### Project or Contract Title

#### Proforma

**PRE-QUALIFICATION**

##### QUESTIONNAIRE (‘PQQ’)

**Notes:**

* Text in blue & highlighted has to be replaced with your words.
* Text in [square brackets] may be kept or deleted as required.
* The questionnaire is intended to be comprehensive and for some services or goods some questions may not be relevant or need simplifying.
* Delete this text box when finished !

###### INTRODUCTION AND BACKGROUND

**Purpose of this document**

<CLIENT NAME> (<CLIENT NAME/acronym>) requires the information sought in this questionnaire from suppliers responding to the [OJEU notice number XXXX dated XX MMMM 201X] [Advertisement placed on the <CLIENT NAME> website/ local paper/ in Trade Journal X]

Responses to the PQQ will be used in the first step of selecting suppliers to tender. Selected suppliers will be invited to participate further in the procurement (however, <CLIENT NAME> reserves the right to withdraw from any procurement exercise at any point).

**Organisation of this document**

This document contains 4 sections:

1. Introduction and background information;

2. Procurement process;

3. Instructions for completion;

4. The PQQ.

**Background Information**

[Provide a brief description of the project or requirement:

Background or history

Purpose

Features

Objectives

Timescales

etc]

It is anticipated that tenders will be issued in XX MMMM 201X for return in the second half of MMMM 201X. Contract award will take place in MMMM 201X and the contract is expected to be in the order of 12//24/36 month’s duration.

**Consortia and sub-contracting**

Where a consortium or sub-contracting approach is proposed, all information requested should be given in respect of the proposed prime contractor or consortium leader. Relevant information should also be provided in respect of consortium members or sub-contractors who will play a significant role in the delivery of services or products under any ensuing contract. Responses must enable the Authority to assess the overall service proposed.

Where the proposed primary contractor is a *special purpose vehicle* or *holding company*, information should be provided of the extent to which it will call upon the resources and expertise of its members or Parent Company.

The <CLIENT NAME> recognises that arrangements in relation to consortia and sub-contracting may need to change – however, this will be subject to agreement with the <CLIENT NAME>. Suppliers should therefore respond in the light of the arrangements they believe will need to be/ are in place for the Contract to be performed. Please, therefore, **provide details of the proportion of any contract awarded under this contract that supplier believes they will need to subcontract**.

The <CLIENT NAME> may seek independent financial and market advice to validate information declared or to assist in the evaluation. Reference site visits or demonstrations and/or presentations are unlikely to be requested at this stage.

**Supplier contact point**

Suppliers have been asked to include a single point of contact in their organisation for their response to the PQQ. The <CLIENT NAME> shall not be responsible for contacting the supplier through any route other than the nominated contact. The supplier must therefore undertake to notify any changes relating to the contact promptly.

###### PROCUREMENT PROCESS

**Overview of Process**

* A two-stage procurement process is being used in accordance with the Restricted Procedure as defined in the Public Contracts Regulations 2006 (Statutory Instrument No 5).
* Stage one of this process comprises of this PQQ process, which is designed to identify and allow selection of suitable potential suppliers (once the PQQ forms have been received by the <CLIENT NAME> and evaluated under the selection criteria).
* Stage two will be the formal tender process, whereby those organisations duly identified and selected as suitable will be invited to tender (‘ITT’) for the contract. The select list will be likely to include approximately X organisations per Lot *(if applicable)*?

**Indicative Procurement Timetable**

| **Stage / Activity** | **Target Date** |
| --- | --- |
|  | Closing date for return of PQQs | XX MMMM 201X |
|  | Applicants informed of PQQ outcome | XX MMMM 201X |
|  | ITT issued | XX MMMM 201X |
|  | Closing date for return of tenders | XX MMMM 201X |
|  | Presentation / Clarification meeting  | XX MMMM 201X |
|  | Notify Applicants of outcome | XX MMMM 201X |
|  | Contract standstill period (10 days) | XX - XX MMMM 201X |
|  | Commencement of services | XX MMMMM 201X |

**Selection and Short listing**

All completed application PQQ forms received will be evaluated by officers of <CLIENT NAME> and appointed Consultants *(if appropriate)*, in order to compile and agree a select list of tenderers likely to include approximately X organisations per Lot *(if appropriate)* as explained above?

