



# public works

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Department:

Public Works

**PROVINCE OF KWAZULU-NATAL**

WIMS NUMBER : 079905/0001

TENDER NO : ZNTU 04252 W

**DESCRIPTION OF SERVICE : ZNTU 04252 W: WIMS 079905: ZULULAND DISTRICT: KZN DEPARTMENT OF HEALTH: BENEDICTINE DISTRICT HOSPITAL: THE APPOINTMENT OF A MULTI DISCIPLINE PROFESSIONAL SERVICE PROVIDER FOR DESIGN, CONSTRUCTION AND CLOSE OUT OF THE PROJECT (STAGE 1-7 OF FIDPM). THE PROJECT ENTAILS CONSTRUCTION OF NEW 35 BED, MALE, FEMALE AND ADOLESCENT REGIONAL HOSPITAL MENTAL HEALTH UNIT INCLUDING ALTERATIONS TO EXISTING PSYCHIATRIC UNIT**

Directorate: North Coast Region  
Private Bag X 42  
LA and Administrative Complex  
Prince Mangosuthu Street  
ULUNDI  
3838

**PLEASE NOTE THAT THIS QUOTATION IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT PRESCRIBED BY PROVINCIAL TREASURY.**

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**PART A  
INVITATION TO BID**

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (NAME OF DEPARTMENT/ PUBLIC ENTITY)					
ZNQ NUMBER:	<b>ZNTU 04252 W</b>	CLOSING DATE:	<b>23 July 2024</b>	CLOSING TIME:	<b>11H00</b>
DESCRIPTION	ZNTU 04252 W: WIMS 079905: ZULULAND DISTRICT: KZN DEPARTMENT OF HEALTH: BENEDICTINE DISTRICT HOSPITAL: THE APPOINTMENT OF A MULTI DISCIPLINE PROFESSIONAL SERVICE PROVIDER FOR DESIGN, CONSTRUCTION AND CLOE OUT OF THE PROJECT (STAGE 1-7 OF FIDPM). THE PROJECT ENTAILS CONSTRUCTION OF NEW 35 BED, MALE, FEMALE AND ADOLESCENT REGIONAL HOSPITAL MENTAL HEALTH UNIT INCLUDING ALTERATIONS TO EXISTING PSYCHIATRIC UNIT				

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID  
BOX SITUATED AT (STREET ADDRESS)

<b>1st Floor Admin Building Ulundi, North Coast Region</b>
<b>Ulundi</b>
<b>3838</b>

SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
	TCS PIN:		<b>OR</b>	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	
IF YES, WHO WAS THE CERTIFICATE ISSUED BY?					
AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) AND NAME THE APPLICABLE IN THE TICK BOX	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	AN ACCOUNTING OFFICER AS CONTEMPLATED IN THE CLOSE CORPORATION ACT (CCA) A VERIFICATION AGENCY ACCREDITED BY THE SOUTH AFRICAN ACCREDITATION SYSTEM (SANAS) A REGISTERED AUDITOR NAME:			
<b>[A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT(FOR EMEs&amp; QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE]</b>					

<b>1.1.1.1</b> 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]	<b>1.1.1.2</b> 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 BELOW]
<b>1.1.1.3</b> SIGNATURE OF BIDDER	.....	<b>1.1.1.4</b> DATE	
<b>1.1.1.5</b> CAPACITY UNDER WHICH THIS BID IS SIGNED (Attach proof of authority to sign this bid; e.g. resolution of directors, etc.)			
<b>1.1.1.6</b> TOTAL NUMBER OF ITEMS OFFERED		<b>1.1.1.7</b> TOTAL BID PRICE (ALL INCLUSIVE)	
<b>BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO:</b>		<b>TECHNICAL INFORMATION MAY BE DIRECTED TO:</b>	
DEPARTMENT/ PUBLIC ENTITY	Province of KwaZulu-Natal: Department of Public Works	CONTACT PERSON	Ms. P. Tshuta
CONTACT PERSON	Sindi Mbatha	TELEPHONE NUMBER	035-874- 3235
TELEPHONE NUMBER	035 874 3353	FACSIMILE NUMBER	N/A
FACSIMILE NUMBER	N/A	E-MAIL ADDRESS	Pamela.tshuta@kznworks.gov.za
E-MAIL ADDRESS	Sindi.Mbatha@kznworks.gov.za		

## **SECTION B**

### **SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF FORMS**

PLEASE NOTE THAT THIS QUOTATION IS SUBJECT TO TREASURY REGULATIONS 16A ISSUED IN TERMS OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999, THE KWAZULU-NATAL SUPPLY CHAIN MANAGEMENT POLICY FRAMEWORK AND THE GENERAL CONDITIONS OF CONTRACT.

1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and visa versa and with words importing the masculine gender shall include the feminine and the neuter.
2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
4. Quotation submitted must be complete in all respects.
5. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the bid documents.
6. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the bid number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
7. All quotations received in sealed envelopes with the relevant bid numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
8. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.
9. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
10. No quotation submitted by telefax, telegraphic or other electronic means will be considered.
11. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.
12. Any alteration made by the bidder must be initialed.
13. Use of correcting fluid is prohibited
14. Quotation will be opened in public as soon as practicable after the closing time of bid.
15. Where practical, prices are made public at the time of opening quotations.
16. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.
17. The bidder must initial each and every page of the bid document

## **SECTION C**

### **REGISTRATION ON THE CENTRAL SUPPLIERS DATABASE**

- 1 In terms of the Public Finance Management Act (PFMA), 1999 (Act No 1 of 1999) Section 38 (1) (a) (iii) and 51 (1) (iii) and Section 76 (4) of PFMA National Treasury developed a single platform, The Central Supplier Database (CSD) for the registration of prospective suppliers including the verification functionality of key supplier information.
- 2 Prospective suppliers will be able to self-register on the CSD website: [www.csd.gov.za](http://www.csd.gov.za)
- 3 Once the supplier information has been verified with external data sources by National Treasury a unique supplier number and security code will be allocated and communicated to the supplier. Suppliers will be required to keep their data updated regularly and should confirm at least once a year that their data is still current and updated.
- 4 Suppliers can provide their CSD supplier number and unique security code to organs of state to view their verified CSD information.

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**CSD Number**

**SECTION D**  
**DECLARATION THAT INFORMATION ON CENTRAL SUPPLIER DATABASE IS CORRECT**  
**AND UP TO DATE**  
(To be completed by bidder)

THIS IS TO CERTIFY THAT I (name of bidder/authorised representative).....

....., WHO REPRESENTS (state name of bidder).....

.....

AM AWARE OF THE CONTENTS OF THE CENTRAL SUPPLIER'S DATABASE WITH RESPECT TO THE BIDDER'S DETAILS AND REGISTRATION INFORMATION, AND THAT THE SAID INFORMATION IS CORRECT AND UP TO DATE AS ON THE DATE OF SUBMITTING THIS QUOTATION/BID.

AND I AM AWARE THAT INCORRECT OR OUTDATED INFORMATION MAY BE A CAUSE FOR DISQUALIFICATION OF THIS QUOTATION/BID FROM THE BIDDING PROCESS, AND/OR POSSIBLE CANCELLATION OF THE CONTRACT THAT MAY BE AWARDED ON THE BASIS OF THIS BID.

.....

**NAME OF BIDDER**

.....

**SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE**

**DATE:**.....

## SECTION E

### SBD 4

## BIDDER'S DISCLOSURE

### 1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

### 2. Bidder's declaration

- 2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest<sup>1</sup> in the enterprise, employed by the state? **YES/NO**

- 2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	Identity Number	Name of institution	State

- 2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

- 2.2.1 If so, furnish particulars:

.....

<sup>1</sup> the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.



.....

- 2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

- 2.3.1 If so, furnish particulars:

.....  
.....

### 3 DECLARATION

I, the undersigned, (name)..... in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

- 3.1 I have read and I understand the contents of this disclosure;
- 3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;
- 3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium<sup>2</sup> will not be construed as collusive bidding.
- 3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.
- 3.4 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.
- 3.5 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.
- 3.6 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.

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<sup>2</sup> Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

## SECTION F FORM OF OFFER AND ACCEPTANCE

### Offer

The Employer, identified in the acceptance signature block, has solicited offers to enter into a contract for the procurement of:

**ZNTU 04252 W: WIMS 079905: ZULULAND DISTRICT: KZN DEPARTMENT OF HEALTH: BENEDICTINE DISTRICT HOSPITAL: THE APPOINTMENT OF A MULTI DISCIPLINE PROFESSIONAL SERVICE PROVIDER FOR DESIGN, CONSTRUCTION AND CLOSE OUT OF THE PROJECT (STAGE 1-7 OF FIDPM). THE PROJECT ENTAILS CONSTRUCTION OF NEW 35 BED, MALE, FEMALE AND ADOLESCENT REGIONAL HOSPITAL MENTAL HEALTH UNIT INCLUDING ALTERATIONS TO EXISTING PSYCHIATRIC UNIT**

The tenderer, identified in the offer signature block, has examined the documents listed in the Tender Data and addenda thereto as listed in the returnable schedules, and by submitting this offer has accepted the conditions of tender.

