

#### **TENDER DOCUMENT: HPCSA 04/2023**

# REQUEST FOR PROPOSAL OUTSOURCED INTERNAL AUDIT FOR A PERIOD OF THREE (3) YEARS

# ON BEHALF OF THE HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

Situated at: 553 Madiba Street, Arcadia, Pretoria

#### **TABLE OF CONTENTS**

#### **CONTENTS**

1.	PART 1 – GENERAL TENDER INFORMATION	3 -
2.	PART 2 - DETAILS OF TENDERER	4 -
3.	PART 3 – FORM OF OFFER AND ACCEPTANCE	5 -
4.	PART 4 - ADMINISTRATIVE INFORMATION	9 -
4.1	Purpose	9 -
4.2	HPCSA Terms & Conditions of the Tender	9 -
4.3	Confidentiality	10 -
4.4	Retention of Tenders	10 -
4.5	Cancellation and re-invitation of bids	10 -
4.6	Vendor Communications	10-
4.7	Prime Service Provider Relationship	11-
4.8	Response Validity Period	11-
4.9	Pricing Section	11-
5.	PART 5 – TERMS OF REFERENCE (SPECIFICATION)	12-
5.1	Background	12-
5.2	Scope of work	13-
5.3	Duration of Contract	14-
6.	PART 6 - EVALUATION PROCESS	17-
6.1	Stage 1: Administrative Evaluation	17-
6.2		
6.3	Stage 3: Functional Evaluation	17-
6.4	Stage 4: Price and B-BBEE	19-
РΑ	RT - 8 HPCSA CONTRACT Template (Attached separately )	22-
AN	NEXURE A	23-
AN	NEXURE B SBD 4	37-
AN	NEXURE C SBD 8	38-
AN	NEXURE D SBD 9	39-
ΔN	NEXURE E SBD 6.1	-40-

#### **PART 1 – GENERAL TENDER INFORMATION**

TENDER ADVERTISED 16 July 2023

TENDER CLOSING DATE/TIME 01 August 2023 (12h00 – Local SA Time)

COMPULSORY BRIEFING DATE & N/A

TIME

VENUE N/A

**TENDER BOX & ADDRESS** Tender Box, Reception Area

HPCSA Main Building 553 Madiba Street Arcadia, Pretoria

0001

If the tender offer is too large to fit into the above-mentioned box or the box is full, please

enquire at the Reception.

**HPCSA TENDER** Ms. L Makhanthisa

REPRESENTATIVES Email: Tenders@hpcsa.co.za

TENDER FEE: N/A.

**OPENING OF TENDERS: PLACE** 

TIME HPCSA Main Building, 553 Madiba Street

01 August 2023 [12h00]

PREFERENCE SYSTEM

(Preferential Procurement

Regulations)

80/20

#### **PART 2 - DETAILS OF TENDERER**

2.1 Type of Entity (Please tick one	box)
Individual / Sole Proprietor Company	Close Corporation
Partnership or Joint Venture or Consortium	Other:
2.2 Required Details (Please provide ap	olicable details in full):
Name of Company / Close	
Corporation or	
Partnership / Joint Venture /	
Consortium or	
Individual /Sole Proprietor	
Trading as (if different from above)	
Company / Close Corporation registration number (if applicable)	
Postal address	Postal Code
Physical address	
(Chosen domicilium citandi et executandi)	Postal Code
Contact details of the person duly	Name: Mr/Ms
authorised to represent the tenderer	(Name & Surname)
	Telephone:() Fax:()
	Cellular Telephone:
	E-mail
	address:
Income tax number	
VAT registration number	
SARS Tax Compliance Status PIN	

### PART 3 – FORM OF OFFER AND ACCEPTANCE TENDER NO: HPCSA 04/2023 OUTSOURCED INTERNAL AUDIT

#### PART A (TO BE FILLED IN BY TENDERER):

Required Details	Please	provide	applicable	details	in ful	I):

Name of Tendering Entity*	
("the tenderer")	
Trading as (if different from above)	
AND WHO IS represented h	erein by:(full names of signatory)
duly authorized to act on behalf of the	tenderer in his capacity as: (title/ designation)
and has accepted all the Conditions of Tender; 2. confirms that it has received and incorporate HPCSA. 3. confirms that it has satisfied itself as to the cor and rate(s) offered cover all the goods and/or serv and rate(s) cover all its obligations and accept calculations will be at its own risk.	isted in the Index (including Schedules and Annexures) dany and all notices issued to tenderers issued by the rectness and validity of the tender offer; that the price(s) ces specified in the tender documents; that the price(s) is that any mistakes regarding price(s), rate(s) and render all or any of the services described in the tender document.
5. accepts full responsibility for the proper exedevolving on it in terms of the Contract.  ———————————————————————————————————	cution and fulfilment of all obligations and conditions
Print name(s): On behalf of the tenderer (duly authorized)	