* Tenderers bidding for more than one lot will be evaluated separately for all lots for which they choose to bid. *(if appropriate)*
* Whilst it is the intention of <CLIENT NAME> to award Lots 1, 3 and 4 to a single provider and Lot 2 to a single provider, the extent to which there will be overlap in relation to the above lots will be subject to clarification. Therefore it may be the case that one provider will be awarded sole position in providing services to all four lots, or alternatively, one provider could be awarded for each of the four lots. *(if appropriate)*

Applicants are advised that wherever in this document reference is made to any external assessment body or external accreditation standard, such reference shall be deemed to include reference to any equivalent body or standard established in other member states of the European Union.

Applicants are further advised that any contract(s) resulting from this procurement exercise will be subject to conditions which require the contractor, as an employer, to comply with all statutory obligations to staff (and to applicants for employment) under all equality and non-discrimination laws (and amendments thereto) and with any statutory instruments, orders, guidance and codes of practice made thereunder.

The following evaluation scheme, based upon a range of Essential Selection Criteria (of a ‘pass/fail’ nature) and Scored Criteria, will be adopted:

* **Essential Selection Criteria**

A number of *selection criteria* will be applied to the response given by applicants to this Prequalification Questionnaire (PQQ). These selection criteria are essentially the minimum standards which ESPO will require its appointed service provider(s) to meet or exceed, and so are of a ‘pass/fail’ nature. It is unlikely that any organisation which fails on the selection criteria will proceed to the next round of evaluation, although the <CLIENT NAME> does reserve the right to consider each case on its merits, and assess the risks and implications involved in proceeding.

The essential selection criteria are as follows:

1. **Fully completed form** with an appropriately signed declaration.
2. **Compliance with the Contract Regulations** – applicants must confirm that neither they nor any of their directors have been convicted under the legislation cited in section 11 of this document.
3. **Financial stability**– applicants will be required to possess a sound current financial situation and recent trading record. An external body (<Name>) will be used to check a company’s credit rating. Any company given a credit rating/credit score, as reported by <Name>, of **35 or less** will fail. The report from (<Name> will also need to confirm a <Name> recommended Procurement Limit in excess of the annual value of this contract (£500,000). Applicants will not be successful unless both of these criteria are met.
4. **Insurance** – applicants must confirm that they either already have, or would be willing to obtain, the levels of insurance cover stipulated by the <CLIENT NAME>. The insurance levels required for this framework is a minimum of £5,000,000 for Public Liability and £10,000,000 for Employers Liability. Any applicant who does not currently hold these levels of insurance, or who is not willing to obtain such levels of insurance will fail.
5. **Experience** – applicants must provide evidence that they possess both technical competence and capability to deliver services under this contract/framework, having provided XXXXXX goods / maintenance / services for a minimum of 5 years. Any applicant unable to demonstrate such evidence in question 6 of the business questionnaire will fail.
6. **Sub-contracting** – applicants will be required to advise if sub-contractors will be used in the provision of the service and therefore evidence robust procedures for identifying sub-contractors/ skills and use. Any applicant unable to demonstrate such evidence at question 5 of the questionnaire will fail.
* **Scored Criteria**

Applications that meet the Selection Criteria will then be scored against the Scored Criteria.

Applicants will be assessed on a scale of 0 to 5 points against a range of criteria designed to measure their adequacy and competence in the respects listed below. A scoring scale will be adopted where 0 = no answer/unacceptable response, 1 = very poor response, 5 = excellent response, as per the example below:

|  |  |  |  |
| --- | --- | --- | --- |
| 0 | **No Answer/Unacceptable Response**  |  | Note: to score well (i.e. 3 and above ) the evaluation panel will look for clear evidence. |
| 1 | **Very Poor Response** |  |
| 2 | **Poor Response** |  |
| 3 | **Acceptable Response**  |  |
| 4 | **Good Response**  |  |
| 5 | **Excellent Response**  |  |

The Scored Criteria will then be weighted to give mark out of 100. The table below indicates the weightings which will be applied to each section of the Scored Criteria.

|  |  |
| --- | --- |
| Experience & References | 35% |
| Resources, Capacity & Sub Contracting | 35% |
| Quality Procedures & Contract Management | 20% |
| Other Policies and Procedures | 10% |
| **TOTAL** | **100%** |

**Full details of how the Scored Criteria will be evaluated (including weightings for individual questions) can be found in APPENDIX A.**

Applicants are advised that in the event that, at any stage in the selection or evaluation process, the evaluation officers (acting responsibly) consider an application to be fundamentally unacceptable on a key issue, then regardless of its other merits, it may be rejected.