By the representative of the tenderer, deemed to be duly authorized, signing this part of this form of offer and acceptance, the tenderer offers to perform all of the obligations and liabilities of the Service Provider under the Contract including compliance with all its terms and conditions according to their true intent and meaning for remuneration to be determined in accordance with the conditions of Contract identified in the Contract Data.

**The offered price inclusive of value added tax, is**

**R** ..... (in figures)

.....

..... **Rand** (in words)

This offer may be accepted by the Employer by signing the acceptance part of this form of offer and acceptance and returning one copy of this document to the tenderer before the end of the period of validity stated in the Tender Data, whereupon the tenderer becomes the party named as the Service Provider in the conditions of Contract identified in the Contract Data.

**THIS OFFER IS MADE BY THE FOLLOWING LEGAL ENTITY:** (cross out block which is not applicable)

<div>Company or close corporation: ..... ..... and: whose registration number is: ..... and: whose income tax reference number is: .....</div>	<b>OR</b>	<div>Natural person or partnership: ..... ..... whose identity number(s) is/are: ..... whose income tax reference number is/are: .....</div>
--	-----------	--

**AND WHO IS** (if applicable):

Trading under the name and style of: .....
--

**AND WHO IS:**

Represented herein, and who is duly authorised to do so, by:  Mr/Mrs/Ms: .....  In his/her capacity as:  .....	<b>Note:</b>  <b>A resolution / power of attorney, signed by all the directors / members / partners of the legal entity must accompany this offer, authorising the representative to make this offer.</b>
--	---

**SIGNED FOR THE TENDERER:**

Name of representative	Signature	Date

**WITNESSED BY:**

Name of witness	Signature	Date

The tenderer elects as its *domicilium citandi et executandi* in the Republic of South Africa, where any and all legal notices may be served, as (physical address):

.....  
 .....

**Other contact details of the Tenderer are:**

Telephone no: ..... Cellular phone no: .....

Fax no: .....

Postal address: .....

Banker: ..... Branch: .....

**Acceptance**

By signing this part of this form of offer and acceptance, the Employer identified below accepts the tenderer's offer. In consideration thereof, the Employer shall pay the Service Provider the amount due in accordance with the conditions of Contract identified in the Contract Data. Acceptance of the tenderer's offer shall form an agreement between the Employer and the tenderer upon the terms and conditions contained in this agreement and in the Contract that is the subject of this agreement.

The terms of the Contract are contained in:

- Part C1 Agreements and Contract Data, (which includes this agreement)
- Part C2 Pricing Data
- Part C3 Scope of Services

and documents or parts thereof, which may be incorporated by reference into Parts C1 to C3 above.

Deviations from and amendments to the documents listed in the Tender Data and any addenda thereto as listed in the tender schedules as well as any changes to the terms of the offer agreed by the tenderer and the Employer during this process of offer and acceptance, are contained in the schedule of deviations attached to and forming part of this agreement. No amendments to or deviations from set documents are valid unless contained in this schedule.

The tenderer shall within two weeks after receiving a completed copy of this agreement, including the schedule of deviations (if any), contact the Employer's agent (whose details are given in the Contract Data) to arrange the delivery of any bonds, guarantees, proof of insurance and any other documentation to be provided in terms of the

conditions of Contract identified in the Contract Data. Failure to fulfil any of these obligations in accordance with those terms shall constitute a repudiation of this agreement.

Notwithstanding anything contained herein, this agreement comes into effect, if sent by registered post, 4 days from the date on which it was posted, if delivered by hand, on the day of delivery, provided that it has been delivered during ordinary business hours, or if sent by fax, the first business day following the day on which it was faxed. Unless the tenderer (now Service Provider) within seven working days of the date of such submission notifies the Employer in writing of any reason why he cannot accept the contents of this agreement, this agreement shall constitute a binding contract between the Parties.

**For the Employer:**

Name of signatory	Signature	Date

<b>Name of Organisation:</b>	Department of Public Works
<b>Address of organisation:</b>	

**Witnessed by:**

Name of witness	Signature	Date

## **SECTION G SPECIFICATIONS AND EVALUATION**

**ZNTU 04252 W: WIMS 079905: ZULULAND DISTRICT: KZN DEPARTMENT OF HEALTH: BENEDICTINE DISTRICT HOSPITAL: THE APPOINTMENT OF A MULTI DISCIPLINE PROFESSIONAL SERVICE PROVIDER FOR DESIGN, CONSTRUCTION AND CLOSE OUT OF THE PROJECT (STAGE 1-7 OF FIDPM). THE PROJECT ENTAILS CONSTRUCTION OF NEW 35 BED, MALE, FEMALE AND ADOLESCENT REGIONAL HOSPITAL MENTAL HEALTH UNIT INCLUDING ALTERATIONS TO EXISTING PSYCHIATRIC UNIT**

### **1. BACKGROUND**

The Hospital is located in the North Coast Region, Zululand District Municipality, within Nongoma Local Municipality, with GPS Co-ordinates, latitude 27.8929° longitude 31.6393°

### **2. PURPOSE**

To appoint a Multi Discipline Professional Service Provider for implementation of the project from stage 1 to 7 of FIPDM.

### **3. SCOPE OF WORK/SPECIFICATION**

#### **3.1 Site Plan**



### 3.2 Scope of Works

- a) Scope requirements for the project is detailed on Appendix C (Accommodation schedule)
- b) Implementation of the Project as per FIDPM Stage requirements (**Refer to Appendix C**)

<ul style="list-style-type: none"> <li>Stage 1 – inception – establish client requirements, project brief and requirements.</li> <li>Stage 2 – Project Feasibility Assessment and Concept Design – Approval by the Department of Health</li> <li>Stage 3 – Detailed Design – &amp; Scope of works</li> <li>Stage 4 – Tender Document Production – Approval by the Department of Public Works</li> </ul>	7 Months
<ul style="list-style-type: none"> <li>Stage 5 – Construction Monitoring</li> </ul>	24 months
<ul style="list-style-type: none"> <li>Stage 6 – Handover</li> </ul>	12 months
<ul style="list-style-type: none"> <li>Stage 7 – Project Closeout</li> </ul>	7 days from completion of stage 6

3.2.1. The project team should be made up of the following disciplines possessing adequate experience in the specific field

No.	Discipline	Experience / Special Requirements
1.	Architect / PA	Hospital design and construction supervision with experience in the design of Mental Health Units of similar size.
2.	Quantity Surveyor	Hospital design and construction supervision with particular experience in the design of Mental Health Units of similar size.
3.	Electrical Engineer	Hospital design and construction supervision with particular experience in the design of Mental Health Units of similar size..
4.	Mechanical Engineer	Hospital design and construction supervision with particular experience in the design of Mental Health Units of similar size.
5.	Fire Engineer	Hospital design and construction supervision with particular experience in the design of Mental Health Units of similar size.
6.	Civil Engineer	Hospital design and construction supervision with particular experience in the design of Mental Health Units of similar size.
7.	Structural Engineer	Hospital design and construction supervision with particular experience in the design of Mental Health Units of similar size.
8.	Safety Officer	Hospital environment and construction supervision
9.	Geotechnical Engineer	Work of similar nature
10.	Land surveyor	Work of similar nature
11.	List others	AS required (as and when required following procurement processes



### 3.3 Pricing Schedule to be completed by bidder and transfer to form of offer.

**The pricing schedule should include all activates to be performed by the Professional Service Providers for stage 1 – 6 as outlined for remunerations in line with duties of the Gazetted.**

- Architect – SACAP Board Notice 91 of 2020 for project (Duties of Architect and employer's Agent)
- Quantity Surveyor – SACQSP Gazette Notice 170 of 2015
- Mechanical Engineer including Services of Fire Engineer – ECSA Gazette 44333 Board Notice 22 of 2021
- Electrical Engineer – ECSA Gazette 44333 Board Notice 22 of 2021
- Structural Engineer – ECSA Gazette 44333 Board Notice 22 of 2021
- Civil Engineer – ECSA Gazette 44333 Board Notice 22 of 2021
- Land surveyor – Time-based.
- Geotechnical Investigation – Time-based (Fixed Hours)
- Fire engineer.
- Professional Registered Health and Safety Agent – SACPCMP Gazette Notice 167 of 2018

**Disbursement reimbursement in accordance with the prevailing tariffs laid down by National Department of Public Works will be made in respect of the costs of copies of drawings and of typing and copying of Reports and Specifications but not for typing and copying of minutes of meetings, general correspondence, payments, postage, etc.**

**Reimbursement in accordance with the prevailing tariffs laid down by National Department of Public Works will be made in respect of travel costs.**

**Please note that travelling costs in terms of mileage may only be claimed when the site of the Works is beyond a 50 kilometre radius from your place of practice or when, for official purposes, the return trip exceeds 50 kilometres.**

**Please note that travelling costs in terms of travelling time may only be claimed when the site of the Works is beyond a 50 kilometre radius from your place of practice or when, for official purposes, the return trip exceeds 50 kilometres.**

