

MOGALAKWENA LOCAL MUNICIPALITY

**PROJECT NAME: MOGALAKWENA BULK WATER MASTERPLAN: PHASE 2A:
CONSTRUCTION OF THE KROMKLOOF WATER TREATMENT WORKS AND HIGH
LIFT PUMP STATION**

TENDER REF NO: 22-2019/20

PART T1 : TENDERING PROCEDURES

T1.1 Tender Notice and Invitation to Tender

T1.2 Tender Data

MOGALAKWENA LOCAL MUNICIPALITY

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TENDER NOTICE AND INVITATION TO TENDER CLOSING DATE & TIME: 09/01/2020 AT 10:00

Mogalakwena Local Municipality hereby invites suitably qualified service providers to tender for the construction of the following projects:

NO:	PROJECT NAME	COMPULSORY BRIEFING MEETING	Tender Number	CIDB GRADING	Enquiries
1.	APPOINTMENT OF CONTRACTOR FOR CONSTRUCTION OF THE KROMKLOOF WATER TREATMENT WORKS AND HIGH LIFT PUMP STATION	YES DATE:14/01/2020 @ 10AM VENUE: OLD COUNCIL CHAMBER	22-2019/20	8ME and 6 CE	015 491 9671/9731/9649 Supplychain@mogalakwena.gov.za

Mogalakwena Municipality will evaluate, adjudicate and award the bids in accordance with the PPPFA of 2017

BID DOCUMENTS CONTAINING THE CONDITIONS OF BIDS AND REQUIREMENTS CAN BE DOWNLOADED ON E-TENDERS PUBLICATION PORTAL AT www.etenders.gov.za for free and also on www.mogalakwena.gov.za.

The respective project name with the project number must be clearly marked on the envelope before submission.

Complete tender documents, fully priced, signed and sealed in an envelope must be deposited in the Tender Box at Mogalakwena Municipality, 54 Retief Street, Mokopane, by no later than **10H00 on 10/02/2020** for all the above projects when all tenders received will be opened in public in the Old Council Chamber, on the Ground Floor.

No late, faxed, telegraphic, emailed and telephonic tenders will be accepted. The council also reserves the right to negotiate further conditions and requirements with the successful tenderer.

NB* Service providers should take note that no bid/service will be awarded to a service provider who is not registered and valid on Web Based Central Supplier Database (CSD).

Enquiries related to this tender must be addressed to Supply Chain Management at 015 491 9671/9731/9649/9647.

The Municipality does not bind itself to accept the lowest or any tender and reserves the right to accept any tender or any part thereof, which may result in the acceptance of more than one tender, whichever the case may be.

**GUNQISA BS
MUNICIPAL MANAGER
54 RETIEF STREET
MOKOPANE**

0601

NOTICE NUMBER: 22-2019/20

**MBD1
INVITATION TO BID**

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE MOGALAKWENA LOCAL MUNICIPALITY

BID NUMBER: 22-2019/29 CLOSING DATE: 10 February 2020

CLOSING TIME: 10H00

DESCRIPTION

PROJECT NAME: MOGALAKWENA BULK WATER MASTERPLAN: PHASE 2A: CONSTRUCTION OF THE KROMKLOOF WATER TREATMENT WORKS AND HIGH LIFT PUMP STATION

The successful bidder will be required to fill in and sign a written Contract Form (MBD 7).

DEPOSITED IN THE BID BOX SITUATED AT
Mogalakwena Local Municipality
54 Retief Street
Mokopane
Limpopo Province

Bidders should ensure that bids are delivered timeously to the correct address. If the bid is late, it will not be accepted for consideration.

The bid box is generally open FROM 8:00 TO 16:30 MONDAY TO FRIDAY

ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS – (NOT TO BE RE-TYPED)

THIS BID IS SUBJECT TO THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY

OTHER SPECIAL CONDITIONS OF CONTRACT

THIS BID WILL BE EVALUATED AND ADJUDICATED ACCORDING TO THE FOLLOWING CRITERIA:

1. Relevant specifications
2. Value for money
3. Capability to execute the contract
4. PPPFA & associated regulations

NB: NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE (see definition on MBD 4 attached)

THE FOLLOWING PARTICULARS MUST BE FURNISHED
(FAILURE TO DO SO MAY RESULT IN YOUR BID BEING DISQUALIFIED)

NAME OF BIDDER:

.....
.....

POSTAL ADDRESS:

.....
.....

RESIDENTIAL ADDRESS:

.....
.....

TELEPHONE NUMBER:

CODE..... NUMBER.....

CELLPHONE NUMBER:

FACSIMILE NUMBER:

CODENUMBER.....

VAT REGISTRATION NUMBER:

HAS AN ORIGINAL TAX CLEARANCE CERTIFICATE BEEN ATTACHED (MBD 2)? YES/NO

ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE
GOODS/SERVICES OFFERED BY YOU? YES/NO

(IF YES ENCLOSE PROOF)

SIGNATURE OF BIDDER:

DATE:

CAPACITY UNDER WHICH THIS BID IS SIGNED

.....

WITNESSES

NAME..... ID NUMBER..... SIGNATURE.....

NAME..... ID NUMBER..... SIGNATURE.....

TOTAL BID PRICE.....

TOTAL NUMBER OF ITEMS OFFERED.....