**INSTRUCTIONS FOR COMPLETION**

**How to apply**

**Completing the Application Form**

To enable us properly to assess your organisation's suitability, we require all the information requested in this Application Form. Failure to complete the form in full or to provide any of the documents requested *may* result in your application being rejected or you not being considered for inclusion in the list of organisations invited to tender.

Questions should be answered as instructed:

Please answer every question.

* When posed with Yes / No questions, please either circle your answer or delete as applicable.
* All other questions will require you to input text or numbers, or tick boxes.
* Any figures requested should be stated in full i.e. £4,000,000 not £4m and in Pounds Sterling (GBP).
* If the question does not apply to you please write N/A; if you don’t know the answer please write N/K.
* Supporting information should be presented in the same order as and should be referenced to the relevant question.
* Questions should be answered in English.

“Authority” means the purchasing organisation that is seeking to award a contract which in this instance is <CLIENT NAME> and XXXXX <CLIENT NAME> and its collaborative authorities *(if applicable)*?

In order to simplify this process, you do not need to provide supporting documents, for example, accounts, certificates, statements or policies with this questionnaire. **However, the Authority may ask to see these documents at a later stage**.

Please endeavour to keep your answers contained within the spaces provided in this document – additional pages or supporting documentation should be supplied only where unavoidable, or where we have specifically requested. Unless referenced to specific page(s) and paragraph(s) additional documentation and promotional material will not be considered or scored.

Any information and/or documents submitted in response to this questionnaire must relate to the applicant only - being the person or organisation which it is proposed will enter into a formal contract should their bid be successful. (All responses and submissions provided by the applicant will be considered and where appropriate will form part of that contract). The Authority may seek further clarification from applicants following submission of the completed form where required.

**Paper or Electronic copies**

If you have received this document in paper format, you may request an electronic copy of document by emailing <EMAIL> or by calling OFFICER NAME on XXXX XXXXXX. In completing the document electronically, you may enlarge the answer boxes to ensure you have sufficient space to respond – **you must not however alter or amend the application form in any other way**.

**Two [or more as required] paper copies of the completed questionnaire should be submitted together with a version as an MSWord file on CD. Supporting documents may be provided in paper or digital format (on CD) to the address given at the end of this section and by the due date. Any file submitted must be submitted in a format readable by MSWord, MS Excel or Adobe Acrobat (PDF).**

**Questions**

Please note that canvassing will lead to disqualification but this does not include contact made legitimately in order to seek clarification or guidance.

The <CLIENT NAME> will not enter into detailed discussion of the requirements at this stage. Any questions about the procurement should be submitted by e-mail to the contact stated below.

If the <CLIENT NAME> considers any question or request for clarification to be of material significance, both the query and the response will be communicated, in a suitably anonymous form, to all suppliers who have responded.

Questions from organisations not participating in the competition may be rejected. Questions from sub-contractors should be passed to the Authority through the organisation bidding.

All responses received and any communication from suppliers will be treated in confidence (although they may subsequently be subject to requests for information under the Freedom of Information Act 2000 or Environmental Information Regulations 2004, at which stage, their confidentiality will be assessed with such information being disclosed if this is required under this legislation.

Project contact details: Name, Head/Manager of Title,

 <CLIENT NAME>

 <CLIENT ADDRESS>

Telephone: +44 (01XXX) XXXXXX

Email: <EMAIL>

**Submitting your Application Form**

**Do not include the first three sections of this document (i.e. introduction and background information, description of the procurement process and submission instructions). We only require your completed questionnaire – page Q - 1 onwards.**