**Traveling reimbursement is as per National Department of Public Works rates, table 3, and should not exceed the vehicle capacity of 2150cc. This may be relaxed at the discretion of the delegated official at the request by the appointed consultant.**

<b>Estimated Final Value of Contract (As per Project Brief)</b>	<b>R 190 897 945.60</b>
<b>Less: 15% Value Added Tax (VAT)</b>	<b>R 24 899 732.03</b>
<b>Estimated Final Value for Fee Purposes</b>	<b>R 165 998 213.57</b>

NO	DESCRIPTION	Item	% Fees including discount offered	FINAL AMOUNT	
Estimated Construction Cost R165 998 213.57 (excluding VAT)					
	Discipline	Estimated Value for Fee	Estimated Fees	% Discount	R
1	Architect – SACAP Board Notice 91 of 2020 for project (Duties of Architect and Employer's Agent)	R165 998 213.57			
2..	Quantity Surveyor – SACQSP Gazette Notice 170 of 2015	R165 998 213.57			
3.	Mechanical Engineer – ECSA Gazette 44333 Board Notice 22 of 2021	R19 900 000.00			
4.	Electrical Engineer – ECSA Gazette 44333 Board Notice 22 of 2021	R23 300 000.00			
5.	Structural Engineer – ECSA Gazette 44333 Board Notice 22 of 2021	R13 300 000			
6.	Civil Engineer – ECSA Gazette 44333 Board Notice 22 of 2021	R13 300 000			
7.	Land surveyor – Time-based (Hours)	100 hours (Max)			
8	Geotechnical Investigation – Time based (Hours)	100 hours (Max)			
9.	Fire engineer (Included in Mechanical Works)				
SUB-TOTAL CARRIED TO FINAL SUMMARY					

**DISBURSEMENTS RELATED TO KILOMETRES TRAVELLED** (To be completed for each of the following disciplines, *Architect, Quantity Surveyor, Electrical, Mechanical, Civil, Structural, Health and Safety Agent*) and total carried to final summary)

Project Stage	No. of Return Trips from Your Office to Destinations Below (A)		Total Distance Travelled (B)	Rate ('C)	Amount (D = A X B X C)	Toll fees excl VAT( if applicable) ('E)	Total Amount F = D +E
Planning	Ulundi	2					
	PMB	2					
	Site	3					
Construction	Site	63					
Close- Out	Ulundi	1					
<b><u>TOTAL CARRIED TO FINAL SUMMARY</u></b>							

**DISBURSEMENTS RELATED TO TRAVELLING TIME** (To be completed for each of the following disciplines, *Architect, Quantity Surveyor, Electrical, Mechanical, Civil, Structural, Health and Safety Agent* ) and total carried to final summary)

Project Stage	No. of Return Trips from Your Office to Destinations Below (A)		Nett Travel Time per return trip = Gross Travel Time minus Two Hours (B)	Name of Person (Category or Designation)	Category (ii) or (iii)	Rate (C' )	Total Amount D = A X B X C
Planning	Ulundi	2					
	PMB	2					
	Site	3					
Construction	Site	63					
Close- Out	Ulundi	1					
<b><u>TOTAL CARRIED TO FINAL SUMMARY</u></b>							

**DISBURSEMENTS RELATED TO KILOMETRES TRAVELLED** (To be completed for each of the following disciplines, *Land Surveyor and Geotechnical Engineer*) and total carried to final summary)

Project Stage	No. of Return Trips from Your Office to Destinations Below (A)		Total Distance Travelled (B)	Rate ('C)	Amount (D = A X B X C)	Toll fees excl VAT( if applicable) ('E)	Total Amount F = D +E
Planning	Ulundi	1					
	PMB	1					
	Site	1					
Construction	Site	1					
Close- Out	Ulundi	1					
<b><u>TOTAL CARRIED TO FINAL SUMMARY</u></b>							

**DISBURSEMENTS RELATED TO TRAVELLING TIME** (To be completed for each of the following disciplines, *Land Surveyor and Geotechnical Engineer*) and total carried to final summary)

Project Stage	No. of Return Trips from Your Office to Destinations Below (A)		Nett Travel Time per return trip = Gross Travel Time minus Two Hours (B)	Name of Person (Category or Designation)	Category (ii) or (iii)	Rate (C' )	Total Amount D = A X B X C
Planning	Ulundi	1					
	PMB	1					
	Site	1					
Construction	Site	1					
Close- Out	Ulundi	1					
<b><u>TOTAL CARRIED TO FINAL SUMMARY</u></b>							

**FINAL SUMMARY**

TOTAL PROFESSIONAL FEES	R
TOTAL DISBURSEMENTS RELATED TO KILOMETRES TRAVELLED	R
TOTAL DISBURSEMENTS RELATED TO TRAVELLING TIME	R
SUB-TOTAL	R
MISCELLANEOUS DISBURSEMENTS AT 1%	R
TOTAL AMOUNT EXCLUDING VAT	R
DISCOUNT @ ----%	
DISCOUNT FEES INCLUDING DISBURSEMENTS	
Vat @ 15%	R
Total Carried to Form of offer	R

### **3. CONDITIONS OF APPOINTMENT**

- 3.1 All returnable documents as listed on Section B herein. Failure to submit all the requested documents could result in the quote not being considered.
- 3.2 Your detailed organogram is to provide details of the various **Registered Professionals** who will be dedicated to this project as well details of who will lead the team as in this case. Approval must be made in writing to the Department for any replacement of the designated professional/s.
- 3.3 Appointment will be as per Departmental Standard Conditions of Appointment

## SECTION H

### PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

**NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022**

#### 1. GENERAL CONDITIONS

##### 1.1 This bid will be evaluated on either 80/20 or 90/10 preference point system as follows:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

##### 1.2 To be completed by the organ of state

*(This bid will be evaluated on either 80/20 or 90/10 preference point system).*

- a) The applicable preference point system for this tender is the 80/20 or 90/10 preference point system.
- b) Either 80/20 or 90/10 preference point system will be applicable in this tender. The lowest/ highest acceptable tender will be used to determine the accurate system once tenders are received.

##### 1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

- (a) Price; and
- (b) Specific Goals.

##### 1.4 To be completed by the organ of state:

The specific goals for the 80/20 preference point system are as follows:

	POINTS
PRICE	80
SPECIFIC GOALS	20
Total points for Price and SPECIFIC GOALS	100

OR

The specific goals for the 90/10 preference point system are as follows:

	POINTS
PRICE	90
SPECIFIC GOALS	10
Total points for Price and SPECIFIC GOALS	100

- 1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that preference points for specific goals are not claimed.
- 1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

## 2. DEFINITIONS

- (a) **“tender”** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
- (b) **“price”** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
- (c) **“rand value”** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
- (d) **“tender for income-generating contracts”** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
- (e) **“the Act”** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

## 3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

### 3.1. POINTS AWARDED FOR PRICE

#### 3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20

or

90/10

$$Ps = 80 \left( 1 - \frac{Pt - Pmin}{Pmin} \right) \text{ or } Ps = 90 \left( 1 - \frac{Pt - Pmin}{Pmin} \right)$$

Where

Ps = Points scored for price of tender under consideration  
Pt = Price of tender under consideration  
Pmin = Price of lowest acceptable tender

### 3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

### 3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

$$P_S = 80 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right) \text{ or } P_S = 90 \left( 1 + \frac{P_t - P_{max}}{P_{max}} \right)$$

Where

Ps = Points scored for price of tender under consideration  
Pt = Price of tender under consideration  
Pmax = Price of highest acceptable tender

#### 4. POINTS AWARDED FOR SPECIFIC GOALS

- 4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:
- 4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—
  - (a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or
  - (b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

**Table 1: Specific goals for the tender and points claimed are indicated per the table below.**  
*(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.)*



**Note to tenderers: The tenderer must indicate how they claim points for each preference point system.)**

**This bid will be evaluated on either 80/20 or 90/10 preference point system.**

**The specific goals for the 80/20 preference point system are as follows.**

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (80/20 system) (To be completed by the tenderer)
<p>1. Ownership by Black People</p> <p>Documentary Proof Required:</p> <p>EME or QSE sown affidavit signed and dated by commissioner of Oaths.</p>	10	
<p>2. Promotion of enterprise located in specific Region to be done or services to be rendered.</p> <p>Enterprise/builder located within (i) King Cetshwayo/ uMkhanyakude District/ or Zululand District, KwaZulu-Natal.</p> <p>Documentary proof required:</p> <ol style="list-style-type: none"> <li>1) Proof of municipal account depicting physical address of business which is less than three months or</li> <li>2) Lease Agreement or</li> <li>3) Letter from ward councillor</li> </ol>	10	

**The specific goals for the 90/10 preference point system are as follows.**

The specific goals allocated points in terms of this tender	Number of points allocated (90/10 system) (To be completed by the organ of state)	Number of points claimed (90/10 system) (To be completed by the tenderer)
<p>1. Ownership by Black People</p> <p>Documentary Proof Required:</p> <p>EME or QSE sown affidavit signed and dated by commissioner of Oaths.</p>	5	

<p>2. Promotion of enterprise located in specific Region to be done or services to be rendered.</p> <p>Enterprise/builder located within (i) King Cetshwayo/ Umkhanyakude District/ or Zululand District / KwaZulu-Natal.</p> <p>Documentary proof required:</p> <p>1) Proof of municipal account depicting physical address of business which is less than three months or</p> <p>2) Lease Agreement or</p> <p>3) Letter from ward councillor</p>	5	

#### DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm.....

4.4. Company registration number: .....

4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;
- iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –
  - (a) disqualify the person from the tendering process;

- (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
- (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
- (d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
- (e) forward the matter for criminal prosecution, if deemed necessary.