#### FORM OF OFFER AND ACCEPTANCE (continued)

#### TENDER NO: HPCSA 04/2023 OUTSOURCED INTERNAL AUDIT

#### PART B (TO BE FILLED IN BY THE HPCSA)

By signing this  $Form\ of\ Offer\ and\ Acceptance$  the HPCSA (also referred to as the 'Purchaser'):

concluding a contract with the Service Provider for a contract period from date of commencement of not exceeding 60 months.  2. undertakes to make payment for the goods/services delivered in accordance with the teconditions of the Contract.	1.	•		by (DETAILS OF ERVICE PROVIE	SUCCESSFUL T DER")	ENDERER, ALS	О
not exceeding 60 months.  2. undertakes to make payment for the goods/services delivered in accordance with the teconditions of the Contract.  SIGNED ATON THIS THEDAY OF2  (PLACE) (DD) (MM)  Signature(s) and stamp of Executive Director or his/ her delegated authority  Print name(s): (duly authorized in terms of the System of Delegations						, thereby	
2. undertakes to make payment for the goods/services delivered in accordance with the teconditions of the Contract.  SIGNED ATON THIS THEDAY OF2  (PLACE) (DD) (MM)  Signature(s) and stamp of Executive Director or his/ her delegated authority  Print name(s): (duly authorized in terms of the System of Delegations	conc	luding a contract v	with the Service I	Provider for a contrac	ct period from date of c	commencement of co	ontract
SIGNED ATON THIS THEDAY OF2  (PLACE) (DD) (MM)  Signature(s) and stamp of Executive Director or his/ her delegated authority  Print name(s): (duly authorized in terms of the System of Delegations	not e	exceeding 60 mon	ths.				
SIGNED ATON THIS THEDAY OF2  (PLACE) (DD) (MM)  Signature(s) and stamp of Executive Director or his/ her delegated authority  Print name(s): (duly authorized in terms of the System of Delegations	2.	undertakes to ma	ake payment fo	r the goods/services	s delivered in accord	lance with the term	s and
Signature(s) and stamp of  Executive Director or his/ her delegated authority  Print name(s): (duly authorized in terms of the System of Delegations	cond	litions of the Contr	ract.				
Executive Director or his/ her delegated authority  Print name(s): (duly authorized in terms of the System of Delegations	SIGN	NED AT	(PLACE)	ON THIS THE	DAY OF (DD)	20_ (MM)	(YY)
(duly authorized in terms of the System of Delegations	_	` '	•	d authority			
	(duly	authorized in ter System of Deleg	ations	-			

#### FORM OF OFFER AND ACCEPTANCE (continued)

#### **Schedule of Deviations**

#### Notes:

- a) The extent of deviations from the tender documents issued by the HPCSA before the tender closing date is limited to those permitted in terms of the conditions of tender.
- b) A tenderer's covering letter shall not be included in the final contract document. Should any matter in such letter, which constitutes a deviation as aforesaid, become the subject of agreements reached during the process of offer and acceptance, the outcome of such agreement shall be recorded here.
- c) Any other matter arising from the process of offer and acceptance either as a confirmation, clarification or change to the tender documents and which it is agreed by the Parties becomes an obligation of the contract shall also be recorded here.
- d) Any change or addition to the tender documents arising from the above agreements and recorded here, shall also be incorporated into the final draft of the Contract.

Subject
Details
Subject
Details
Subject
Details

By the duly authorized representatives signing this agreement, the HPCSA and the tenderer agree to and accept the foregoing schedule of deviations as the only deviations from and amendments to this tender document and addenda thereto as listed in the returnable schedules, as well as any confirmation, clarification, or changes to the terms of the offer agreed by the tenderer and the HPCSA during this process of offer and acceptance.

It is expressly agreed that no other matter whether in writing, oral communication or implied during the period between the issue of the tender documents and the receipt by the tenderer of a completed signed copy of this Agreement shall have any meaning or effect in the contract between the parties arising from this agreement.

#### 4. PART 4 - ADMINISTRATIVE INFORMATION

#### 4.1 Purpose

4.1.1 To appoint a suitable and independent Internal Audit Service Provider, registered with the relevant internal audit statutory bodies to establish and maintain an appropriate Internal Audit Service to the HPCSA for a period of three years commencing in October of 2023.

#### 4.2 HPCSA Terms & Conditions of the Tender

- **4.2.1** The HPCSA reserves the right without furnishing any reasons whatsoever, to cancel, withdraw or re-advertise, or to award or not to award this service/tender(s).
- **4.2.2** The HPCSA reserves the right not to accept the lowest tender or any tender, in part or in whole.
- **4.2.3** Successful applicants will be required to enter into service level agreements with the HPCSA in addition to contractual obligations.
- 4.2.4 Tenders should be submitted in a sealed package marked, "HPCSA 04/2023"
- 4.2.5 Bidders are required to provide both hard and electronic copies of their bid submission/ regarding Envelope 1 "Technical Proposal", bidders must provide original proposal plus three (3) hard copies. The sealed envelope must be placed in the tender box at the Main Reception area of the HPCSA Building, 553 Madiba Street, Arcadia, 0002, South Africa.

