

### **ADDENDUM 1**

APPOINTMENT OF A PROFESSIONAL SERVICE PROVIDER TO PROVIDE INTEGRATED MULTI-PRONGED STRATEGIC COMMUNICATION CAMPAIGN FOR PUBLIC HEALTH POLICY ISSUES FOR A PERIOD OF THREE (03) YEARS.

BID NUMBER: NDOH-31(2022/2023)

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- 1. Attached herewith:
  - 1.1 Revised pricing schedule
  - 1.2 Submit one original bid document and a copy thereof in a memory stick or any movable device.
  - 1.3 Extension of the closing date from 28 February 2023 to 06 March 2023.

## PRICING SCHEDULE (Professional Services)

NAME OF	BIDDI	ER:	BID NO.: <b>NDoH-31(2022/2023)</b>	
CLOSING TIME 11:00			CLOSING DATE: 06 MARCH 2023	
OFFER TO	BE V	ALID FOR <b>180</b> DAYS FROM THE CLOSING DATE OF BID.		
ITEM NO		DESCRIPTION	BID PRICE IN RSA CURRENCY **(ALL APPLICABLE TAXES INCLUDED)	
	1.	The accompanying information must be used for the formulation of proposals.		
	2.	PERSONS WHO WILL BE INVOLVED IN THE PROJECT AND RATES APPLICABLE (CERTIFIED INVOICES MUST BE RENDERED IN TERMS HEREOF)		
	3.	KEY PERSONNEL	HOURLY RATE	
	Co	ommunication strategist	R	
	Creative Specialist Senior Writer Editor Senior Copy Editor Senior Social Media Specialist Senior Graphic Designer Campaigns Management Specialist Media Buyer Media Monitoring Specialist		R	
			R	
			R	
			R	
			R	
			R	
			R	
			R	
			R	
	Dig	gital marketing Specialist	R	

# NB: THE LEAD KEY RESOUSES MENTIONED IN THE TERMS OF REFERENCE! EVALUATION CRITERIA PLEASE ATTACH CVs AND THEIR EDUCATIONAL QUALIFICATIONS.

DESCRIPTION	PERCENTAGE MANAGEMENT FEE
MANAGEMENT OF THE INTEGRATED MULTI-PRONGED STRATEGIC COMMUNICATION CAMPAIGN FOR PUBLIC HEALTH POLICY ISSUES.	1

The management fee will only be applicable to services that are rendered by third party providers at the instruction of the department to the successful bidder.

Travel expenses (specify, for example rate/km and total km, class of air travel, etc). Only actual costs are recoverable. Proof of the expenses incurred must accompany certified invoices.

The National Department of Transport fuel rates will be used to determine rates for kilometers travelled.

Other expenses, for example accommodation (specify, e.g. Three-star hotel, bed and breakfast, telephone cost, reproduction cost, etc.).

Name of Bid	dder:	
	se particulars, certified invoices will be checked for correctness. Proof of the proved rates will be applied in determining the appropriate rate. Bearing in mi	
	l applicable taxes" includes value- added tax, pay as you earn, ibutions and skills development levies.	income tax, unemployment insurance
3.	Period required for commencement with project after acceptance of bid	
5.	Estimated man-days for completion of project	
6.	. Are the rates quoted firm for the full period of contract?	*YES/NO
7.	. If not firm for the full period, provide details of the basis on which adjustments will be applied for, for example consumer price index	
	·····	
*[[	DELETE IF NOT APPLICABLE]	

Any enquiries regarding bidding procedures may be directed to the -

NATIONAL DEPARTMENT OF HEALTH 1112 VOORTREKKER ROAD **THABA TSHWANE PRETORIA** 

EMAIL ADDRESS FOR ENQUIRIES: tenders@health.gov.za

### **ACCEPTANCE AND INCORPORATION OF ADDENDUM**

ACC	CEPTANCE AND INCORPORATION	JIN	OF ADDENDOW					
I/We accept that Addendum No 1 forms part of the Tender Documents.								
I/We confirm that I/we -								
(a)	a) have noted the contents of this Addendum							
(b)	have fully considered this Addendum							
(c)	have incorporated the amendments and additions contained in this Addendum in my/our Tender for Tender No. Bid number: NDOH-31(2022/2023)							
SIGNED ON BEHALF OF THE TENDERER								
NAME OF SIGNATORY (BLOCK LETTERS)								
NAME OF TENDERER (BLOCK LETTERS)								
TEN	DERER'S ADDRESS	:	· · · · · · · · · · · · · · · · · · ·					
TEN	DERER'S TEL NO	:						
TEN	DERER'S FAX NO	:						
SIGN	NATURES OF WITNESSES	:	1					
	ES OF WITNESSES		2					
(BLC	OCK LETTERS)	:	1					

Maria Millering W

DATE