.....  
**SIGNATURE(S) OF TENDERER(S)**

**SURNAME AND NAME:** .....

**DATE:** .....

**ADDRESS:** .....

.....

.....

**SECTION I**  
**OFFICIAL BRIEFING SESSION/SITE INSPECTION CERTIFICATE**

**WIMS NUMBER** : 079905/0001  
**TENDER NO** : **ZNTU 04252 W**

**DESCRIPTION OF SERVICE** : **ZNTU 04252 W: WIMS 079905: ZULULAND DISTRICT: KZN DEPARTMENT OF HEALTH: BENEDICTINE DISTRICT HOSPITAL: THE APPOINTMENT OF A MULTI DISCIPLINE PROFESSIONAL SERVICE PROVIDER FOR DESIGN, CONSTRUCTION AND CLOSE OUT OF THE PROJECT (STAGE 1-7 OF FIDPM). THE PROJECT ENTAILS CONSTRUCTION OF NEW 35 BED, MALE, FEMALE AND ADOLESCENT REGIONAL HOSPITAL MENTAL HEALTH UNIT INCLUDING ALTERATIONS TO EXISTING PSYCHIATRIC UNIT**

**Date** : 10 July 2024  
**Time** : 11:00  
**Venue** : On site, Benedictine Hospital, Main Admin Building, Nongoma

\*\*\*\*\*

THIS IS TO CERTIFY THAT (NAME) .....

ON BEHALF OF .....

VISITED AND INSPECTED THE SITE ON .....(DATE)

AND IS THEREFORE FAMILIAR WITH THE CIRCUMSTANCES AND THE SCOPE OF THE SERVICE TO BE RENDERED.

.....  
**SIGNATURE OF BIDDER OR AUTHORISED REPRESENTATIVE**  
(PRINT NAME)

**DATE:** .....

.....  
**SIGNATURE OF DEPARTMENTAL REPRESENTATIVE**  
(PRINT NAME)

.....  
**DEPARTMENTAL STAMP :**  
(OPTIONAL)

**DATE:** .....

## SECTION J

### TAX COMPLIANCE STATUS (TCS)

- 1 The State / Province may not award a contract resulting from the invitation of quotations to a bidder who is not properly registered and up to date with tax payments or, has not made satisfactory arrangements with S A Revenue Services concerning due tax payments.
- 2 The South African Revenue Services (SARS) has phased out the issuing of paper Tax Clearance Certificates. From 18 April 2016 SARS introduced an enhanced Tax Compliance system. The new system allows taxpayers to obtain a Tax Compliance Status (TCS) PIN, which can be utilized by authorized third parties to verify taxpayers' compliance status on line via SARS e-filing.
- 3 Bidders are required to apply via e-filing at any SARS branch office nationally. The Tax Compliance Status (TCS) requirements are also available to foreign bidders / individuals who wish to submit bids.
- 4 SARS will then furnish the bidder with a Tax Compliance Status (TCS) **PIN** that will be valid for a period of 1 (one) year from the date of approval.
- 5 In bids where Consortia / Joint Venture / Sub-contractors are involved, each party must submit a separate Tax Compliance Status (TCS) **PIN**.
- 6 Application for Tax Compliance Status (TCS) **PIN** can be done via e-filing at any SARS branch office nationally or on the website [www.sars.gov.za](http://www.sars.gov.za).
- 7 Tax Clearance Certificates may be printed via e-filing. In order to use this provision, taxpayers will need to register with SARS as eFilers through the website [www.sars.gov.za](http://www.sars.gov.za).
- 8 Tax Compliance Status is not required for services below R30 000 ITO Practice Note Number: SCM 13 of 2007.
- 9 Kindly either provide an original tax clearance certificate, your tax number or pin number.

**TAX NUMBER**

--

**PIN NUMBER**

--

## SECTION K

### A. A.COMPANIES

If a Bidder is a company, a certified copy of the resolution by the board of directors, personally signed by the chairperson of the board, authorizing the person who signs this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the company must be submitted with this bid, that is before the closing time and date of the bid

#### AUTHORITY BY BOARD OF DIRECTORS

By resolution passed by the Board of Directors on.....20.....,.....

Mr/Mrs/Miss..... (whose signature appears below) has been duly authorised to sign all documents in connection with this bid on behalf of

(Name of Company) .....

IN HIS/HER CAPACITY AS: .....

SIGNED ON BEHALF OF COMPANY: .....  
(PRINT NAME)

SIGNATURE OF SIGNATORY: ..... DATE: .....

WITNESSES: 1 .....

2 .....

### B. SOLE PROPRIETOR (ONE - PERSON BUSINESS)

I, the undersigned..... hereby confirm that I am the sole owner of the business trading as .....

.....

.....  
SIGNATURE  
(PRINT NAME)

.....  
DATE

**C. PARTNERSHIP**

The following particulars in respect of every partner must be furnished and signed by every partner:

Full name of partner	Residential address	Signature
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

We, the undersigned partners in the business trading as.....  
hereby authorized .....to sign this bid as well as any contract resulting  
from the bid and any other documents and correspondence in connection with this bid and /or contract on behalf of

..... <b>SIGNATURE</b> (PRINT NAME)	..... <b>SIGNATURE</b> (PRINT NAME)	..... <b>SIGNATURE</b> (PRINT NAME)
..... <b>DATE</b>	..... <b>DATE</b>	..... <b>DATE</b>

**D. CLOSE CORPORATION**

In the case of a close corporation submitting a bid, a certified copy of the Founding Statement of such corporation shall be included with the bid, together with the resolution by its members authorizing a member or other official of the corporation to sign the documents on their behalf.

By resolution of members at a meeting on ..... 20..... at .....

.....Mr/Mrs/Miss....., whose  
signature appears below, has been authorized to sign all documents in connection with this bid on behalf of (Name  
of Close Corporation) .....

.....  
**SIGNED ON BEHALF OF CLOSE CORPORATION:** ..... (PRINT NAME)

**IN HIS/HER CAPACITY AS** ..... **DATE:** .....

**SIGNATURE OF SIGNATORY:** .....

**WITNESSES:** 1 .....  
.....

2 .....  
.....

**E CO-OPERATIVE**

A certified copy of the Constitution of the co-operative must be included with the bid, together with the resolution by its members authoring a member or other official of the co-operative to sign the bid documents on their behalf.

By resolution of members at a meeting on ..... 20..... at .....  
Mr/Mrs/Miss....., whose signature appears below, has been  
authorized to sign all documents in connection with this bid on behalf of (Name of co-  
operative).....

**SIGNATURE OF AUTHORISED REPRESENTATIVE/SIGNATORY:**  
(PRINT NAME)

.....

**IN HIS/HER CAPACITY AS:**.....

**DATE:** .....

**SIGNED ON BEHALF OF CO-OPERATIVE:**.....

**NAME IN BLOCK LETTERS:**.....

**WITNESSES:** 1 .....

2 .....



## **F JOINT VENTURE**

If a bidder is a joint venture, a certified copy of the resolution/agreement passed/reached signed by the duly authorized representatives of the enterprises, authorizing the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the joint venture must be submitted with this bid, before the closing time and date of the bid.

### **AUTHORITY TO SIGN ON BEHALF OF THE JOINT VENTURE**

By resolution/agreement passed/reached by the joint venture partners on.....20.....

Mr/Mrs/Miss.....,Mr/Mrs/Miss.....,

Mr/Mrs/Miss.....and Mr/Mrs/Miss.....

(whose signatures appear below) have been duly authorised to sign all documents in connection with this bid on behalf of:

(Name of Joint Venture).....

**IN HIS/HER CAPACITY AS:**.....

**SIGNED ON BEHALF OF (COMPANY NAME):**.....  
(PRINT NAME)

**SIGNATURE :**..... **DATE:**.....

**IN HIS/HER CAPACITY AS:**.....

**SIGNED ON BEHALF OF (COMPANY NAME):**.....  
(PRINT NAME)

**SIGNATURE:**..... **DATE:**.....

**IN HIS/HER CAPACITY AS:**.....

**SIGNED ON BEHALF OF (COMPANY NAME):**.....  
(PRINT NAME)

**SIGNATURE:**..... **DATE:**.....

**IN HIS/HER CAPACITY AS:**.....

**SIGNED ON BEHALF OF (COMPANY NAME):**.....  
(PRINT NAME)

**SIGNATURE:**..... **DATE:**.....

**G. CONSORTIUM**

If a bidder is a consortium, a certified copy of the resolution/agreement passed/reached signed by the duly authorized representatives of concerned enterprises, authorizing the representatives who sign this bid to do so, as well as to sign any contract resulting from this bid and any other documents and correspondence in connection with this bid and/or contract on behalf of the consortium must be submitted with this bid, before the closing time and date of the bid.