Note: This Tendering Process will use a two-envelope system i.e., Bidders must submit the Administrative Requirements (Mandatory) and functional proposal in one envelope (together with relevant copies) and pricing and preference points proposals in a separate envelope (together with the relevant copies). BOTH ENVELOPES MUST BE CLEARLY MARKED.

- **4.2.6** No Tender received by telegram, mail, e-mail, or facsimile will be considered.
- **4.2.7** Where a tender is not submitted at the time of the tender closing, such a tender will not be assessed.
- 4.2.8 The HPCSA is entitled to amend any tender condition, validity period and specification of such a tender before the closing date. All tenderers, to whom the tender documents have been issued, will be advised in writing of such amendment or of extensions, promptly.

#### 4.3 Confidentiality

**4.3.1** Both parties shall keep all information obtained by them in the context of the Contract confidential and shall not divulge it without the written approval of the other party.

#### 4.4 Retention of Tenders

- **4.4.1** All tenders submitted shall become the property of the HPCSA.
- **4.4.2** The HPCSA will make all reasonable efforts to maintain tenders in confidence.
- **4.4.3** Proprietary information should be identified in each tender.

#### 4.5 Cancellation and re-invitation of bids

**4.5.1** The decision to cancel a bid will be published in the same media in which the original bid invitation was advertised.

#### 4.6 Vendor Communications

- **4.6.1** During the tendering period, communications between vendors and the HPCSA will only be in writing through email for any queries and questions.
- **4.6.2** All communications, correspondence, documentation, manuals, tenders, presentations, demonstrations etc., must be in English.
- 4.6.3 All questions concerning the Tender must refer to the Tender page number, section number and paragraph number. All questions and correspondence must only be directed to the authorised HPCSA Tender Representatives, listed in PART 1 of the tender.

#### 4.7 Prime Service Provider Relationship

- **4.7.1** The HPCSA intends to contract only with an identified vendor known as the Prime Service Provider when the Tender is issued.
- 4.7.2 Subcontracting assignments will be allowed. The subcontractors should adhere to the same requirements as set out for the Prime Service Provider. In the event of a subcontracting arrangement, the Prime Service Provider assumes all responsibility for delivery, installation, maintenance, and any support service including documentation that is supplied by the subcontractor.

#### 4.8 Response Validity Period

**4.8.1** Tender responses will be valid for a period of 90 days after the closing date.

#### 4.9 Pricing Section

- **4.9.1** These guidelines are to assist you in submitting pricing data.
- **4.9.2** Provide a summary description of your standard estimating methods bearing the following in mind:
  - a. Prices based on currencies other than the South African Rand, the exchange rate utilised, and the date of the exchange rate must be clearly indicated.
  - b. Prices are to be inclusive of all applicable tax. An indication of those prices to which tax does not apply is also required.
  - c. Price must be fixed for all categories and inclusive of the three yearly increases.

#### 5. PART 5 - TERMS OF REFERENCE (SPECIFICATION)

#### 5.1 Background

- 5.1.1 The Health Professions Council of South Africa (HPCSA) came into being as a result of the Health Professions Act 56 of 1974 (HPA). In terms of the HPA the HPCSA is obligated to: -
- Set contextually relevant healthcare training and practice standards for registered professions;
- Ensure compliance with standards;
- Foster on-going professional development and competence;
- Protect the public in matters involving the rendering of health services;
- Engage the public and all relevant stakeholders;
- Uphold and maintain ethical and professional standards within the health professions.

#### 5.1.2 PURPOSE OF THE REQUEST FOR TENDER

To appoint a suitable and independent Internal Audit Service Provider, registered with the relevant internal audit statutory bodies to establish and maintain an appropriate Internal Audit Service to the HPCSA for a period of three years commencing in October of 2023.

#### 5.1.3 MANDATE OF THE INTERNAL AUDIT FUNCTION WITHIN THE HPCSA

The internal audit function is independent assurance activity and provides appraisal capability within the HPCSA. This is done by providing management with a systematic review and evaluation of operations for determining compliance and the economy, efficiency and effectiveness of policies, procedures, practices, and the overall internal control within the HPCSA.

