



REQUEST FOR FORMAL WRITTEN PRICE QUOTATION:

(Over R30 000.00 up to a transaction value of R200 000.00 VAT included)

Kindly furnish me with a written quotation for the **Training Certificate in Municipal Finance Management**
The quotation must be submitted on the letterhead of your business and can be **DELIVERED** by hand not later than 14 June 2019 @ 12H00.

MAQUASSI HILLS LOCAL MUNICIPALITY

ATTENTION:

Email address: annag@maquassihills.org

TEL: 018 065 0010

The following conditions will apply:

- Price(s) quoted must be valid for at least (60) days from date of your offer.
- A firm delivery period must be indicated.
- This quotation will be evaluated in terms of the 80/20 preference point system as prescribed in the Revised Preferential Procurement Policy Framework (“**PPPFA Regulations 2017**”) Act (No 5 of 2000)
- Suppliers must be / or can register on the CSD (Central Supplier Date Base) www.csd.gov.za

RETURNABLE DOCUMENTS:

- **TAX CLEARANCE CERTIFICATE**
- **COMPANY REGISTRATION**
- **COMPANY MUNICIPAL ACCOUNT**
- **BBB-EE STATUS LEVEL CERTIFICATE**
- **DECLARATION OF INTEREST**
- **ID COPIES OF DIRECTORS/OWNERS**
- **CSD REGISTRATION REPORT**

Procurement Points Evaluation

Formula’s prescribed in the Revised Preferential Procurement Regulations of 2017:

The 80/20 preference point is applicable to bids with a Rand value equal to, or above R30 000.00 and up to a Rand value of R50 million (all applicable taxes included).

The allocations of procurement points for quotations have been specified as follows:

- **PRICE** **80 points**

B-BBEE Status Level of Contributor	Number of Points
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

(Over R 30 000.00 UP TO A TRANSACTION VALUE OF R 200 000.00 VAT INCLUDED)

SCM NUMBER:		CLOSING DATE:		CLOSING TIME:	
DESCRIPTION					

THE SUCCESSFUL SUPPLIER WILL BE REQUIRED TO PROVIDE THE MUNICIPALITY WITH THE LETTER EITHER DECLINING AND / OR ACCEPTING THE OFFER WITHIN FIVE (5) WORKING DAYS

**QUOTE RESPONSE DOCUMENTS MAY BE COLLECTED AT
SUPPLY CHAIN OFFICES: 19 KRUGER STREET,
WOLMARANSSTAD 2630**

SUPPLIER INFORMATION					
NAME OF SUPPLIER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
TAX COMPLIANCE STATUS	TCS PIN:		OR	CSD No:	
B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE [TICK APPLICABLE BOX]	<input type="checkbox"/> Yes <input type="checkbox"/> No	B-BBEE STATUS LEVEL SWORN AFFIDAVIT		<input type="checkbox"/> Yes <input type="checkbox"/> No	
[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/ SWORN AFFIDAVIT (FOR EMES & QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]					
ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES ENCLOSE PROOF]	ARE YOU A FOREIGN BASED SUPPLIER FOR THE GOODS /SERVICES /WORKS OFFERED?		<input type="checkbox"/> Yes <input type="checkbox"/> No [IF YES, ANSWER PART B:3]	
TOTAL NUMBER OF ITEMS OFFERED		TOTAL QUOTE PRICE	R		
SIGNATURE OF BIDDER	DATE		
CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:.....					
QUOTE PROCEDURE ENQUIRIES MAY BE DIRECTED TO:			TECHNICAL INFORMATION MAY BE DIRECTED TO:		
DEPARTMENT: SUPPLY CHAIN UNIT		CONTACT PERSON			
CONTACT PERSON: PA. GALEBOE		TELEPHONE NUMBER			
TELEPHONE NUMBER: 018 065 0010		FACSIMILE NUMBER			
FACSIMILE NUMBER: 018 596 1555		E-MAIL ADDRESS			
E-MAIL ADDRESS: annaq@maquassihills.org collenm@maquassihills.org	ADDRESS: /				

1. QUOTE SUBMISSION:

1.1. QUOTATIONS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE QUOTES WILL NOT BE ACCEPTED FOR CONSIDERATION.

1.2. **ALL QUOTATIONS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR ONLINE**

1.3. THIS SCOPE OF WORK IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

2. TAX COMPLIANCE REQUIREMENTS

2.1 SUPPLIERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.

2.2 SUPPLIERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VIEW THE TAXPAYER’S PROFILE AND TAX STATUS.

2.3 APPLICATION FOR THE TAX COMPLIANCE STATUS (TCS) CERTIFICATE 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 FOREIGN SUPPLIERS MUST COMPLETE THE PRE-AWARD QUESTIONNAIRE IN PART B:3.