**AUTHORITY TO SIGN ON BEHALF OF THE CONSORTIUM**

By resolution/agreement passed/reached by the consortium on.....20...

Mr/Mrs/Miss.....

(whose signature appears below) have been duly authorized to sign all documents in connection with this bid on behalf of:

(Name of Consortium).....

**IN HIS/HER CAPACITY AS:**.....

**SIGNATURE:**..... **DATE:**.....

(PRINT NAME)

## APPENDIX A – RETURNABLE DOCUMENTS

CHECKLIST OF RETURNABLE DOCUMENTS			
Item No.	Required Document	Tick	
		Y	N
1.	Central Supplier Database Registration with National Treasury (Unique Reference Number & Supplier Number)		
2.	Proof of Registration with Companies and Intellectual Property Commission (CIPC) (printout not older than 1 month)		
3.	Declaration of interest by Consultant – SBD 4		
4.	Proof of Residential Address (Municipality Rates Bills, Telephone Bill, or current lease agreement or affidavit from Commissioner of oaths, if office is in an area where rates are not paid)		
5..	Proof of the relevant professional Indemnity Insurance		
6.	Company Profile, indicating Experience on <b>Health hospital</b> related projects within past five (05) years		
7.	Attach letters of signed award and signed practical completion certificates or final completion certificates for projects must be submitted (Minimum two (02) projects required).		

## APPENDIX B

### FUNCTIONALITY CRITERIA

A minimum of 60 % must be attained to qualify for evaluation in terms of price and preference points.

### TENDER EVALUATION CRITERIA AND SCORING

The weighting for Quality and functionality out of 100 sub-points is as follows:

Minimum functionality qualifying score	60%
--	-----

No.	Evaluation Criteria	Deliverables	Points		Sub-Points		Sub-Criteria
1	Competency, Experience and Resource Capacity	Tenderer to demonstrate their technical competency, human resource capacity and relevant project experience	60	Points	20	Sub-points	Detailed schedule of Professionally registered resources as required in 3.2.1(Page 16) above indicating registration numbers of each discipline required as a Professional. (point per registered professional and number of disciplines is10 in total).
						10	Detailed schedule
					10		Certified copy of Professional registration certificate
					30	Sub-points	Schedule of years of experience on Hospital design and construction supervision with experience in the design of Mental Health Units (or Similar projects) for each Professional indicated in 3.2.1 (page 16) above. reference letters to be provided by each discipline (proforma of reference letter on page 39 of this document) (points allocation to be combined for all disciplines required) 30= 10 years or more 25= 7 to 9 years 20= 4 to 6 years 15= 1 to 3 years

					10	Sub-points	Appointment letters and Refence letters for completed projects in the past 5 years for the bidding firm– letters to be signed, stamped dated by project manager or client. (Reference letter proforma attached on page 39 of this document)
2.	Project Management Structure of the bidding firm and Organogram and Experience of Resources Proposed for the Project	A tenderer that submits a detailed project organogram that sets out the roles and responsibilities of each proposed team member, which is backed up By their curriculum vitae that demonstrate extensive experience, together with a project implementation structure shall be allocated maximum sub-points. In all other instances zero (0) sub-points shall be allocated.	20	Points	10	Sub-points	Submission of a detailed organogram of the bidding Professional firm.
					10	Sub-points	Detailed CV. Traceable reference of personnel detailed in the organogram as well as Certificates of qualified professionals in their full employment to be attached.

3	Skills development	A bidder to provide proof for training qualified youth in any of the built environment qualification.	20	Points	20		Letters of appointment proving that the bidder is providing training opportunities to young professionals, (points will be allocated on achievement of at least 1 person in each qualification listed below) 20= master's and above (NQF=9 -10) 15= Honours (NQF=8) 10= Degree (NQF=7) 5 = Diploma (NQF=5)
<b>TENDER EVALUATION CRITERIA AND SCORING PRICE AND SPECIFIC GOALS</b>							
	Evaluation Criteria	Deliverables / Goal					Points
	Price	A maximum of 80 Points is allocated for Price.					Points
	Specific Goal 1	1. Ownership by Black People Documentary Proof Required: 1) Original Sworn Affidavit in respect of SMME or QSE in a prescribed DTI format for the latest completed financial year of the bidder; signed and dated by Commissioner of Oaths. 2) Certified copies of identity documents of ownership/ shareholders/ directors of bidding entity.					Points
	Specific Goal 2	2. Promotion of enterprise located in specific Region to be done or services to be rendered. Enterprise/builder located within (i) King Cetshwayo/ uMkhanyakude District/ or Zululand District,					Points

		<b>KwaZulu-Natal.</b> <b>Documentary proof required:</b> <ol style="list-style-type: none"> <li>1) Proof of municipal account depicting physical address of business or</li> <li>2) Lease Agreement</li> <li>3) Original or certified copy of the original letter from ward councillor</li> </ol>		
--	--	--	--	--

## APPENDIX C

### PROFORMA OF REFERENCE CHECK

#### BID – DETAILS OF PREVIOUS SIMILAR PROJECT EXPERIENCE

To be completed by reference and returned

PROJECT 1:

Name of Project: .....

Name of firm/ Bidder: .....

Client/ client Department: .....

Contract Amount: .....

Contract Duration: .....

Actual Contract Duration: .....

Description / Performance	Poor (0)	Fair (1)	Good (3)	Excellent (4-5)	Comment
Overall Project Planning by Consultant					
Cost Management					
Timeous cooperation during implementation of contract/ Adherence to set time frames					
Performance of resources during project implementation					
Quality of reports					
Technical experience of resources					
Timeous compilation of final accounts/ as built drawings/					
Contribution to risk management					
Timeous communication					
Total score (sum of all scores)					

Reference Name .....

Reference Signature: .....

Designation: .....

Date: .....

Telephone number: .....

Stamp



## APPENDIX D – CONTRACT DATA

### C1.2 Contract Data

#### C1.2.1 Standard Professional Services Contract

The conditions applicable to this Contract are the **Standard Professional Services Contract (July 2009)** Edition 3 of CIDB document 1015, published by the Construction Industry Development Board available on the website. <https://www.cidb.org.za/download/100/procurement-documents-templates-and-guidelines/6160/standard-professional-services-contract.pdf>

#### C1.2.2 Data provided by the Employer

Clause	
	<p>The General Conditions of Contract in the Standard Professional Services Contract (2009 applicable to different disciplines) make several references to the Contract Data for details that apply specifically to this tender. The Contract Data shall have precedence in the interpretation of any ambiguity or inconsistency between it and the General Conditions of Contract.</p> <p>Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.</p>
1	The Employer is the <b>Department of Public Works</b> .
1	The Period of Performance is from inception of this Contract for period on 43 months / completion of SIPDM Stage 7, which ever come first.
1	The Scope is: <b>ZNTU 04252 W: WIMS 079905: ZULULAND DISTRICT: KZN DEPARTMENT OF HEALTH: BENEDICTINE DISTRICT HOSPITAL: THE APPOINTMENT OF A MULTI DISCIPLINE PROFESSIONAL SERVICE PROVIDER FOR DESIGN, CONSTRUCTION AND CLOSE OUT OF THE PROJECT (STAGE 1-7 OF FIDPM). THE PROJECT ENTAILS CONSTRUCTION OF NEW 35 BED, MALE, FEMALE AND ADOLESCENT REGIONAL HOSPITAL MENTAL HEALTH UNIT INCLUDING ALTERATIONS TO EXISTING PSYCHIATRIC UNIT</b>
3.4 and 4.3.2	The authorised and designated representative of the Employer is the departmental project manager, details of whom are as indicated in T1.1 Notice and Invitation to Tender under item T1.1.4.
3.4.1	Communication by e-mail is not permitted.
3.5	<p>The Services shall be executed for the KZN Department of Public Works, North Coast Regional Office, in Ulundi.</p> <p>No portion of the work may be performed by a person employed by the State. No portion of the work may be sublet to any other person or persons without the prior written approval of the Employer.</p>
3.6	Omit the following: “... within two (2) years of completion of the Service ...”.
3.14	Programme of Works, No applicable at this stage
4.1.1	Briefing meeting: applicable
4.4	Others providing Services:
5.4.1	Minimum professional insurance cover of to a maximum as may be required by claim, with the

	first amount payable not exceeding 5% of the value of indemnity, and/or personal liability – all as more comprehensively described in C1.2.3 Data provided by the Service Provider and in respect of which the Service Provider must provide data as required.
5.5	The Service Provider is required to obtain the Employer's prior approval in writing before taking any of the following actions: 1. Travelling for which payment will be claimed, as defined under 3.3 Travelling and subsistence arrangements and tariffs of charges. 2. Deviate from the scope of works in 2.1 and 2.2 3. Change Key Personnel on the Service.
8.1	The Service Provider is to commence the performance of the Services immediately after the Contract becomes effective and execution to be as per the programme in clause 3.14 above (see Appendix C Scope of Services, and Accommodation schedule extracted from the Brief).
9.1	Copyright of documents prepared for the Project shall be vested with the Employer.
12.1.2	Interim settlement of disputes is to be by mediation.
12.2.1	In the event that the Parties fail to agree on a mediator, the mediator is to be nominated by the president of the Association of Arbitrators (Southern Africa).
12.2.4 / 12.3.4	Final settlement is by litigation.
13.1.3	All partners in a joint venture or consortium shall carry the same professional indemnity insurance as per clause 5.4.1 of the General Conditions of Contract.
13.4	Neither the Employer nor the Service Provider is liable for any loss or damage resulting from any occurrence unless a claim is formally made within 5 years from the date of termination or completion of the Contract.
13.5	The amount of compensation is unlimited.
13.6	The provisions of 13.6 do not apply to the Contract.
14.4	In the first sentence, change "... period of twenty four months after ..." to "... period of thirty six months after ...".
15	In respect of any amount owed by the Service Provider to the Employer, the Service Provider shall pay the Employer interest at the rate as determined by the Minister of Finance, from time to time, in terms of section 80(1)(b) of the Public Finance Management Act, 1999 (Act no1 of 1999).