#### 5.1.4 OBJECTIVES OF THE INTERNAL AUDIT FUNCTION

The objective of the HPCSA's Internal Audit function is: -

- to provide independent, objective assurance and consulting services designed to add value and improve the HPCSA's operations.
- to assist the HPCSA accomplish its objectives by bringing a systematic, disciplined approach
  to evaluate and improve the effectiveness of risk management, control, and governance
  processes.
- render an independent appraisal function as a service to the Council by examining and reviewing the effectiveness of internal controls for the purpose of assisting management in the effective discharge of their responsibilities.
- assist the Audit and Risk Committee (ARCOM), and through it the Council and Registrar, in the effective discharge of their responsibilities.
- furnishing them Council, ARCOM and Register with analyses, appraisals, recommendations, counsel, and information concerning the activities that have been reviewed as well as regular follow-ups.
- Other objectives/standards/controls of the audit function, which are subject to an evaluation, are to review the following:
  - a) Internal control processes;
  - b) The information systems environment;
  - c) The reliability and integrity of financial and operational information;
  - d) The effectiveness of operations;
  - e) Compliance with policies, regulations, and contracts;
  - d) The safeguarding of assets;
  - e) The economical and efficient use of resources:
  - f) The achievement of established annual performance outcomes and objectives; and
  - g) Compliance with laws, regulations, and controls.

#### **5.2 SCOPE OF WORK**

The internal audit function must, in consultation with Audit and Risk Committee (ARCOM), prepare:

- (a) A rolling three-year Internal Audit Plan based on its assessment of key areas of risk for the HPCSA, having taken into consideration the regulator's current operations, the operations proposed in its strategic plan and its risk management plan.
- (b) A detailed annual Internal Audit Plan.
- (c) Plans indicating the scope, cost, and timelines of each audit in the annual internal audit plan.
- (d) Audit reports directed to ARCOM on results of internal audit review conducted with recommendations and its performance against the plan to allow effective monitoring and intervention, when necessary.
- (e) Co-ordinate with other internal and external providers of assurance to ensure proper coverage and minimal duplication of effort.

The internal audit function will also assist the Council in maintaining effective controls by evaluating those controls and developing recommendations for enhancement or improvement. It must assist the Council in achieving the objectives of the HPCSA by evaluating and developing recommendations for the enhancement or improvement of the processes through which:

- (a) Objectives are established and communicated;
- (b) The accomplishment of objectives is monitored;
- (c) Accountability is ensured;
- (d) The adequacy and effectiveness of the system of internal control are reviewed and appraised;
- (e) The relevance, reliability and integrity of management information, financial and operating data and reports are appraised;
- (f) Systems established to ensure compliance with policies, plans, procedures, statutory requirements, and regulations, which could have a significant impact on operations, are reviewed;
- (g) The means of safeguarding assets are reviewed and deemed as appropriate in verifying the existence of such assets;
- (h) The economy, efficiency and effectiveness with which resources are employed are appraised;

- (i) The results of operations or programmes are reviewed to ascertain whether they are consistent with the HPCSA established goals and outcomes, and whether the operations or programmes are being carried out as planned; and
- (j) The adequacy of established systems and procedures are assessed.

#### 5.2.1 THE AUDITS TO BE TAKEN INTO ACCOUNT INCLUDES BUT NOT LIMITED TO

- (a) IT security and systems processes audit.
- (b) Conducting special assignments and consulting services, on behalf of ARCOM or the Registrar, into any matter or activity affecting the integrity, interests, and operating efficiency of the HPCSA.
- (c) Audit designed to detect fraud.

#### **5.2.2 FRAUD AND IRREGULARITIES**

In planning and conducting its work, the internal auditor should seek to identify serious defects in internal controls, which might result in possible malpractices.

#### **5.2.3 ACCOUNTABILITY**

The Internal Audit function shall be ultimately accountable to the Audit and Risk Committee of the HPCSA to:

- (a) Periodically provide an assessment on the adequacy and effectiveness of HPCSA processes for controlling its activities and managing its risks.
- (b) Report significant issues related to the processes for controlling the activities of the HPCSA, including potential improvements to those and provide information concerning such issues through active and constructive resolution.
- (c) Provide information of the status and results of the annual audit plan and the sufficiency of internal audit resources; and
- (d) Coordinate with, and provide support or oversight of, other control and monitoring functions (risk management, compliance, security, legal, ethics, environmental, external audit).

#### **5.2.4 INDEPENDENCE**

National Treasury Regulation 3.2.9 requires: "An internal audit function must report directly to the Accounting Officer and shall report at all audit committee meetings. The function must be independent of activities that are audited, with no limitation on its access to information.

To provide for the independence of the Internal Audit function, the function reports administratively to the Accounting Officer and functionally to the Audit and Risk Committee of the HPCSA. All relationships with any entity regulated by the HPCSA must be disclosed.

