****

**Annexures**



**TOR Annexures**

|  |  |
| --- | --- |
| **Checklist for all Annexures attached for ease of reference:** | |
| **A** | **Costing schedule spreadsheet** |
| **B** | **Reference letter confirming EW services rendered** |
| **C** | **Declaration of use of appropriately qualified and registered staff and affiliates rendering professional services** |
| **D** | **Declaration letter confirming ability to render EWP service within a radius of 50km** |
| **E** | **Reference letter confirming rendered disability management services** |
| **CV** | **CV** **of the** **Account Manager** |

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**Checklist for all Annexures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Annexures** | **Requested information** | **Tick** | |
| **Yes** | **No** |
| **A** | Cost Schedule spreadsheet completed in full **Annexure A** |  |  |
| Sub-total calculated per deliverable |  |  |
| Grand total calculated & provided |  |  |
|  | | |
| **B** | Reference Letter confirming that **[*Name of Bidder*]** rendered the mentioned Employee Wellness Services (in their company/ organization)~~:~~ |  |  |
| On clients’ letterheads |  |  |
| All services as per the provided **Annexure B** template |  |  |
| Total number of years in rendering the services |  |  |
| Total number of employees in the company/ organization |  |  |
| Name of Client Representative provided |  |  |
| Designation of Client Representative provided |  |  |
| Annexure B signed & dated accordingly |  |  |
|  | | |
| **C** | We hereby declare that *[****Name of Bidder]*** use qualified and registered staff and affiliates rendering the mentioned professional services: |  |  |
| On clients’ letterhead/s |  |  |
| All professionals as per the provided **Annexure C** template |  |  |
| Name of Client Representative provided |  |  |
| Designation of Client Representative provided |  |  |
| Annexure C signed & dated accordingly |  |  |
|  | | |
| **D** | Declaration letter by bidder ***[Name of Bidder]*** confirming ability to render EW services within a Radius **(50 Km)** from employee workplace: |  |  |
| On clients’ letterhead/s |  |  |
| Km ticked accordingly |  |  |
| Name of Client Representative provided |  |  |
| Designation of Client Representative provided |  |  |
| **Annexure D** signed & dated accordingly |  |  |
|  | | |
| **E** | Reference letter confirming that [***Name of bidder***] rendered disability management services |  |  |
| Disability Management  Functional Capacity and Worksite Evaluations |  |  |
| **Annexure E** signed & dated accordingly |  |  |
|  | | |
| **Account Manager CV** | **CV** attached |  |  |
| Total number of years’ experience in the management of Employee Wellness services indicated in the CV |  |  |
| CV to outline the previous and current duties as an Account Manager |  |  |
| Staff compliment of organisations previously and currently serviced by the Account Manager |  |  |

**NB:** Please note that **Annexure F (SASSA National footprint)** is attached, for ease of reference for the Regional, District & Local Offices per Region.

**Annexure B**

**[C*OMPANY LETTERHEAD OF CLIENT*]**

**REFERENCE LETTER CONFIRMING EMPLOYEE WELLNESS SERVICES**

We hereby confirm that [***NAME OF BIDDER***] has rendered the following Employee Wellness Services:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Response** | | **Total number of years in rendering the services** | **Total number of employees in the company** |
| **Yes** | **No** |
| * Professional telephonic support |  | |  |  |
| * Face-to-face counselling |  | |  |  |
| * Comprehensive online services |  | |  |  |
| * HIV and AIDS workplace Programme |  | |  |  |
| * Workshops / training /information sessions |  | |  |  |

**Name of Client Representative:**

**Designation of Client Representative: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Name of Person authorized to sign the Bidder’s Proposal:**

**­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Annexure C**

**[*COMPANY LETTERHEAD*]**

**DECLARATION FOR USING QUALIFIED AND REGISTERED STAFF AND AFFILIATES RENDERING PROFESSIONAL SERVICES**

We hereby declare that **[*NAME OF BIDDER*]** use qualified and registered staff and affiliates in rendering below mentioned professional services:

|  |
| --- |
| **Services** |
|
| Legal |
| Financial |
| Medical |
| Professional Counsellors (social workers & psychologists) |

**Name of Bidder Representative:**

**Designation of Representative:**

**Signature of Person authorized to sign the Proposal:**

**Date:**

**Annexure D**

**[*COMPANY LETTERHEAD*]**

**DECLARATION LETTER BY BIDDER [*NAME OF BIDDER*] CONFIRMING ABILITY TO RENDER EW SERVICES WITHIN A RADIUS (50 KM) FROM THE EMPLOYEE’S WORKPLACE.**

|  |
| --- |
| **RADIUS** |
|
| * + 50 km |

**Name of Bidder Representative:**

**Designation of Bidder Representative:**

**Signature of Person authorized to sign Bidder’s Proposal:**

**Date:**

**Annexure E**

**[C*OMPANY LETTERHEAD OF CLIENT*]**

**REFERENCE LETTER CONFIRMING THAT [*NAME OF BIDDER*] RENDERED DISABILITY MANAGEMENT**

We hereby confirm that **[*NAME OF BIDDER*]** has rendered Disability Management.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Response** | | **Total number of years in rendering the services** | **Total Number of employees in the company** |
| **Yes** | **No** |
| Disability Management (functional capacity and worksite evaluation) |  |  |  |  |

**Name of Client Representative:**

**Designation of Client Representative: \_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature and Name of Person authorized to sign the Bidder’s Proposal:**

**­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**