C1.2.3 Data provided by the Service Provider

Clause	
	Each item of data given below is cross-referenced to the clause in the General Conditions of Contract to which it mainly applies.
1	The Service Provider is the company, close corporation, natural person or partnership named in C1.1 Form of Offer and Acceptance by the tendering Service Provider.
5.3	The authorised and designated representative of the Service Provider is the person named in the resolution PA-15.1 by the tendering Service Provider.
5.4.1	<p><b><u>Indemnification of the Employer</u></b></p> <p>I, the undersigned, being duly authorized by the Service Provider, in terms of the completed resolution</p> <p>.....(Name of authorized person)</p> <p>hereby confirm that the Service Provider known as:</p> <p>.....(Legal name of entity tendering herein)</p> <p>tendering on the project:</p> <p>.....</p> <p>.....(Name of project as per C1.1 Form of offer and acceptance)</p> <p>holds professional indemnity insurance cover, from an approved insurer, duly registered with the Finance Services Board, of not less than the amount required as cover relative to the size of project, with the first amount payable not exceeding 5% of the value of indemnity. I further confirm that the Service Provider will keep such professional indemnity fully subscribed. I further confirm that should the professional indemnity insurance, with no knowledge of the Employer, be allowed to lapse at any time or in the event of the Service Provider cancelling such professional indemnity insurance, with no knowledge of the Employer, at any time or if such professional indemnity cover is not sufficient, then the Service Provider, (i) accepts herewith full liability for the due fulfilment of all obligations in respect of this Service; and (ii) hereby indemnifies, and undertakes to keep indemnified, the Employer in respect of all actions, proceedings, liability, claims, damages, costs and expenses in relation to and arising out of the agreement and/or from the aforesaid Service Provider's intentional and/or negligent wrongful acts, errors and/or omissions in its performance on this Contract.</p> <p>I confirm that the Service Provider undertakes to keep the Employer indemnified, as indicated above, beyond the Final Completion Certificate/Final Certificate by the Employer (whichever is applicable) for a period of five (5) years after the issue of such applicable certificate.</p> <p>I confirm that the Service Provider renounces the benefit of the <i>exceptionis non causa debiti, non numeratae pecuniae</i> and <i>excussionis</i> or any other exceptions which may be legally raised against the enforceability of this indemnification.</p> <p>Notwithstanding the indemnification required above, the Employer reserves the right to claim damages from the Service Provider for this Project where the Service Provider neglects to discharge its obligations in terms of this agreement.</p> <p><b>NAME:</b> .....</p> <p><b>CAPACITY:</b> .....</p> <p><b>SIGNATURE:</b> .....</p>

7.1.2	<p>As an extension of the definitions contained in clause 1 hereof, Key Persons must, for the purposes of this Contract, include one or more of the professionally registered principal(s) of the Service Provider, <b>and/or</b>, one or more professional(s) employed to render professional services, for whom certified copies of certificates or other documentation clearly proving current professional registration with the relevant council, including registration numbers, must be included with the tender as part of the returnable documentation.</p> <p>The Key Persons and their jobs / functions in relation to the Services are:</p>		
	Name	Principal and/or employed professional(s)	Specific duties
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
7.2	A Personnel Schedule is not required.		

If the space provided in the table above is not sufficient to describe the **specific duties**, this space may be utilized for such purpose:

**C2: PRICING DATA**

**C2.1 Pricing Instructions**

C2.1.1 Basis of remuneration, method of tendering and estimated fees

C2.1.1.1 Professional fees will be paid on % based fees

C2.1.1.2 **Tenderers are to tender:**

**On fixed price to perform duties as per section G, 2.2**

C2.1.2 Remuneration for professional **Services**

C2.1.2.1 **Professional fees shall be calculated as follows for Services rendered by the Service Provider:**

**On fixed price to perform duties as per section G, 2.2**

C2.1.2.2 The amount tendered herein (C1.1) is for 43 months / completion of SIPDM stage 7 which ever come 1st

C2.1.2.3 **Disbursements in respect of all travelling and related expenses** should be all inclusive in the price

C2.1.2.4 All fee accounts must be accompanied with Portfolio of Evidence of duties performed and approved by the Project Leader

C2.1.2.5 Payments to the Service Provider will be made electronically according to the banking details furnished by the Service Provider. Any change in such banking details must be communicated to the departmental project manager timeously. Fee accounts, correct in all respects, will be deemed submitted when received by the Employer and settled when electronically processed by the Employer. The Employer reserves the right to dispute the whole account, any item or part of an item at any time and will deal with such case in terms of clause 14.3 of the General Conditions of Contract.

C2.1.2.6 Accounts for Services rendered may be submitted monthly on the successful completion of each month of work, on the 1<sup>st</sup> week of the month.

## APPENDIX E – PROJECT DETAILS

### C.4. Accommodation schedule

The following accommodation schedule is a guide and must be developed and verified by KZN-DOPW. The Inpatient Mental Health Unit is designated to a Regional Hospital for emergency admissions, 72hour assessment, care, treatment and rehabilitation of voluntary, assisted and involuntary mental health users. It is to be noted that as a regional hospital this is the second level of Inpatient health care as many of the MHCUs will be referred from the District Hospitals as described.

Table 1 : Inpatient Psychiatric Unit: Schedule of Accommodation: General Psychiatric Admissions Area

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	PERSONS	REMARKS 1 NARRATIVE
OPD					
Outpatients security	1	4	Security control		To make provision for CCTV monitoring of non-clinical areas.
Outpatient Operational manager	1	16	For use by Operational manager	1	
Reception area	1	4	Patients received & directed to applicable admission point	1	Add records room; add 1 area
Secure walk-in entrance	1	4	Security control	2	
Waiting Area	1	30	Waiting facility	24	Seating for 24 patients waiting
Consulting @ 16sqm each.	3	48	Combined for examination of patients & medication procedures	2	
Medicine I Dispensing Pharmacy		30	Dispensing of medicine to Outpatients.	4	To include a private storage, dispensing hatch, delivery I holding collection and compounding area with WHB.
Counselling @ 16sqm each	3	48		2	IUSS
Clean Utility	1	6			Shared with admission (position to be looked at
Sluice Room		12			Shared with admission (position to be looked a
Store Rooms (Linen/Sbtonary/ Equipment @ 1 m each.	3	30			
Staff Kitchenette I Rest Room		25		15 r shift	To accommodate staff Ideas and aligned to the number of staff rsñ.
Staff toilets	1	3	Toilet for staff	1	Provide separate male and female
Female	1	3		1	Disabled can be unsex.
Disabled	1	3		1	
Treatment Room	1	25		3	Shared with admission (posttm to be looked at
Public toilet (male)		3	Public toilets	1	All staff and public to cater for male and female.
Public: toilet (female)		3		1	
Public toilet (disabled)		3		1	Disabled can be unisex.
Sub-Total	1	300			

Secure Admissions					
Security	1	6		Min 2	To make provision for CCTV of non-clinical areas.
E uient store		13	Storage area		
Admissions Waif area		20	Wait facilities	10	Seati for 10 wai
Visitors' toilet disabled-friendly		3	Toilet for use b visitors	1	
Store		10	area		
Consulting Room	1	16	MDT	2	
Kit room		8	For safekeeper of inpatients personal be•rgs		
Public toilet	1	3	toilet		All staff and public toiles to cater for and female. Disabled can be unisex.
Public toilet (female)	1	3			
Public toilet		3			
u Total					
TOTAL		85			

Table 2: inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Male Acute Observation: 10 beds

