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 August 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT</td>
<td>Human Resources</td>
</tr>
<tr>
<td>RFQ NUMBER</td>
<td>JCP/RFQ/HR006/2011</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>Competency Based Assessment for Regional &amp; Operational Managers</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>30 August 2011 @ 11:00am</td>
</tr>
<tr>
<td>Clarification Meeting</td>
<td>10h00</td>
</tr>
<tr>
<td>Time:</td>
<td>29 August 2011</td>
</tr>
<tr>
<td>Date:</td>
<td>JCP House, 40 De Korte Street, Braamfontein</td>
</tr>
<tr>
<td>Venue</td>
<td></td>
</tr>
<tr>
<td>ENQUIRIES</td>
<td>Name: Nolwazi Sithole</td>
</tr>
<tr>
<td></td>
<td>Enquiries</td>
</tr>
<tr>
<td></td>
<td>Tel: 011 712 6680</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:nsithole@jhbcityparks.com">nsithole@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 Quotations visit www.jhbcityparks.com

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

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

A proposal is hereby requested for Competency based assessment of Operations & Regional Managers. Provide with a detailed proposal that entail the following scope.

Requirements:

- a company profile
- reference of clients and contact numbers
- Preference will be given to an Industrial Organisational Psychologist (I/O Psychologist) attached proof of registration

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Personality Profile (OPP)</td>
<td>24</td>
</tr>
<tr>
<td>Cognitive Process Profile (CPP)</td>
<td>24</td>
</tr>
<tr>
<td>Emotional Intelligence (EQI)</td>
<td>24</td>
</tr>
<tr>
<td>Role Play Exercise</td>
<td>24</td>
</tr>
<tr>
<td>In Tray</td>
<td>24</td>
</tr>
<tr>
<td>Career Interview</td>
<td>24</td>
</tr>
</tbody>
</table>
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