QUOTATIONS ARE HEREBY REQUESTED IN ACCORDANCE WITH THE SCM REGULATIONS SECTION 18 OF THE LOCAL GOVERNMENT MUNICIPAL FINANCE MANAGEMENT ACT 56 OF 2003, FOR THE PURCHASE OF ITEM/S THAT COULD BE ABOVE R30 000.00.

<table>
<thead>
<tr>
<th>ADVERTISEMENT DATE</th>
<th>24 May 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT</td>
<td>Assurance Services</td>
</tr>
<tr>
<td>RFQ NUMBER</td>
<td>JCP/RFQ/AUD001/2011</td>
</tr>
<tr>
<td>RFQ VALIDITY PERIOD</td>
<td>7 DAYS (COMMENCING FROM THE RFQ CLOSING DATE)</td>
</tr>
<tr>
<td>DESCRIPTION OF GOODS/SERVICES</td>
<td>QAR</td>
</tr>
<tr>
<td>DOCUMENTS ARE OBTAINABLE AT NO COST FROM:</td>
<td>The JCP’s website- <a href="http://www.jhbcityparks.com">www.jhbcityparks.com</a> Or City Parks House 40 De Korte Street Braamfontein JHB 2000</td>
</tr>
<tr>
<td>SUBMISSION OF QUOTES</td>
<td>Quotation Box, Ground Floor, Head Office. City Parks does not take responsibility for any quotations submitted to the wrong box.</td>
</tr>
<tr>
<td>CLOSING DATE &amp; TIME</td>
<td>31 May 2010 @ 11:00am</td>
</tr>
<tr>
<td>SITE MEETING</td>
<td>N/A</td>
</tr>
<tr>
<td>ENQUIRIES</td>
<td>Name: Mmasephiri Seabelo @011 712 6696 (technical inquiries)</td>
</tr>
</tbody>
</table>

Service Provider/s that are currently not on JCP’s accredited or preferred database can obtain application form from our website

QUOTATIONS MUST BE SUBMITTED IN SEALED ENVELOPES CLEARLY MARKED “RFQ FOR ....”

Proposal Requirements
1. Internal Audit Practice
   1.1. Provide an overview of your internal audit practice, capabilities and experience.
   1.2. Provide the number of dedicated resources in your internal audit.
   1.3. Provide an overview of your firm’s experience and expertise in providing Internal Audit services.
   1.4. Provide an overview of your firm’s experience in performing QAs.
   1.5. Provide a listing of major clients for which your firm provides QA and other internal audit services. Please specify those clients for which you have performed QA services.
   1.6. Indicated your firm’s major initiatives/resources that support Audit Committees and internal audit functions.
2. Service Team
   2.1. Provide an organizational chart showing the structure and specific personnel for the team that you propose will serve JCP. Include the resumes of these team members in an appendix to your response. Resumes should include a brief discussion of each individual’s proposed responsibilities, the estimated percentage of their time dedicated to JCP during the review, and any unique skills they bring to the engagement. (Note: Only provide resumes for personnel who will be active on the JCP service team.)
3. Methodology
   3.1. Describe your QA methodology and differentiating factors that provide enhanced value to clients.
   3.2. Please indicate the approximate length of time it will take to complete the QA and how soon your firm can commence working after a selection has been made.
3.3. Please identify the time commitment of JCP and its associates needed to support your QA review and the types of resources you will need.

3.4. Describe how JCP can be confident that you will contribute value for the organization through this engagement.

3.5. Describe the policies and practices your firm maintains in order to ensure accuracy, consistency, and confidentiality in the work performed. Also, describe your policies and practices in regards to retention of audit workpapers and other material related to JCP.

3.6. Describe your process for reporting recommendations and observations.

4. References

4.1. Provide a minimum of three (3) references, preferably companies in the local government industry whose asset, revenue, and employee base are similar in size to JCP. Include name, address and phone number of contact person.

4.2. If the contact person is an alumnus of your firm, please so designate.

5. Fees

5.1. Please provide a fee proposal to perform these services. Specifically indicate in your proposal any administrative charges and estimated out-of-pocket expenses including how they will be billed to JCP.

5.2. Provide a table detailing proposed hours by staff level.

**Fee Template**

<table>
<thead>
<tr>
<th>Staff Level</th>
<th>Total Hours</th>
<th>(R)/Hour</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Others</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Staff Fee</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Expenses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-Pocket Expenses</td>
<td>-</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

*Average overall hourly cost based on expected mix of staff

Evaluation Criteria : 80/20 Preference point system as presented in the preferential procurement policy framework Act no 5 of 2000, for this purpose MBD 4 forms should be scrutinized, completed and submitted together with your quotation. Failure in submitting these documents will result in a quotation being disqualified:

________________________ _______________________________
D. Hlatshwayo Senior/Regional/General Manager
SCM Manager
REQUEST FOR QUOTATION- SCOPE OF WORK

Company Registered Name: ________________________________

Company registration no: ____________________        VAT Reg. No: _________________

Tax Reg. No: _________________                  CIDB No (If Applicable).____________________

% Equity Held By BEE:             _______         % Equity By Women: ______

% Equity By Disabled Persons: _______         % Equity By Youth:     ______

Evaluation criteria: Preferential Procurement Policy Framework Act (PPPFA) 80/20 points

Price = 80 points: ......              BEE = 5 points: ...... Women = 10 points: ......

Disabled Person= 3 points: ...... Youth = 2 points: ...... Total points scored =......

Delivery Address: ______________________________________________________________

Conditions:

1. Accepted RFQ’s will be communicated by way of an official order. Accordingly, no goods, work or service must be prepared or delivered before an official order is received by the respondent
2. All prices quoted must be firm and be inclusive of Value Added Tax (VAT).
3. The lowest, or any, offer will not necessarily be accepted and Johannesburg City Parks reserves the right to accept any offer either in whole or in part.
4. No offer shall be considered unless it has been signed and accompanied by sufficient information to show whether or not the goods offered comply with the specifications.
5. The offer herein shall remain binding and open for acceptance by Johannesburg City Parks during the validity period indicated and calculated from the closing time of the RFQ.

NAME: __________________________________                             SIGNATURE: ____________________

CAPACITY: _______________________________                             DATE: _________________________
SPECIFICATIONS

- An external quality assurance validation of the Internal Audit Department
- Assess JCP Internal audit Activity on whether it
  - complies with the standards of the Institute of Internal Auditors and reasonably use IA best practices,
  - adds value and reasonably helps JCP in achieving its strategies and objectives,
  - is independent and effective;
- Current strengths of Internal Audit;
- Specific observations regarding opportunities for improvement identified during the review, including the relative significance of each opportunity;
- Specific recommendations to improve Internal Audit’s independence and/or effectiveness;
- Recommendations for additional ways Internal Audit can add value to both management and the Audit Committee.
DECLARATION OF INTEREST

1. No bid will be accepted from persons in the service of the state.

2. Any person, having a kinship with persons in the service of the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.

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

3.1 Full Name: …………………………………………………………………………

3.2 Identity Number: …………………………………………………………………

3.3 Company Registration Number: …………………………………………………

3.4 Tax Reference Number: …………………………………………………………

3.5 VAT Registration Number: ………………………………………………………

3.6 Are you presently in the service of the state YES / NO

3.6.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

MSCM Regulations: “in the service of the state” means to be –
(a) a member of –
   (i) any municipal council;
   (ii) any provincial legislature; or
   (iii) the national Assembly or the national Council of provinces;
(b) a member of the board of directors of any municipal entity;
(c) an official of any municipality or municipal entity;
(d) an employee of any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No.1 of 1999);
(e) a member of the accounting authority of any national or provincial public entity; or
(f) an employee of Parliament or a provincial legislature.
3.7 Have you been in the service of the state for the past twelve months? YES / NO

3.7.1 If so, furnish particulars.

..................................................................................................................

..................................................................................................................

3.8 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? YES / NO

3.8.1 If so, furnish particulars.

..................................................................................................................

..................................................................................................................

3.9 Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of this bid? YES / NO

3.9.1 If so, furnish particulars

..................................................................................................................

..................................................................................................................
3.10 Are any of the company’s directors, managers, principle shareholders or stakeholders in service of the state? 

YES / NO

3.10.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

3.11 Are any spouse, child or parent of the company’s directors, managers, principle shareholders or stakeholders in service of the state? 

YES / NO

3.11.1 If so, furnish particulars.

………………………………………………………………

………………………………………………………………

CERTIFICATION

I, THE UNDERSIGNED (NAME) ………………………………………………………………………

CERTIFY THAT THE INFORMATION FURNISHED ON THIS DECLARATION FORM IS CORRECT.

I ACCEPT THAT THE STATE MAY ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

…………………………………. …………………………………………………………………………….

Signature Date

…………………………………. ……………………………………………………………………………

Position Name of Bidder