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS 1
Ward Entry	1	6	Security for inpatients	3	
Nursing station	1	30	For visual observation of ward and day areas at all times. (To consider combined nurses station for Acute and N½d-to-long observation if possible.)	3	To include Treatment/ Procedure room and a linen room; To accommodate CCTV for identified clinical areas.
Treatment-procedure Room	1	25			
Staff toilets			Toilet for staff		Provide separate male and female toilets.
Male	1	3		1	
Female	1	3		1	
Seclusion room	1	11	Seclusion room with toilet and hand-wash basin for patient use	1 male	
Single room @ 14sqm each	10	140	Single	10 male	To make provision for one to be disabled friendly.
Communal ablutions with showers: wash hand basins and toilets,	1	30	To accommodate the max number of patients bearing in mind that they wilt be supervised by mental health staff.	10	To make provision for disabled persons. SANS 10400
DAY AREA					
Dining I Lounge I Day area	1	50	Dining and recreational facilities for patients	10	Include a serving hatch to this area as per Clinical Support Area.
Patient toilet with basin	1	3	Toilet in day area for patient use	1	Building regulations SANSIO 400



(disabled-friendly)					
Outdoor recreation area	1	50	Outdoor recreation facilities for patient use	10	
<b>Sub-Total</b>		<b>351</b>			

Table 3: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Male Medium-to-long Treatment: 10 beds

DESCRIPTION	OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS 1 NARRATIVE
Ward Entry	1	6	Security for inpatients	2	Small security point for 2 guards.
Nursing station	1	30	For visual observation of ward and day areas at all times. (To consider combined nurses' station for Acute and Med-to-long observation if possible.)	3	To include Treatment I Procedure room and a linen room; To accommodate CCTV for identified clinical areas.
Treatment/Procedure Room	1	25			
Staff toilet (Male)	1	3	Toilet for staff	1	Provide separate male and female toilets as per SANS 10400 Regulations.
Staff toilet (Female)	1	3		1	
Single room @ 14sqm each	2	28	Single room.	2 male	Ward Area
2 Bed Ward @22sqm each	2x2 bed Ward	44	Two bed ward to house 2x patients	4 male	Ward Area
4 Bed Ward @38sqm each	1 x4 Bed Ward	38	Four bed ward to house 4x patients	4 male	Ward Area
Isolation	1	27	Single room with suite and handwash basin for patient use	1 male	With en-suite shower. IUSS
Communal ablutions with showers, wash hand basins and toilets.		30	To accommodate the max number of bearing in mind that they will be supervised by mental health staff.	10	To make provision for disabled persons. SANS 10400
DAY AREA					
DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS
Dinero / Lounge / Day area	1	30	Dining and recreational facilities for 10x mal patients	10	Include a serving hatch to area as per Clinical Support Area.
Quiet Room	1	8	1 or 2	1 or 2	Quiet room to be accessible from outside of recreational day area.
Patient toilet with basin (disabled-friendly)	1	3	Toilet in day area for patient use	1	Building regulations SANS 10400
Outdoor recreation area	1	30	Outdoor recreation facilities for patient use	10	To be to Dining / Day area.
<b>Sub-Total</b>		<b>305</b>			

Table 4: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Female Acute Observations: 5 beds

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS 1 NARRATIVE
Ward Entry	1	6	Security for	2	Small security point for 2 guards.
Nursing station	1	30	For visual observation of ward day areas at all times. (To consider combined nurses' for Acute and Med-to-long observation if possible.)	3	To include Treatment I Procedure room and a linen room; To accommodate CCTV for identified clinical areas.
Treatment/Procedure Room	1	25			
Staff toilet (Male)	1	3	Toilet for staff		Provide separate male and female as per SANS 10400 Regulations.
Staff toilet (Female)	1	3			
room	1	11	Sedusim room with toilet hand-wash basin for patient use	1 female	IUSS
mm @ 14sqm each	5	70	Sir* room.	5 female	IUSS
ablutions with showers, wash hand basins and	1	30	To accommodate maximum number of patients in mind that they will be supervised by mental health staff.	5 female	To make disabled persons SANS 10400
DAY AREA					
Dining I Day area		30	Dining and recreational facilities for patients	5	Include a serving hatch to this area as per Clinical Support Area.
Patient toilet with basin (disabled-friendly)	1	3	Toilet in day area for patient use	1	Building regulations SANS 10400
Outdoor recreation area	1	30	Outdoor recreation facilities for patient use	5	To be connected to Dining I Day area.
<b>Sun-Total</b>		241			

Table 5: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Female Medium to long: 5 beds

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS 1 NARRATIVE
Ward Entry		6	Security for inpatient	2	Small security point for 2 guards.
sböon	1	30	For visual observation of ward and day areas at all times. (To consider combined nurses' staff for Acute and Med-to-long observation if possible.)	3	To include I Procedure room a linen room; To CCTV for identified areas.
Treatment/Procedure Room	1	25			
Staff toilet (Male)	1	3	Toilet for staff	1	Provide separate male and female toilet as per SANS 10400 Regulations.
Staff toilet (Female)		3			
Sir* Room @ 14sqm each		14	Sir* room.	1	IUSS

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS NARRATIVE
Double Room @ 22sqm each	Bed Wards	44	Double bed room with en-suite toilet and hand-wash basin for patient use	4 female	IUSS
Isolation	1		Single room with suite toilet and handwash basin for patient use	1 female	With en-suite shower, II-ISS
Communal ablutions with showers, wash hand basins and toilet.	1	20	To accommodate the max number of patients bearing in mind that they will be supervised by mental health staff	5 female	To make provision for disabled persons. SANS 10400
DAY AREA					
Dining / Lounge / Day area	1	20	Dining and recreational facilities for patients	5	Include a serving hatch to this area as per Clinical Support Area.
Quiet Room	1	8	1 or 2	1 or 2	Quiet room to be accessible from recreational day area,
Patient toilet with basin (disabled-friendly)	1	3	Toilet in day area for patient use	1	Building regulations SANSIO 400
Outdoor recreation area	1	20	Outdoor recreation facilities for patient use	5	To be connected to Dining / Day area.
<b>Sub-Total</b>		223			

Table 6: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit

Male Adolescent: 3 beds

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS 1 NARRATIVE
Ward En	1	6	Securi forin tents	2	Small int for guards. secu 2
Nursing station	1	15	For visual observation of ward and day areas at all times. (To consider combined nurses' station for Acute and Med-to-long observation if ibte.	3	To include Treaffient/ Procedure room and a linen room; To accommodate CCTV for identified clinical areas.
Treatment/Procedure Room	1	25			
Staff toilet (Male)	1	3	Toilet for staff	1	Provide separate male and female as per SANS 10400 Regulations.
Staff toilet Female	1	3		1	
Time-out room	1	11	Seclusion room with toilet and hand-wash basin for tient use	1	IUSS. To be accessible from Day Area.
Single room @ 14sqm each	3	42	Single room for patient use.	3	IUSS
Seclusion room		11	Seclusion room with toilet and hand-wash basin for patent use	1	
Communal ablutions with showers, wash hand basins and toilets.	1	15	To accommodate the max number of bearing in mind that they wtl be su ised b mental health staff.	3	To make provision for disabled persons. SANS 10400
DAY AREA					

Dining lounge / Day Area	1	15	Dining and recreational facilities for patients	3	To be connected to Dining / Day area.
Patient toilet with basin (disabled-friendly)	1	3	Toilet in day area for patient use		Building regulations SANS 10400
Outdoor recreation area	1	15	Outdoor recreation facilities for patient use	3	
<b>Sub-Total</b>		<b>164</b>			

Table 7: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Female Adolescent Unit: 2 beds

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS
Ward Entry	1	6	Security for inpatient	3	
Nursing station	1	10	For visual observation of ward areas	2	To include Treatment room and a linen room; CCTV's that can visualise day and night area
Treatment Procedure Room	1	25		Minimum of 2	
Staff toilet (Male)		3	Toilet for staff	1	Provide separate and Female toilets.
Staff toilet Female	1	3		1	
Site room 14 m each	2	28	Site room for patient use	1	
DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS/ NARRATIVE
Communal ablutions with showers, wash hand basins and toilets.	1	10	To accommodate the maximum number of patients bearing in mind that they will be supervised by mental health staff.	2 female	To make provision for disabled persons. SANS 10400
DAY AREA					
Dining / Lounge	1	15	Dining and recreational facilities for patients	2	Include a serving hatch to this area.
Ward Entry	1	6	Security for patients	3	
Time-out room	1	11	Seclusion room with toilet and hand-wash basin for patient use	1	RUSS. To be accessible from Day Area.
Patient toilet with basin disabled-friendly	1	4	Toilet in day area for patient use		Building regulations SANS 10400
Outdoor recreation area	1	15	Outdoor recreation facilities for patient use	2	
<b>Sub-Total</b>		<b>136</b>			

Table 8: Inpatient Psychiatric Unit: Schedule of Accommodation: Mental Health Unit  
Clinical & Support Area

DESCRIPTION	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS / NARRATIVE
Counseling Room @ 16sqm each	3	48	for use by Social worker	2-3 per room	Shared rooms. RUSS

Consulting Room@ 16sqm each	3	48	For use by Psychologist	2-3 per room	Shared rooms. IUSS
Operational Manager	1	16	For use by Operational manager	1	
Ward Round Room	1	33		20	IUSS
Group therapy room	3	99	For group and family activities	10	IUSS
Student trainirV Telemedicine	1	30	For student training	1	One for the entire Mental Health Unit
Kitchen Hatches			Provide food I beverages for patients		For delivery of food from the main hospital kitchen.
Male Acute Ward					
Male Medium to Long					
Female Acute Ward	1	12		2	
Medium to Long	1	12		2	
Male adolescent Ward Fernab	1	12		2	
Adolescent Ward	1	12		2	
Ward store @ 10sqm each	2	20	Storage of ward supplies		
General Store room	1	10			
Clean Utilities		10	For clean utilities		
Sluice room	1	12	For cleaning equipment		
Staff Kitchen I Rest Room	1	30	For tea / rest room	15 per shift	To accommodate staff lockers and aligned to the number of staff per shift
Staff toilet (male)	1	3	Toilet for use by staff	1	
Staff toilet (female)	1	3		1	
Staff toilet disabled)	1	3			
Cleaners room	1	6	For use by cleaner	1	
Public toilet (male)	1	3	Toilet for use by visitors	1	
Public toilet (female)	1	3		1	
Public toilet (disabled)					
Staff Meeting room	1	40	Meeting area for staff	20	

DESCRIPTON	NO OF ROOMS	SQM	FUNCTION	NO OF PERSONS	REMARKS / NARRATIVE
------------	-------------	-----	----------	---------------	---------------------

server room	1	5	For IT and server equipment		
u Ota		497			
Grand Total		2302			

#### C.4 .1. Space requirements

- All spaces requirements are as per the accommodation schedule above and applicable references documents. Where conflicts are detected consult with DOH Project Leader.

#### C.4 .2. KZN-DOH Area requirement and related costing guidance

- Refer to IUSS Health Facility Guides Order of Magnitude calculator for New Hospital

#### C.4.3. Standard specifications for the use of materials in the building

- Refer to application reference documents

#### C.4.4. Branding/aesthetic design preferences and requirements

- Refer to the DOH branding policy managed by Corporate Communications

### C.5. Comparative Examples

#### C.5.1. Fort Napier Forensic Unit

- It is the only other Forensic Unit in the KZN Province and new constructed so it serves as a good example of what is to be achieved for a Forensic Level Unit. However, many specifications can be applied at any level of psychiatric care. • Small mesh to window guards
- Good observation of patient sleeping areas
- Immovable beds
- Adequate outdoor areas
- Dining areas have fixed fittings
- Appropriate finishes
- The seclusion areas however do not have adequate observation of end seclusion rooms

#### C.5.2. Bophelong Psychiatric Unit

- This facility is the benchmark Forensic psychiatric facility in South Africa and newly constructed, so it serves as a good example of what is to be achieved for a Forensic Level Unit. However, many specifications can be applied at any level of psychiatric care.
- Biometric access control
- Large amount of glazing for indoor/outdoor integration, natural light and non-oppressive environment

- High level of security but also healing environment emphasising community and therapy. Not a prison.
- Central nurses station core which functions as an enclosed administrative area with full surveillance of all clinical area

## C.6. FIPDM STAGES

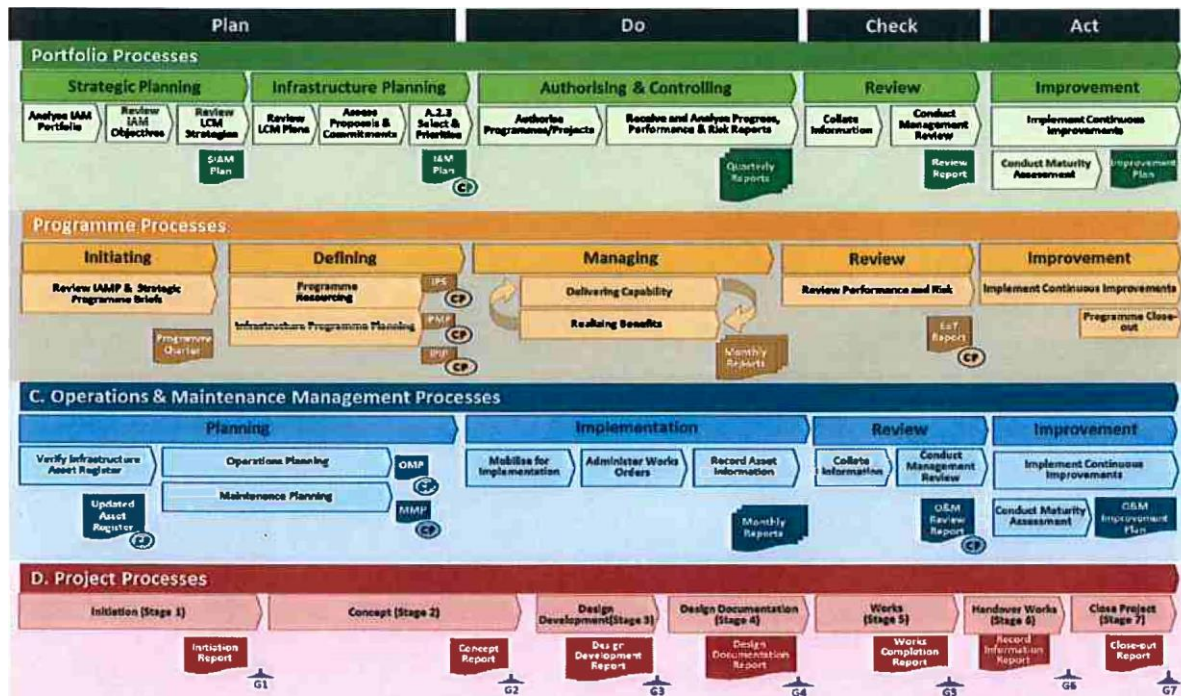


Figure 20: IDM Progress Diagram - FIDPM

(Source: Framework for infrastructure Delivery and Procurement Management, Oct . , 2019)

### Stage 1 PROJECT INITIATIONS

- Deliverable Initiation report
- The initiation report, which defines project objectives, needs, acceptance criteria, organization's priorities and aspirations, procurement strategies, and which sets out the basis for the development of the concept report.

### Stage 2 CONCEPT

- Deliverable Concept report
- The concept stage represents an opportunity for the development of the different design concepts to satisfy the project requirements, as developed during stage 1. It also presents, through the testing of alternative approaches, an opportunity to select a particular conceptual approach. The ultimate objective of this stage is to determine whether the project is viable to proceed, with respect to available budget, technical solutions, time-frame and other information that may be required.
- The concept report should as a minimum, provide the following information:
- Document the initial design criteria, cost plan, design options and the selection of the preferred design option, or the methods and procedures required to maintain the condition of infrastructure for the project.
- Establish the detailed brief, scope, scale, form and cost plan for the project, including, where necessary, the obtaining of site studies and construction and special advice.
- Provide and indicative schedule for documentation and construction or maintenance services, associated with the project.



- Include a site development plan, or other suitable schematic layout of the works.
- Describe the statutory permissions, funding approvals and utility approvals required to proceed with the works associated with the project.
- Include a baseline risk assessment for the project, and a health and safety plan, which is a requirement for the construction Regulation, issued in terms of the Occupational Health and Safety Act.
- Contain a risk report linked to the need for further surveys, tests, other investigations and consents and approvals, if any, during subsequent and identified health, safety and environmental risk.

### Stage 3 DESIGN DEVELOPMENT

- Deliverable Design development report
- The design development report shall as necessary:
- Develop in detail the approved concept to finalise the design and definition criteria
- Establish the detailed form, character, function and costing.
- Define all components in terms of overall size, typical detail, performances and outline specification.
- Describe how infrastructure or elements or components thereof are to function, how they are to be safely constructed, how they are to be maintained and how they are to be commissioned.
- Confirm that the project scope can be completed within the budget or propose a revision to the budget.

### Stage 4 DESIGN DOCUMENTATION

- Deliverable Design documentation
- Design documentation provides the:
- Production information that details, performance definition, specification, sizing and positioning of all systems and components that would enable construction
- Manufacture, fabrication and construction information for specific components of the work informed by the production information.

### Stage 5 WORKS

- Deliverable Completed Works capable of being used or occupied
- The following is required for completion of the Works Stage:
- Completion of the works is certified in accordance with the provisions of the contract:
- The goods and associated services are certified as being delivered in accordance with the provisions of the contract.

### Stage 6 HANDOVER

- Deliverable Works which have been taken over by user or owner; completed training; Record information
- The following activities shall be undertaken during the handover stage:
- Finalize and assemble record information which accurately reflects the infrastructure that is acquired, rehabilitated, refurbished or maintained;
- Hand over the works and record information to the user organization and if necessary, train end user staff in the operation of the work

### Stage 7 CLOSE OUT

- Deliverable Defects certificates or certificates of final completion issued
- Final amount due to the contractor in terms of the contract is certified
- Close out report is accepted
- Sub-deliverable 1 The Close-Out Stage commences when the end users accepts liability for the works. It is complete when:
  - Record information is archived.
  - Defects certificates and certificates of final completion are issued in terms of the contract.
  - Final amount due to the contractor is certified, in terms of the contract;
  - Close-out report is prepared by the implementer and approved by the Client Department