2.5 SUPPLIERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.

2.6 WHERE NO TCS IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.

3. QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS

3.1. IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)? YES NO

3.2. DOES THE ENTITY HAVE A BRANCH IN THE RSA? YES NO

3.3. DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA? YES NO

3.4. DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA? YES NO

3.5. IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION? YES NO

IF THE ANSWER IS “NO” TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 ABOVE.

NB: FAILURE TO PROVIDE ANY OF THE ABOVE PARTICULARS MAY RENDER THE QUOTE INVALID. NO QUOTES WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE.

SIGNATURE OF BIDDER:

CAPACITY UNDER WHICH THIS QUOTE IS SIGNED:

DATE:

SPECIFICATIONS

Training of Municipal Manager on Certificate in Municipal Finance Management

TITLE	Municipal Finance Management
NQF LEVEL	6
NUMBER OF CREDIT	360
QUALIFICATION ID	48965
MODE OF DELIVERY	Skills Training Programme
PRICE QUOTATION	Cost per Learner
DURATION	
NUMBER OF PARTICIPANT	1
DOCUMENTS	Company Registration Tax Compliance Status Pin document / Valid Tax clearance certificate BBB-EE status verification / Sworn Affidavit Registration with relevant Professional body Accreditation certificate with relevant SETA as Service Provider Municipal Account / lease agreement ID copies of directors CSD Registration Report (not summary) Detailed training / Implementation programme / Project plan CV's of Directors and Company Profile Trainee to be issued a competency certificate

MAQUASSI HILLS LOCAL MUNICIPALITY

C.5 DECLARATION WITH REGARD TO LOCALITY

DECLARATION WITH REGARD TO LOCALITY

State full particulars of locality of enterprise as well as that of Head Office:

Physical address of local enterprise:

Telephone number:

Fax:

Signature (of authorized signatory)

Name (of authorized signatory)

Date

PROVIDE COPIES OF ID'S

NAME OF DIRECTORS/OWNERS	ID NUMBERS

MAQUASSI HILLS LOCAL MUNICIPALITY

Signature (of authorized signatory)

Name (of authorized signatory).....

Name of Tenderer.....

Address
.....
.....

Signed and sworn before me at (Place).....

On thisday ofby the Deponent, who has acknowledged that he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the prescribed oath will be binding on his/her conscience.

Commissioner of Oaths:

NOTES: If this declaration is not signed and affirmed no points will be awarded for HDI Equity.

MAQUASSI HILLS LOCAL MUNICIPALITY

C.7 DECLARATION OF INTEREST

Declaration of Interest: no bid will be accepted from persons of the state. 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 the 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.		
Full names of members:	
Identity numbers:	
Company Registration number		
Tax reference number		
Are you presently in the service of the State	YES	NO
Have you been in the service of the state for the past twelve months?	YES	NO
If so, furnish particulars:		
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 a bid?	YES	NO
If so, furnish particulars:		
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 a bid.	YES	NO
If so, furnish		
Are any of the company's directors, managers, principle shareholders or	YES	NO

Stakeholders in service of the state?		
If so, furnish particulars:		
<p><i>MSCM Regulations: "in the service of the state" means to be-</i></p>		
<p>a) A member of-</p> <ul style="list-style-type: none"> i. Any municipal council ii. Any provincial legislature; or iii. The national Assembly or the national Council or provinces; 		
<p>b) A member of the board of directors of any municipal entity;</p>		
<p>c) An official of any municipality or municipal entity</p>		
<p>d) An employee of any national or provincial department, national or provincial public entity or constitutional institution with the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);</p>		
<p>e) A member of the accounting authority of any national or provincial public entity;</p>		
<p>f) An employee of Parliament or a provincial legislature.</p>		

I, THE UNDERSIGNED

(NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE PRINCIPAL MAY ACT AGAINST ME IN TERMS OF PARAGRAPH 23 OF THE GENERAL CONDITIONS OF CONTRACT SHOULD THIS DECLARATION PROVE TO BE FALSE.

NAME OF DIRECTORS/OWNERS	ID NUMBERS

.....
Signature

.....
Date

.....
Position

.....
Name of bidder