

REQUEST FOR QUOTATION – HR 02/2021

EMPLOYEE WELLNESS PROGRAMME

1. Background

The Durban ICC is one of the most advanced conferencing facilities in the world and hosts a variety of events including conferences, meetings, exhibitions, concerts and private events both on a national and international level.

2. Purpose of the Request for Quotation

Health and wellness of our employees is important to enhance staff morale, performance and productivity within the organisation. The wellness strategy of the Durban ICC focuses on the core objective of promoting a healthy working environment in all aspects of employee wellbeing. The organisation aims to encourage employees to lead a balanced work life and create awareness relating to all health and wellness initiatives offered. The organisation requires the services of a registered employee wellness service provider to provide a holistic wellness programme which focuses on health information, legal assistance, financial assistance and psychosocial counselling services to all employees.

3. Scope of Works

The employee wellness service provider is required to:

- 3.1. Utilise professionals who are registered counsellors/psychologists with the HPCSA
- 3.2. Provide various communication tools to access the services of the EWP
- 3.3. Provide an unlimited (24/7) toll free support line for counselling services for employees
- 3.4. Unlimited telephonic assistance for psychological counselling
- 3.5. Provide unlimited (during business hours) legal and financial wellness assistance
- 3.6. Provide telephonic and face to face health and wellness information and advice (including HIV/AIDS and Covid-19)
- 3.7. Provide a minimum of 4 face to face/virtual counselling sessions per employees per incident
- 3.8. Provide a minimum of 2 trauma de-briefing session per annum
- 3.9. Provide an efficient referral process for managers to refer employees for any EWP interventions
- 3.10. Provide monthly reports including statistical feedback on the services utilised by employees
- 3.11. Provide regular marketing and communication on all health and wellness information

Additional information

- ☐ The Durban ICC currently has approximately 165 employees who must be prioritised for the EWP services
- ☐ The EWP service provider is required for a period of twelve months

4. Mandatory requirements

4.1 It is a mandatory requirement and condition of the tender that the recommended EWP service provider for this particular project must use counsellors or psychologists registered with the HPCSA. The counsellors or psychologists must have the following;

- i. minimum 4 years' experience
- ii. provide proof of registration with the HPCSA
- iii. provide a portfolio of evidence detailing previous experience in counselling
- iv. provide proof of registration to provide financial and legal assistance

Failure to comply with the stipulated mandatory requirements as illustrated above, will result in the service provider being deemed non-responsive and will not be evaluated further.

5. Preconditions

A written proposal/quotation will not be considered unless the service provider who submits the quotation provides the following with their proposal/quotation:

- 5.1 Full name
- 5.2 Identification or company or other registration number
- 5.3 Tax reference number and VAT number, if any
- 5.4 Valid original Tax clearance from South African Revenue Services which provides that the provider's tax matters are in order.
- 5.5 Valid BBBEE certificate
- 5.6 MBD 4 Declaration of interest form must be completed
- 5.7 The service provider must be registered on the CSD database and EThekwini Vendor Portal. Proof of registration needs to be submitted. Failure to be registered on these databases will adversely affect the awarding process and may result in the service providers being deemed non-responsive

CSD registration website: <https://secure.csd.gov.za>

EThekwini Vendor Portal registration: <https://ethekwivendor.durban.gov.za>

Or contact 031 322 7011 / 7154

Fatima.milazi@durban.gov.za / phumla.mdabe@durban.gov.za

6. Compulsory Pricing Schedule

Description	Price	Total cost for twelve months (Excl.)
Employee Wellness Programme per employee per month.	R	
Cost per session	R	
Travel cost (if applicable)	R	
Please state additional costs (if any)	R	
Total cost (VAT Excl.)	R	
VAT @ 15%	R	
Total cost (VAT Incl.)	R	
Please state an hourly rate (VAT excl.) for any ad-hoc services training relating to health and wellness which may be required	R	

I.....being duly authorized thereto by Do hereby confirm that the information contained herein is true and correct and acknowledge that, should it be established that any of the information contained herein is false and incorrect; my company may be disqualified from quoting to the Durban ICC.

