



a world class African city



City Power Johannesburg

40 Heronmere Road  
Reuven  
Johannesburg

PO Box 38766  
Booysens  
2016

Tel +27(0) 11 490 7000  
Fax +27(0) 11 490 7590

[www.citypower.co.za](http://www.citypower.co.za)

## **CITY POWER JOHANNESBURG**

Bidders are hereby invited for the following RFQ,  
further details are available from CITY POWER,  
Tender Advice Centre, 40 Heronmere Rd, Reuven, Booysens  
Telephone 011 490-7000, Fax 011 490-7765/011 870-3688  
CITY POWER JOHANNESBURG (PTY) LTD.

# **ADVERTISEMENT**

## **REQUEST FOR QUOTATION: GYM FREELANCERS**

<b>REFERENCE NUMBER:</b>	<b>10810008</b>
<b>RFQ CLOSING DATE:</b>	<b>21 OCTOBER 2016</b>
<b>RFQ CLOSING TIME:</b>	<b>11AM</b>
<b>SITE MEETING:</b>	<b>N/A</b>
<b>TIME FOR SITE MEETING :</b>	<b>N/A</b>
<b>VENUES:</b>	<b>City Power –Tender Advice Center</b>
<b>CONTACT PERSONS:</b>	<b>Xolile Bhengu</b>

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**RFQ DOCUMENTS WILL BE AVAILABLE ON SITE AND ON THE WEBSITE  
AS FROM 14 OCTOBER 2016**

**40 HERONMERE ROAD REUVEN, BOOYSENS**

**SUBMISSIONS: QUOTATION BOX, TENDER ADVICE CENTRE**

**Please note:-**

**That we also advertise on our Website:**

**Website Address: [www.citypower.co.za](http://www.citypower.co.za) Available Bid's and RFQ'S**

**Evaluation Criteria:****Eligibility Criteria:**

Potential service providers must meet the following qualifying criteria:

All proposals must detail the following mandatory criteria:

**Only service providers with the required documentation will be considered and how have met the minimum threshold of 70% will be scored in the final phased. A rating system of 0-10 will be used in line with below method for point allocation.**

Returnable documents	Description	Yes/No
1	Original Valid Tax Clearance Certificate	
2	B-BBEE Certificate	
3	All MBD documents completed and signed	
4	COVID Letter	
5	UIF Letter of Compliance	
6	Standard Operating Procedure	
7	Must be registered with Central supplier database	
Functionality	Description	Weighting
1	<b>Provide contactable references with similar nature:</b> <ul style="list-style-type: none"> <li>➤ 0 references = 0 points</li> <li>➤ 1 reference = 3 points</li> <li>➤ 2 references = 5 points</li> <li>➤ 3 references = 7 points</li> <li>➤ &gt;3 references = 10 points</li> </ul> <b>(letters should be on company letter heads sign and contain contactable details, scope of work)</b>	40
2	<ul style="list-style-type: none"> <li>• Key Resources Assigned to City Power</li> <li>• (Trainers must be fully qualified as professional trainers plus 2-3 years' experience)</li> <li>• Short C.V for each Trainer</li> </ul> <ul style="list-style-type: none"> <li>➤ 6 people = 10 points</li> <li>➤ 5 people = 7 points</li> <li>➤ 4 people = 5 points</li> <li>➤ 3 people = 3 points</li> <li>➤ &lt;3 people = 0 points</li> </ul>	60
	<b>TOTAL</b>	100
Only services providers with the required documentation will be tested on price and B-BBEE		Price
		B-BBEE Points
		<b>Total</b>
		<b>100</b>



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# Request for Quotations

## Supply Chain Management

Finance Group  
CP Reference Number: -----10634671  
Date: -----  
Contact Person: Xolile Bhengu  
Tel: +27 11 490 7460  
Email: [xbhengu@citypower.co.za](mailto:xbhengu@citypower.co.za)

Delivery Address  
40 Heronmere Road  
Reuven  
Johannesburg

**Company** .....

**Attention:** .....

**Tel;** .....

**Fax :** .....

You are hereby invited to submit a quotation for the items listed below. Please provide a written quotation to the above named contact person on or before the closing date indicated below. Only quotations which contain the information listed below will be accepted. Prices should be shown both exclusive and inclusive of VAT and fixed and firm. Delivery will be direct to the relevant City Power store.

Item No	Material/Service Description	Qty	Unit price exc. Vat	Total exc. VAT
1.	<b>Reference: 10810008</b>			
1.1	Gym Freelancers (5 months) ( 6 trainers )	6		
			<b>Sub Total</b>	
			<b>VAT</b>	
			<b>Total</b>	

➤ **closing date 21.10.16 and time 11:00 AM for submission of quotation:**

Vendors must supply written quotations that reflect the following information on the quotation:

- Quotation Validity Period: \_\_\_\_\_
- Delivery period: \_\_\_\_\_
- Company Name: \_\_\_\_\_
- Company Registration Number: \_\_\_\_\_
- VAT Registration Number: \_\_\_\_\_
- Physical Address: \_\_\_\_\_
- Contact Person: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Fax Number/Email Address: \_\_\_\_\_
- Company Income Tax Number (i.e. SARS No): \_\_\_\_\_
- Tax Clearance Certificate Attached or consent for City Power to ascertain from SARS whether your status is in order: \_\_\_\_\_
- Signed disclaimer (Attached to this RFQ): \_\_\_\_\_

**PREFERENCE POINT SYTEM WILL BE USED FOR VALUE OF BETWEEN R0K AND R200K**

**Points awarded for Price and RDP goals (80/20)**

<b>PRICE</b>	<b>80</b>
<b>BBBEE POINTS</b>	<b>20</b>
<b>TOTAL POINTS</b>	<b>100</b>

**2. Calculation of points for B-BBEE status level of contributor**

<b>B-BBEE Status Level of Contributor</b>	<b>Number of points (90/10 system)</b>	<b>Number of points (80/20 system)</b>
1	10	20
2	9	18
3	8	16
4	5	12
5	4	8
6	3	6
7	2	4
8	1	2
Non-compliant contributor	0	0

CP Reference Number:

**Disclaimer:** Supplier ( \_\_\_\_\_ ) hereby warrants that he/she/it has:

(Name of supplier)

1. Read, fully understood and hereby accept City Power's standard quotation Terms & Conditions as published on the official City Power website;
2. Submitted a true and accurate declaration of interests reflecting that the supplier has no immediate family relations and that none of its shareholders, directors, managers or stakeholders are in the employ of City Power or the state currently and that no such relatives, shareholders, directors, managers or stakeholders have been so employed in the previous 12 months;
3. Undertakes to complete a fresh declaration of interests should these circumstances have changed as at date of this quotation. (This declaration is obtainable from the City Power's website/ Commodity Managers and the abovementioned contact person).

<b>Name, Date &amp; Signature of Supplier</b> (Person responsible for the Quote)	<b>Name:</b>  <b>Signature:</b>	<b>Date</b>
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**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.  
.....  
.....
- 3.7 Have you been in the service of the state for the past twelve months? **YES / NO**  
.....  
.....

\* 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.

- 3.8 Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved **YES / NO**

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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?

**YES/ NO**

3.9.1 If so, furnish particulars

.....

.....

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.

.....

.....

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.

.....

.....

**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