The response should be clearly marked “RESTRICTED – COMMERCIAL **. One** paper copy of your completed application form, and all associated documentation, together with an electronic copy on a CD or USB, should be submitted to the <CLIENT NAME>, at the following address:

|  |  |
| --- | --- |
| **(By Post)** | **(By Courier)** |
| NAME OF OFFICER“Project or Requirement Name – PPQ -Ref No. XXXX”,<CLIENT NAME> <CLIENT ADDRESS> | NAME OF OFFICER“Project or Requirement Name – PPQ -Ref No. XXXX”,c/o <CLIENT NAME> Main Reception, <CLIENT NAME> <CLIENT ADDRESS> |

**Completed forms must be received by:**

 **12:00 (midday) Any day, XXth MMMMMM 201X**

Evaluation of subsequent stages will be undertaken in accordance with the overall Evaluation Strategy for the project. The high-level Evaluation Criteria for the project (not in priority order) are as follows:

|  |  |
| --- | --- |
| Outline Criteria | Percentage |
| Overall cost to the <CLIENT NAME>  | 30% |
| Compliance with <CLIENT NAME>'s specifications | 25% |
| Impact on the cost of operating services | 20% |
| Ongoing operating cost / whole life cost. | 15% |
| Contribution to wider policy objectives | 10% |
| Best value delivery of all elements. | 10% |
| Contribution to multi-agency working / collaboration. | 5% |

Detailed criteria and weightings will be stated in the tender and contract documents.

Where in the opinion of the <CLIENT NAME> the response is inadequate the supplier may be excluded from further consideration.

[[[1]](#footnote-1)The <CLIENT NAME> intends to award any contract based on the most economically advantageous offer] **or** [The <CLIENT NAME> intends to award any contract based on the lowest price compliant offer].

**PQQ FOR PROJECT OR REQUIREMENT NAME**

**TO BE COMPLETED BY APPLICANT**

|  |  |
| --- | --- |
|  | **APPLICANT DETAILS** |
| 1.1 | Trading Name of the Organisation **submitting this Application Form**: |
| 1.2 | Contact name for enquiries about this bid: |
| 1.3 | Contact position (Job Title): |
| 1.4 | Address: |
| Postcode: |
| 1.5 | Telephone Number(s): |
| 1.6 | Fax Number: |
| 1.7 | E-mail addresses: |
| 1.8 | Website address (if any): |
| 1.9 | DX number (if any): |
| 1.10 | Registered Name of Organisation **submitting this application**: |
| 1.11 | Registered Address: |
| Postcode: |
| 1.12 | Company Registration No: |
| 1.13 | Charity/Housing Association/Other Registration No:(if applicable) |
| 1.14 | Date of Formation and/or Registration: |
| 1.15 | VAT Registration Number: |

