

SECTION 2.2: FUNCTIONALITY EVALUATION CRITERIA

- (a) Reference Scoring: A maximum of 100 points will be awarded at the sole discretion of the Municipality's Bid Evaluation Committee based on the information provided and will be split as follows.

CRITERIA	POINTS
1. Experience - Company profile to be provided which consists of the following: • Must be on the letterhead of the company; • Background of what the company does; • How long the company has been operating; • Clients for whom similar work has been done	30
2. References	30
3. Locality	40
Total	100

Criteria will be evaluated as follow:

1. Experience: (Company profile to be provided as stated above)

1	Experience	Points
	a. More than 12 years	30
	b. More than 8 years – 12 years	20
	c. More than 5 years - 8 years	10
	Total	

2. References

The Bidder is hereby requested to provide a minimum of **3 contactable references**. The references should complete, score and sign **Form A: Original Completed Form A** to be included in the tender documentation. Points for References will be allocated as indicated in the tables below. Please note that the information provided will be verified by the Municipality.

Points will be allocated as per points allocation per question.

FORM A: NOMINATED REFERENCES FOR BIDDER (1)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Contract Number:	
Contract Description:	
Contract expiry date:	
Contract duration:	
Final Contract Cost:	

DELIVERY OF GOODS/ SERVICES ON TIME (2 POINTS)	
Question	Answer
Was the work completed within the contractual time frame?	Excellent (2 Points)
	Poor (0 Points)

QUALITY (2 POINTS)	
Question	Answer
What was the quality of the goods/ services delivered?	Excellent (2 Points)
	Poor (0 Points)

DELIVERY OF GOODS/ SERVICE AT CONTRACT PRICE (2 POINTS)	
Question	Answer
Did the bidder provide the goods and/ services at prices as tendered?	Excellent (2 Points)
	Poor (0 Points)

OCCUPATIONAL HEALTH & SAFETY (2 POINTS)	
Question	Answer
Did the contractor comply with the Occupational Health & Safety regulations on site?	Excellent (2 Points)
	Poor (0 Points)

GENERAL PERFORMANCE (2 POINTS)	
Question	Answer
How was the overall performance of the bidder? (Thus would you recommend them for this Tender considering all of above?)	Excellent (2 Points)
	Poor (0 Points)

Additional Remarks/Comments:

I, the undersigned, hereby certify that the above information is, to the best of my knowledge, correct and a true reflection.

Signature of Deponent

Date of declaration

FORM A: NOMINATED REFERENCES FOR BIDDER (2)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Contract Number:	
Contract Description:	
Contract expiry date:	
Contract duration:	
Final Contract Cost:	

DELIVERY OF GOODS/ SERVICES ON TIME (2 POINTS)	
Question	Answer
Was the work completed within the contractual time frame?	Excellent (2 Points)
	Poor (0 Points)

QUALITY (2 POINTS)	
Question	Answer
What was the quality of the goods/ services delivered?	Excellent (2 Points)
	Poor (0 Points)

DELIVERY OF GOODS/ SERVICE AT CONTRACT PRICE (2 POINTS)	
Question	Answer
Did the bidder provide the goods and/ services at prices as tendered?	Excellent (2 Points)
	Poor (0 Points)

OCCUPATIONAL HEALTH & SAFETY (2 POINTS)	
Question	Answer
Did the contractor comply with the Occupational Health & Safety regulations on site?	Excellent (2 Points)
	Poor (0 Points)

GENERAL PERFORMANCE (2 POINTS)	
Question	Answer
How was the overall performance of the bidder? (Thus would you recommend them for this Tender considering all of above?)	Excellent (2 Points)
	Poor (0 Points)

Additional Remarks/Comments:

I, the undersigned, hereby certify that the above information is, to the best of my knowledge, correct and a true reflection.

Signature of Deponent

Date of declaration

FORM A: NOMINATED REFERENCES FOR BIDDER (3)**Background information of Nominated Referees**

Referee name:	
Postal address	
Contact number of referee:	
Email address:	
Name of Bidder evaluated:	
Contract Number:	
Contract Description:	
Contract expiry date:	
Contract duration:	
Final Contract Cost:	

DELIVERY OF GOODS/ SERVICES ON TIME (2 POINTS)	
Question	Answer
Was the work completed within the contractual time frame?	Excellent (2 Points)
	Poor (0 Points)

QUALITY (2 POINTS)	
Question	Answer
What was the quality of the goods/ services delivered?	Excellent (2 Points)
	Poor (0 Points)

DELIVERY OF GOODS/ SERVICE AT CONTRACT PRICE (2 POINTS)	
Question	Answer
Did the bidder provide the goods and/ services at prices as tendered?	Excellent (2 Points)
	Poor (0 Points)

OCCUPATIONAL HEALTH & SAFETY (2 POINTS)	
Question	Answer
Did the contractor comply with the Occupational Health & Safety regulations on site?	Excellent (2 Points)
	Poor (0 Points)

GENERAL PERFORMANCE		(2 POINTS)
Question	Answer	
How was the overall performance of the bidder? (Thus would you recommend them for this Tender considering all of above?)	Excellent (2 Points)	
	Poor (0 Points)	

Additional Remarks/Comments:

I, the undersigned, hereby certify that the above information is, to the best of my knowledge, correct and a true reflection.

Signature of Deponent

Date of declaration

3. Locality

3	Locality	Points
	a. Hessequa Municipal Area	40
	b. Garden Route District Area	30
	c. Western Cape Province	20
	d. Other	0
	Total	

A bidder that scores less than 70 points out of 100 in respect of “functionality” will be regarded as submitting a non-responsive bid and will be disqualified.

All bidders that passed functionality will form part of the panel.

EVIDENCE OF FUNCTIONALITY SHOULD BE ATTACHED IN AN ANNEXURE ATTACHED TO THE TENDER DOCUMENT.

Failure to provide the information as stated above, will result in your tender being declared non-responsive.

DECLARATION,

I, THE UNDERSIGNED

(NAME).....

CERTIFY THAT THE INFORMATION FURNISHED ABOVE IS CORRECT. I ACCEPT THAT THE MUNICIPALITY MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

AUTHORISED SIGNATURE:

NAME:

CAPACITY: DATE:

Initials of Service Provider's Authority: