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>9 November 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT</td>
<td>Human Resources (Learning and Development)</td>
</tr>
<tr>
<td>RFQ NUMBER</td>
<td>JCP/RFQ/HR0011/2011</td>
</tr>
<tr>
<td>RFQ VALIDITY PERIOD</td>
<td>30 DAYS (COMMENCING FROM THE RFQ CLOSING DATE)</td>
</tr>
<tr>
<td>DESCRIPTION OF GOODS/SERVICES</td>
<td>First Aid Training Level One (1) The quote must be for Forty (40) delegates</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>15 November 2011 @ 11:00am</td>
</tr>
<tr>
<td>SITE MEETING</td>
<td>N/A</td>
</tr>
<tr>
<td>ENQUIRIES</td>
<td>Name: Mokhure Maila @ 011 435 2845/078 123 9233 Email: <a href="mailto:mmaila@jhbcityparks.com">mmaila@jhbcityparks.com</a></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. For more information on Tenders and Quotation visit our website www.jhbcityparks.com

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

The following information must be submitted with the quotation:
1. SETA Accreditation Certificate
2. Proof of registration with applicable Association or accreditation body

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:
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

<table>
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<tr>
<th>ITEM</th>
<th>QUANTITY</th>
</tr>
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</table>

Specifications

- The provider must be fully accredited to offer the course.
- Specific course outcomes must
- The provider must provide with a detailed company profile.
- The provider must provide with references of previous and existing clients who have/had benefited from the programme.
- The course must be accredited and be aligned according to South African Qualifications Authority (SAQA) standards SAQA ID 119567 NQF Level 1
- The proposal must indicate the course contents, duration of the course and assessment methods applicable.
- The quote must be based on in-house costs.
- In case of in-house option, specify any other training aids required.
- The quote must be for Forty (40) delegates and specify the minimum and maximum class or session intake.
- Preference for multilingual Facilitators who can speak both Sotho and Zulu.
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