGNATURE** \_\_\_\_\_

**NAME** \_\_\_\_\_



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**ADDITIONAL REQUIREMENTS**

**DECLARATION**

I certify that the information supplied is correct and I have read and understood the COJ General Conditions and Policies and Procedures and accept same

I further certify that all the required information has been furnished and the relevant forms completed and are herewith submitted as part of the quotation.

**SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**CAPACITY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



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City of Johannesburg  
Supply Chain Management Unit

**SUPPLY CHAIN MANAGEMENT UNIT  
P.O. BOX 7776  
JOHANNESBURG  
2000**

**VAT. NO: 4760117194**

**BIDDER:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEL:**

\_\_\_\_\_

**FAX:**

\_\_\_\_\_

**Your Vendor Number With Us:**

\_\_\_\_\_

<b>REQUEST FOR QUOTATION</b>	
<b>RFQ NUMBER</b>	<b>RFQ DATE</b>
<b>R0136/16 RE-ADVERT (02)</b>	<b>09 NOVEMBER 2016</b>
<b>CONTACT PERSON</b>	
<b>NAME:</b>	<b>DOROTHY DIALE</b>
<b>TEL No:</b>	<b>(011) 407 6548</b>

**PLEASE NOTE THAT YOU MUST BE REGISTERED ON THE CITY OF JOHANNESBURG SUPPLIER DATABASE**

**Submission Deadline:**

16 NOVEMBER 2016

**Submission Time:**

10H30

**VALIDITY OF RFQ: 30 DAYS**

**OFFICE USE ONLY:**  
**PRICE/S TO BE VAT EXCLUSIVE**

**Please submit all Quotations to the fax number stated above**

RFQ'S above R30 000-00 to a maximum of R200 000 will be evaluated on the basis of the 80:20 point system as stipulated in the Preferential Procurement Policy Framework Act (Act number 5 of 2000).

Points will be allocated as follows:

<b>Points for price:</b>	<b>80</b>
<b>Points for B-BBEE (Max of 20):</b>	
<b>B-BBEE status Level of Contributor</b>	<b>Number of Points (80/20 system)</b>
1	20
2	18
3	16
4	12
5	8
6	6
7	4
8	2
Non-Compliant contributor	0



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SIGNATURE OF BIDDER	
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CAPACITY	
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**PLEASE NOTE THAT NO PRICE INCREASES WILL BE APPROVED AFTER SUBMISSION OF THE QUOTATION.**

REQUEST FOR QUOTATION (RFQ) NUMBER: R0136/16 RE- ADVERT (02)

ITEM NO.	DESCRIPTION	Quantity Required	Unit of Measure	Date required	Delivery Period / Lead time	Price per Unit of Measure (Excluding Vat)	Total (Excluding Vat)
1.	SUPPLY AND DELIVERY CONSUMABLES FOR CLINICAL CARE INVESTIGATION	SEE SPEC					
						<i>Grand Total</i>	

**ALL BIDDERS MUST PLEASE MAKE SURE THAT THEY KNOW WHAT THEY ARE QUOTING FOR.**

**Conditions**

- All prices quoted must be exclusive of Value Added Tax (VAT).
- Prices quoted must include delivery charges and goods must be delivered to the address indicated.
- All prices submitted must be firm. "Firm" prices are deemed to be fixed prices, which are only subject to the following statutory changes, namely VAT and any levy related to customs and excise.
- Quantities are given in good faith and without commitment to the City of JHB.
- Vendors not registered for Value Added Tax with SARS will be treated as Non VAT vendors.

**NB!!!!!! PLEASE QUOTE FOR ALL ITEMS. PLEASE QUOTE FOR ALL ITEMS. PLEASE QUOTE FOR ALL ITEMS**



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## SPECIFICATIONS

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
HemoSmart Gold (Hb Screening System)	30		
HemoSmart Hemoglobin Test Strips (25)	80		
AC809 Plus monitor	30		
Gluko flash plus Blood glucose Mo Strips	100		
Gluko Aplha 3 in 1 Plus meter Starter Kit ( Glucose, HB and Cholesterol)	20		
Gluko Alpha 3 in 1 Plus HB Test strips 25'S	20		

**PLEASE QOUTE FOR ALL ITEMS**

**CONTACT PERSON: DOROTHY DIALE  
(011) 407 6548**