Signature: _____

Date: _____

Note: Failure of the bidder to complete and sign this page will invalidate the quotation

7. Contact person

Hlobile Dlamini




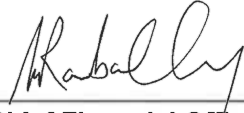
Tel: 031 360 1095

Email: hlobiled@icc.co.za

8. Closing Date

Quotations, together with this document and supplier registration forms are to be placed in a sealed envelope marked for the attention of the Procurement Department and are to be placed in the Tender Box at the Durban ICC security entrance on the ground floor, 45 Bram Fischer Road Durban before **14th April 2021**

9. Request approved by:

	
Acting Senior HR Manager Carol Nxumalo	
	30.03.2021
Acting SCM Compliance Officer Sibusiso Mngadi	
	30/03/2021
SCM Manager Thenashree Naidoo	
	30/03/2021
Chief Financial Officer Melanie Rambally	
	30/03/2021
Chief Executive Officer Lindiwe Rakharebe	

10. Past experience in similar assignments

Assignment Description	Key Elements	Duration	Contact Person and Telephone Number	Assignment Value

I.....being duly authorized thereto by Do hereby confirm that the information contained herein is true and correct and acknowledge that, should it be established that any of the information contained herein is false and incorrect; my company may be disqualified from quoting to the Durban ICC.

Signature: _____

Date: _____

Note: Failure of the bidder to complete and sign this page will invalidate the quotation

11. Declaration of Municipals Fees

I, the undersigned, do hereby declare that the Municipal fees of

.....
 (Full name of Company / Close Corporation / partnership / sole proprietary/Joint Venture)

(hereinafter referred to as the TENDERER) are, as at the date hereunder, fully paid or an Acknowledgement of Debt has been concluded with the Municipality to pay the said charges in instalments.

The following account details relate to property of the said TENDERER:

<u>Account</u>	<u>Account Number:</u> to be completed by tenderer.																				
Consolidated Account No.	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Electricity	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Water	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Rates	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Other	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Other	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

I acknowledge that should the aforesaid Municipal charges fall into arrears, the Municipality may take such remedial action as is required, including termination of any contract, and any payments due to the Contractor by the Municipality shall be first set off against such arrears.

- Where the TENDERER’S place of business or business interests are outside the jurisdiction of eThekweni Municipality, a copy of the accounts/agreements from the relevant municipality must be attached (to the back inside cover of this document).
- Where the tenderer’s Municipal Accounts are part of their lease agreement, then a copy of the agreement, or official letter to that effect is to be attached (to the back inside cover of this document).

NAME ✉ (Block Capitals)
 SIGNATURE ✉ DATE:

(of person authorised to sign on behalf of the Tenderer)

12. MBD4 Declaration of Interest

12.1 No bid will be accepted from persons in the service of the state¹.

12.2 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.

12.3 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.

12.4 In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

12.4.1 Full name of bidder or his/her representative

12.4.2 Identity number:

12.4.3 Position occupied in the Company (director, trustee, shareholder*):
.....

12.4.4 Company Registration Number:

12.4.5 Tax Reference Number:

12.4.6 VAT Registration Number:

12.4.7 The names of all directors / trustees / shareholder's members, their individual identity numbers and state employee numbers must be indicated in paragraph 4 below.

References:

¹ *MSCM Regulations: "in the service of the state" means to be –*

(a) a member of –

- any municipal council*
- any provincial legislature*
- 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;
- (f) an employee of parliament or a provincial legislature.

² "Shareholder" means a person who owns shares in the company and is actively involved in the management of the company or business and exercises control over the company.

12.4.8 Are you presently in the service of the state?

If yes, furnish particulars:

YES	NO
-----	----

12.4.9 Have you been in the service of the state for the past twelve months?

If yes, furnish particulars:

YES	NO
-----	----

12.4.10 Do you have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and/or adjudication of this bid?

If yes, furnish particulars:

YES	NO
-----	----

12.4.11 Are you aware of any relationship (family, friend, other) between any other bidder and any persons in the service of the state who may be involved with the evaluation and/or adjudication of this bid? If yes, furnish particulars:

YES	NO
-----	----

12.4.12 Are any of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the state?

If yes, furnish particulars:

YES	NO
-----	----

12.4.13 Is any spouse, child or parent of the company's directors, trustees, managers, principal shareholders or stakeholders in service of the state? If yes, furnish particulars:

YES	NO
-----	----

12.4.14 Do you or any of the directors, trustees, managers, principal shareholders or stakeholders of this company have any interest in any other company or business whether or not they are bidding for this contract? If yes, furnish particulars:

YES	NO
-----	----

13. Full details of directors / trustees / members / shareholders

Full Name	Identity Number	State Employee No.

Signature

Date

Capacity

Name of Bidder