#### **5.2.5 RESPONSIBILITY**

The Internal Audit function has the responsibility to:

- (a) Provide Chief Audit Executive services for HPCSA.
- (b) Develop a rolling three-year internal audit plan.
- (c) Develop a flexible annual audit plan using an appropriate risk-based methodology, including any risk or control concerns identified by management and submit that plan to the Audit and Risk Committee for review and approval as well as periodic updates
- (d) Implement the annual audit plan as approved, including as appropriate any special tasks or projects requested by Management and/or the Audit and Risk Committee. All requests made must be authorised by the Audit and Risk Committee.
- (e) Maintain a professional audit staff with sufficient knowledge, skills, experience, and professional certifications to meet requirements of the Internal Audit Charter.
- (f) Ensure that there is audit staff continuity
- (g) Be aware of changes in the environment and prioritise these for consideration by the Audit and Risk Committee.
- (h) Issue periodic reports to the Audit and Risk Committee and management summarising the results of internal audit.
- (i) Keep the Audit and Risk Committee informed of emerging trends and successful practices in internal audit.

#### **5.2.6 STANDARDS OF AUDIT PRACTICES**

The Internal Audit function should comply with the Standards for the Professional Practice of Internal Auditing. Internal Audits should be conducted in accordance with the Code of Ethics and the Standards for the Professional Practice of Internal Auditing as laid down by the Institute of Internal Auditors.

#### 5.2.7 RELATIONSHIPS WITH EXTERNAL AUDITORS

The Internal Audit function will co-ordinate its work with other assurance providers as informed by the combined assurance framework. The External Auditors will assess the work of the Internal Audit in order to minimise duplication of audit effort.

#### 5.2.8 KNOWLEDGE, EXPERIENCE AND QUALIFICATIONS

The Internal Auditing service provider (firm) must have been in practice for a minimum period of eight (8) years at the time of responding to this RFP.

The Lead Consultants must be holders of degrees in one of these areas: Accounting, Finance, Internal Audit, Business Administration, Economics, Law, or a related discipline. A Post Graduate degree would be an added advantage. They must also hold an active membership of:

 The Institute of Internal Auditors (IIA) with relevant professional certification in internal audit.

In addition, they must meet the following requirements:

- Minimum of eight (8) years of hands-on experience in leading internal audit activities and assignments for a similar organization.
- Sufficient recent experience in the practice of internal auditing at a management level.
- Members that will be involved in the internal audit must be holders of Certified Internal Auditor credential as well as having recent-
  - Minimum three (3) years post-graduation experience in internal auditing.
  - Experience in auditing of automated systems
  - Knowledge of leading internal auditing practices.
  - Bidding company must prove going concern status.
    - Annually Submit this confirmation immediately after financial year end.
  - Directors of the Bidding Company must prove that they are not unrehabilitated insolvents.

The successful bidder will not change or replace resources without prior express approval of the HPCSA irrespective of whether the new resources meet the set-out criteria set out above or not. The replacement resource must hold the same qualification and experience or higher as compared to the previous resource.

#### 5.2.9 RELATIONSHIP WITH HPCSA'S INTERNAL AUDIT FUNCTION

The HPCSA and the successful bidder will sign an Outsource agreement to govern the relationship that will be entered into.

#### 5.3 Duration of contract

a. The Service Provider would be required to enter into a service level agreement for a period of three (3) years.

#### 6. PART 6 - EVALUATION PROCESS

- This tender will be evaluated in accordance with the Preferential Procurement Regulations, 2022. The HPCSA will use a staged approach to evaluate the bids. The requirements of any given stage must be complied with prior to progression to the next stage. The HPCSA reserves the right to disqualify bidders without requesting any outstanding document/information.
- The stages are outlined in the diagram below and further detailed in the paragraphs that follow.

	Stage 4	Stage 3	Stage 2	Stage 1	
E	Price / B-BBEE Evaluation	Functional Evaluation	Local Content Evaluation (If applicable)	Administrative Evaluation	
		Functional Evaluation	Evaluation		

#### **6.1 Stage 1: Administrative Evaluation**

During this stage of the evaluation the bidders will be evaluated on whether or not they comply with the following:

- a. Complied with all the conditions of tender; and
- b. Submitted all mandatory documentation required;
- c. Submitted all compliance documents (i.e., CSD Reports)

A bidder who fails to comply with all the criteria below will be disqualified at this stage and will not be considered any further.

The required mandatory administrative documentation includes the following:

Mandatory Document	Checklist
Company Registration Certificates	
Central Supplier Database (CSD) Report	
A Company Profile	
Valid updated Workman's Compensation Certificate	
Bidder's three (3) years audited financial statement.	
Service provider should at least have eight (8) years' experience in conducting internal auditing.	
Minimum of eight (8) years of hands-on experience in leading internal audit activities and assignments for a similar organization.	
Persons deployed to execute the assignment must have a minimum of 3 years referenceable working experience in Internal Audit.	
Proof that the bidder's tax affairs are in order with SARS (e.g., Valid Tax	
Clearance Certificate/ Status Pin number document)	
SBD4 – Declaration of Interest see <b>Annexure A</b>	
SBD8 - Declaration of bidders past Supply Chain Management Practices	
Annexure B	
SBD9 – Declaration of Independent Bid Determination <b>Annexure C</b>	

#### 6.2 Stage 2: Local Content

Local Content is **not** applicable for this Tender.