|  |  |  |
| --- | --- | --- |
| 1.16 | Is your organisation Construction Industry Scheme registered? | YES / NO |
| If YES, please state:Company Registration Number:Company Unique Tax Registration Number: |
|  | **STATUS OF APPLICANT** |
| 2.1 | Is the Applicant *(Please tick as appropriate)*: |
| i) | A Public Limited company? |  |
| ii) | A Limited Company |  |
| iii) | A Company Limited by Guarantee |  |
| iv) | A Partnership? |  |
| v) | A Sole Trader? |  |
| vi) | A Charity |  |
| vii) | A Franchise |  |
| viii) | A Small/Medium Sized Enterprise or SME[[2]](#footnote-2)? |  |
| ix) | Other (e.g.: a Special Purpose Vehicle, Joint Venture Company etc *Please specify* |  |
| 2.2 | Are you applying as the lead organisation in a consortium of organisations? | YES / NO |
| If YES to 2.2, please set out here who the member organisations of the consortium are, what their respective roles will be and state when the consortium was formed: |
|  | **OWNERSHIP** |
| 3.1 | Is the Applicant a subsidiary of another company as defined by Section 736(1) of the Companies Act 1985[[3]](#footnote-3)? | YES / NO |
| If YES to 3.1, give the following details in respect of the Holding/Parent company: |
| Registered Name: |
| Registered Office address: |
| Registration Number: |
| **Note:** The Holding/Parent Company may be required to enter into a Deed of Guarantee, where a contract is proposed with a subsidiary to indemnity against all losses, damages, costs which may be incurred by reason of any default on the part of the applicant. |
| 3.2 | Please give details of any changes of ownership in the last 3 years |
| 3.3 | To the best of your knowledge, does any director or senior officer of your organisation have any personal or financial connection with any member or senior officer of (authority)? | YES / NO |
| If YES to 3.3 please give details here: |
| 3.4 | Number of Employees in total: |
|  |  | **Management** | **Staff** |
|  | Currently: |  |  |
|  | Last year |  |  |
|  | 2 years ago |  |  |
|  | **FINANCIAL AND INSURANCE MATTERS** |
| 4.1 | Please complete the table below using figures from your last three years financial accounts[[4]](#footnote-4): |
| Financial Year*(please enter the appropriate years/dates for your organisation)* | **Period Ended** | **Period Ended** | **Period Ended** |
| DD/MM/YY | DD/MM/YY | DD/MM/YY |
| Turnover[[5]](#footnote-5) | **£** |  |  |  |
| Pre-Tax profit / loss | **£** |  |  |  |
| Total Assets lessCurrent Liabilities | **£** |  |  |  |
| Net worth / shareholders funders (or net liabilities) | **£** |  |  |  |
| Debtors | **£** |  |  |  |
| Cash | **£** |  |  |  |
| What is your present cashflow and credit position? | Cash (overdraft)**£**at DD/MM/YY. | Credit Facility**£**at DD/MM/YY |
| 4.2 | Are your accounts externally audited? |
| If NO, please state the reason why. |
| 4.3 | What is your total turnover figure this financial year to date? | **£**at DD/MM/YY |
| 4.4 | If asked, would you be able to provide at least **ONE** of the following: |
| A copy of your most recently audited accounts (for the last three years, if this applies)? | YES / NO |
| A statement of your turnover, profit & loss account and cashflow for the most recently year of trading? | YES / NO |
| A statement of your cashflow forecast for the current year and a bank letter outlining the current cash and credit position? | YES / NO |
| 4.5 | Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year? | YES / NO |
| If NO, what were the reasons and what has been done to put things right? |
| 4.6 | Has your organisation met all its obligations to pay its creditors and staff during the past year? | YES / NO |
| If NO please explain why not |
| 4.7 | If requested, would you be able to obtain a performance bond[[6]](#footnote-6) to underpin the security of the services provided? | YES / NO |
| If you could obtain a performance bond, please state from whom: |
| 4.8 | Please provide details of all insurance cover currently in force: |
| **PUBLIC LIABILITY INSURANCE £[minimum required]** |
| Level of Cover held  | **£** |
| Name of Insurance Company |  |
| Policy No: |  |
| Expiry Date |  |
| Copy attached as evidence of the cover stated*(please tick box as applicable)* | **photocopy** | **Electronic (CD-ROM)** |  |
|  | **EMPLOYERS LIABILITY INSURANCE £[minimum required]** |
| Level of Cover held  | **£** |
| Name of Insurance Company |  |
| Policy No: |  |
| Expiry Date |  |
| Copy attached as evidence of the cover stated*(please tick box as applicable)* | **photocopy** | **Electronic (CD-ROM)** |  |
| **PROFESSIONAL INDEMNITY INSURANCE £[minimum required]** |
| Level of Cover held  | **£** |
| Name of Insurance Company |  |
| Policy No: |  |
| Expiry Date |  |
| Copy attached as evidence of the cover stated*(please tick box as applicable)* | **photocopy** | **Electronic (CD-ROM)** |  |
| **PRODUCT LIABILITY INSURANCE £[minimum required]** |
| Level of Cover held  | **£** |  |
| Name of Insurance Company |  |  |
| Policy No: |  |  |
| Expiry Date |  |  |
| Copy attached as evidence of the cover stated*(please tick box as applicable)* | **photocopy** | **Electronic (CD-ROM)** |  |
| 4.9 | If your organisation’s tender is successful, adequate insurance cover will be required. The levels are indicated in 4.8. If your current insurance is insufficient to meet the minimum requirements set out, please confirm that if awarded a contract, increased cover will be available at no extra cost to the authority. | YES / NO |
| 4.10 | Please state whether there are any outstanding insurance claims against your organisation(s) (other than for routine matters) | YES / NO |
| If YES to 4.10, please provide brief details: |
|  | **BUSINESS ACTIVITIES** |
| 5.1 | Please describe briefly your organisation’s principle fields of activity. What proportion of total activity relates to products and/or services similar to those called for in this contract? |
|  |
| 5.2 | Enter the approximate number of full-time equivalent persons employed in your organisation in the UK in delivering [name of the product or service] during each of the last three years: |
|  | **Directly Employed** | **Not directly employed***(e.g.: temporary staff, consultants etc)* |
| **Management** | **Staff** | **Management** | **Staff** |
| Currently |  |  |  |  |
| Last Year |  |  |  |  |
| 2 years ago |  |  |  |  |
| 5.3 | Please provide evidence of how your organisation ensures that sufficient suitably qualified and experienced technical staff can cover the relevant areas of expertise. If you do not possess the required staff currently, how will you ensure the appropriate staff are recruited? What are the numbers of staff in the following trades/ professions/ qualifications etc? You may need to breakdown skills and trades or qualifications for certain contracts[**Tabulate if needed for clarity**] |
|  |
| 5.4 | Typically, when providing products and/or services and/or services of the type called for under this contract, would you engage sub-contractors? | YES / NO |
| 5.5 | If YES to 5.4, * which elements of the service would typically be delivered by sub-contractors?
* Please detail here any sub-contractors you intend to use
* please describe your procedures for identifying sub-contracts
 |
|  | **EXPERIENCE & REFERENCES** |
| 6.1 | **Please provide at least 3 examples with evidence your experience in the last THREE years of providing contracted products and/or services, services or works similar to those being sought under this contract. Experience will be scored for relevence: compable size, technology, setting, etc. In describing your experience tell us how delivery was achieved on time and to cost and/or problems overcome?** |
| **Name of client** | **Brief description of contract** | **Start / end dates** | **Annual contract value (£)** |
|  |  |  |  |