#### 6.3 Stage 3: Functional Evaluation

Bidders who qualified for the previous stage(s) of the Evaluation will then be evaluated in terms of the functional requirements.

#### **Scoring Criteria**

All bidders who met all the mandatory functional requirements will now be evaluated further on functionality.

A minimum score of **70** points out of 100 will be required to pass the Functional Evaluation stage.

The HPCSA will analyse and assess functional capability and therefore the bidder should demonstrate the following:

All bids that qualify for this stage of the evaluation process are considered acceptable bids/tenders and will then be evaluated on Price and Specific Goals.

TECHNICAL EVALUATION CRITERIA	SUB-	
CRITERIA	CRITERIA	POINTS
Company Experience:		40
- A list of five (5) contactable references for Internal Audits (risk	30	
based internal audit projects) successfully undertaken. State		
the following:		
- Name of the client;		
- Contact Details;		
<ul> <li>Nature of work and dates when work performed; and</li> </ul>		
- The value of the contract.		
- A list of five (5) contactable references for IT Audits	5	
(General/Application Controls and Information Security)		
successfully undertaken. State the following:		
- Name of the client		
- Contact Details		
- Dates when work performed.		
- The value of the contract		
- A list of five (5) contactable references for Performance Audits	5	
(Value for Money Audits) successfully undertaken. State the		
following:		
- Name of the client		
- Contact Details		
- Dates when work performed.		
- The value of the contract		
Methodology and Approach		20
<ul> <li>Demonstrate in-depth understanding of the different types of</li> </ul>		
audits undertaken by HPCSA internal audit function.		
- Regularity Audit Methodology	5	
- Compliance Audits Methodology	5	
- IT Audits Methodology	5	
- Performance Audits Methodology	5	

Quality Assurance		20
- The Bidder must provide proof of quality assurance review of	5	
their work done by an external accredited service provider by		
the Institute of Internal Auditors (IIA).		
- Be in possession of an Institute of Internal Auditors (IIA)	5	
Generally Conform certificate.		
- Must provide a High-level view of the Quality Review	10	
Methodology which will be in compliance to International		
Professional Practices Framework.		
Combined Assurance Model		5
- The methodology must address how the bidder will assist		
HPCSA to implement an effective combined assurance model.	5	
Team Leader/ Engagement Leader Qualifications		15
The bidder must at least have three different Team leaders with the		
following professional qualifications (at least one qualification per		
team leader):	15	
- Partner/Director/Associate: Certified Internal Auditor		
(CIA);		
- Chartered Accountant (CA) (SA);		
<ul> <li>Certified Information Systems Auditor (CISA);</li> </ul>		
<ul> <li>Certified copies of qualifications should be attached.</li> </ul>		
<ul> <li>CV's and Copies of Qualifications and Proof of</li> </ul>		
membership of Institute of Internal Auditors for those who		
will be leading as well as those performing the actual audit		
work must be submitted.		
TOTAL	100	100

#### **Stage 4: Price and Specific Goals**

Only bidders that passed the Functional Evaluation stage will be evaluated on price and preference (Specific Goals). The 80/20 preference point system will be applicable for this tender, in accordance with the Preferential Procurement Regulations, 2022.

4.(1) The following formula will be used to calculate the points out of 80 for price in respect of an invitation for a tender with a Rand value equal to or below R50 million, inclusive of all applicable taxes:

$$Ps = 80 \left( 1 - \frac{Pt - P\min}{P\min} \right)$$

#### Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

- (2) A maximum of 20 points **may be** awarded to a tenderer for the specific goal specified for the tender.
- (3) The points scored for the specific goal must be added to the points scored for price and the total must be rounded off to the nearest two decimal places.
- (4) Subject to section 2(1)(f) of the Act (PPPFA, 2000 (Act No. 5 of 2000), the contract must be awarded to the tenderer scoring the highest points.

#### **Evaluation of Specific Goals**

Specific goals will be scored out of 20 points. If a tenderer fails to meet Specific goals and submit proof, the tenderer will not be disqualified. However, be awarded 80 points for price and will score 0 points for Specific goals (out of 20).

BBEE Status Level will be used to allocate Specific Goals Points in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system) For procurement, up to R50 million
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

NOTE: A B-BBEE STATUS LEVEL VERIFICATION CERTIFICATE/SWORN AFFIDAVIT (FOR EMEs& QSEs) MUST BE SUBMITTED IN ORDER TO QUALIFY FOR PREFERENCE POINTS FOR B-BBEE.

7.	PART - 8 HPCSA CONTRACT Template (Attached separately)

#### **ANNEXURE A**



### SERVICE PROVIDER DECLARATION FORM

#### **Health Professions Council of South Africa**

This form must be completed and submitted with TENDER:

Health Professions Council of South Africa P O Box 205 PRETORIA 0001

553 Madiba (previously known as Vermeulen) Street Arcadia PRETORIA 0007

Please complete the form fully and use a black pen. Illegible or incomplete forms will be rejected.

**Direct enquiries to Procurement Officer** 

Email: Tenders@hpcsa.co.za

PLEASE KEEP COPIES OF REGISTRATION FORM AND ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS AS NO COPIES WILL BE MADE BY THE COUNCIL

#### Where applicable under mentioned documents must be attached with tenders

#### Please tick box

	Υ	N	NA
Valid B-BBEE status level certificate issued by a SANAS accredited B-BBEE agency/Affidavit			
Company registration document (certified)			
Proof of ownership/ shareholder certificate (certified)			
If applicable; a Joint Venture agreement (certified)			
Proof that the bidder's tax affairs are in order with SARS (e.g., Valid Tax Clearance Certificate/ Status Pin number)			
Proof of banking document			
Comprehensive company profile			
Duly signed HPCSA Service Provider declaration form			
A copy of your audited financial statements			
SBD4 – Declaration of Interest			
SBD8 - Declaration of bidders past Supply Chain Management practices			
SBD9 – Declaration of Independent Bid Determination			
SBD6.1 – The bidder has completed and signed the Preference Points Claim Form			

## **BUSINESS PARTICULARS** Name of Business **Physical address** City **Province** Postal address (if not same as above) City **Province Telephone** Fax no Cell no

	all a	ddre	ess																
Web	pa	ge a	ddre	ess	<u>I</u>		<u>I</u>					Į.		<u>I</u>	<u>I</u>		<u>I</u>		
	Ī																		
Con	itact	per	son	for	corr	esp	ond	enc	e ad	dres	SS								
						•													
Nan	ne																		
Sur	nam	e	1	1	ı	1	ı	1	1	1	1	ı	1	ı	ı	1	ı	1	1
	ALES AND ACCOUNTS DEPARTMENTS ales Department																		
Con	tact	nar	ne							T									
Con	itact	nar	ne																
			ne																
Con			ne																
			ne																
	epho		me																
Tele	epho		ne																
Tele	epho		me																
Tele	epho	one																	
Tele	epho	one																	
Tele	epho	one																	
Tele	ephc	one																	

#### FINANCIAL DETAILS (BANKING)

**Accounts Department** 

Bar	king	g ins	stitu	tion	nan	ne										
Bra	nch							 								
Tov	/n/C	ity														
				•		•	•				•	•	•	•		
Bar	king	g ac	coui	nt nı	umb	er										
Acc	oun	t typ	эе													
Acc	oun	t ho	lder	's n	ame	!										

NB: Documentary proof of banking institution must be supplied confirming banking details, including either an:

- original cancelled cheque; or
- Original stamped letter from Bank.

#### **HDI INFORMATION**

Explanation of abbreviations used in the following tables:

Capacity		HDI status	
Director	D	HDI	Н
Partner	Р	Women	W
Member	М	Disabled	D
Priority	R		
Other	0		

Proof of disability provided by a recognized institution in the case of handicapped persons must be supplied.

#### NB: certified copy of shareholder certificates or proof of ownership must be supplied

Complete the following for the shareholders who are actively involved in the management and daily business operation of the business.

Firs	t nar	ne																			
	•		•	•	,	•	•	•	•	•	•	•	•	ľ	•	•			•	•	
Suri	name	9																			
lden	tific	atior	n nu	mbe	r																
	Capacity D P M R O																				
D	Р	IVI		<b>X</b>   <b>C</b>	)																
M HDI	state	] `	ex)																		
Н	W	D																			
restr	Disabled (permanent impairment of a physical, intellectual or sensory function resulting in estricted or lack of ability to perform in a manner considered in a manner considered normal for human being).																				
(Ple	ase p	orovi			ved i									ess	ope	ratio	ns c	of th	ne b	usin	ess?
Firs	t nar	ne	1	1		1	1	1	ı	1	1	1				1					
Suri	name	e																			

lden	tifica	ation	nur	nbei	r													
				l	l		1		ı		ı	ı	l	l	I	 		
Capa	acity	,																
D	Р	М	R	0														
L	<u> </u>																	
M	F	(:	sex)															
	. 4 . 4	_																
HDI	1	1																
Н	W	D																
First	nan	ne			I	1	1			1					I	 1		
_																		
Surr	name	;		I	l	1	1	1	1	1	1			I	l	 I	1	
				_														
lden	tifica	ation	nur	nbei	r 1	1	1	1	1	1	1	1	I	I	ı	 		
0	!4																	
Capa			_		1													
D	Р	М	R	0														
N.A	_	<b>/</b> 222	۸.															
M		(sex	4)															
HDI	statı	ıs																
Н	W	D																

Please supply a list containing the names, telephone numbers and client relationship of a minimum of three contactable references

Coı	ntact	per	son	1															
_																			
Col	ntact	nui	mbe	r 1			1				1								
Clie	ent R	Relat	ions	ship	1														
Coı	ntaci	t per	son	2															
Coı	ntact	t nui	mbe	r 2				I	I	I	I								
Clie	ent R	Relat	ions	ship	2														
Coı	ntact	t per	son	3	_	_													
Coı	ntact	t nui	mbe	r 3															
Clie	ent R	Relat	ions	ship	3														
	1	1	1	1	1	1	1	1	1	1	1	I	I .	I .	I	I			1

#### PREVIOUS CONTRACT OR TENDERING EXPERIENCE (Mark with X)

Do you have any previous contract work or tendering experience

If v∈	es. p	leas	e co	lamo	ete t	he t	able	bel	ow.	List	the I	last i	two	cont	racts	s aw	/arde	ed to	) VOL	ı or	prev	ious
					r bus														,			
Fmi	oloy	er/ [	)ena	artm	ent																	
,		-																				
							<u>I</u>		<u>I</u>		1	1		<u> </u>			1	<u>I</u>			<u> </u>	
Con	tact	per	son	ı	ı	ı	ı	ı	ı	ı	1	1	ı	1	ı	ı	1	ı	ı	Ι		ı
Con	ıtact	nur	nbe	r																		
																				1		
Esti	mate	ed c	onti	ract	valu	ie in	ran	ds	I	ı			ı			ı		I				
Yea	r aw	ard	ed		7																	
Pro	of do	ocui	men	ts a	ttacl	hed																
Ye	s	NC	)																			
				<b>-</b>																		
Did		y	our		bu	ısine	SS		ex	ist		un	der		а		pr	evio	us		na	me?
																		-				
If ye	es, w	hat	nan	ne d	id it	trac	le u	ndeı	?	ı			ı		ı	ı	1		ı			ı
Pre	viou	s bı	ısine	ess	regi	stra	tion	nun	nbei	•												
					- 9																	
Cer	tifica	atio	n of	COrr	ectr	1666	of i	nfo	mat	ion	SIIN	nlie	d in	thie	doc	:Um4	ent	<u> </u>	<u> </u>	1	<u>I</u>	<u> </u>

- 1. The information supplied is correct.
- 2. All copies of relevant information are attached.

#### Personal information in block letters

Nam	e																			
Suri	namo	e																		
Tele	pho	ne																		
Сар	acity	,																		
																				]
On I	peha	lf of	the	(Ser	vice	Prov	/ider	's N	ame	)	1	T	1	T	1	,	1	1		1
by th	ne Do is Af bjec	epon fidav tion t	ent, ' it, th	who at it	has is tru	ackn ie an	owle	dged	tha to th	t he / ne be	she est o	knov f his	ws a /her	nd th knov	at ur vled	nders ge ai	stand nd th	ds the	y of e con e /she on hi	tent e ha
Sigr	atuı	re: A	pplic	cant	on k	pehal	lf of	Serv	rice I	Prov	ider									
Sigr	atuı	re: C	omn	nissi	one	r of C	Dath													
Com	miss	sione	er of (	Oath	Offic	cial S	Stam	р												

## Authorization for electronic transfer of funds (EFT) Please complete in block letters Company name/Surname **Company Account Holder Address** Telephone Fax Mobile **Email Bank Branch Bank Account**

Bra	nch	nun	nber	•																	
Тур	e of	Acc	cour	nt																	
Ch	equ	е		S	avin	gs		Tra	nsm	nissi	on										
										_											
Date	е									S	igna	ture	•								
For	use	of b	ank	(in c	ases	s wh	ere	a ca	ncel	lled o	cheq	ue c	r ba	nk le	etter	is n	ot at	tach	ed)		
Abo	ve ir	nforr	natio	on ch	neck	ed a	and o	confi	rme	d							7				
												Ва	nk S	Stam	ıp:						
Sia	natu	re:																			

#### SERVICE PROVIDER QUESTIONNAIRE

In assessing the company's tender, the HPCSA tender committee will consider the information provided as outlined in all the sections of this tender document.

ANNI	EXURE B. SERVICES	
1.	Where are your offices located?	
2.	Number of years in business?	
3.	Are you involved in any community develop programmes – if yes, please give details	oment
4.	Are you prepared to negotiate on price?	
5.	Do you accept payment via EFT?	
6.	Acceptance of the practise that the HPCSA will within an agreed time frame (30 Days term) as per agreed price with the successful bidder upon receip valid tax invoice	er the
QUES	TIONNAIRE COMPLETED BY:	
SIGNA	ATURE:	COMPANY STAMP

DATE:

ANNEXURE B SBD 4 (Attached separately)	