|  |  |
| --- | --- |
| 6.2 | **<CLIENT NAME> Policy on taking references** |
| It is the responsibility of the Applicant to ensure that **all referees** are current, available, able and willing to provide references on request. We will require references returned within **X days/ X weeks.** We cannot wait for referees to return from holiday, etc and obviously cannot score non-references. |
| Please provide the names and contact details (including telephone numbers and email addresses) for three recent contracts that are relevant to the Authority’s requirement. Where possible, at least one should be from the public sector. |
| References will be scored for relevance as well as any evidence of overall performance. |
| 6.3 | **REFEREE 1** |
| Customer Organisation Name |  |
| Customer Contact Name: |  |
| Customer Contract Phone No: |  |
| Customer Contact Fax No: |  |
| Customer Contact Email address: |  |
| Customer Contact postal address: |  |
| Date Contract Awarded: |  |
| Contract reference & brief description of product/service/works provided: |
| Value  | £ | Date contract was completed |  |
| **REFEREE 2** |
| Customer Organisation Name |  |
| Customer Contact Name: |  |
| Customer Contract Phone No: |  |
| Customer Contact Fax No: |  |
| Customer Contact Email address: |  |
| Customer Contact postal address: |  |
| Date Contract Awarded: |  |
| Contract reference & brief description of product/service/works provided: |
| Value  | £ | Date contract was completed |  |
| **REFEREE 3** |
| Customer Organisation Name |  |
| Customer Contact Name: |  |
| Customer Contract Phone No: |  |
| Customer Contact Fax No: |  |
| Customer Contact Email address: |  |
| Customer Contact postal address: |  |
| Date Contract Awarded: |  |
| Contract reference & brief description of product/service/works provided: |
| Value  | £ | Date contract was completed |  |
| If you cannot provide three references, please explain why below: |
|  |
| 6.4 | Has your organisation within the last 5 years: |  |
| a) | Incurred contract penalties default notices or payment of liquidated damages? | YES / NO |
| b) | Withdrawn from a contract after the contract has been awarded (either before or after commencement of the contract) | YES / NO |
| c) | Had a contract terminated by the client earlier than the originally intended date? | YES / NO |
| If YES, please give details: |
|  | **QUALITY PROCEDURES & CONTRACT MANAGEMENT** |
| 7.1 | Does your organisation have a formal documented quality system?[[7]](#footnote-7) | YES / NO |
| 7.2 | Does your organisation hold a recognised quality management certificate, e.g.: BS/EN/ISO9000 or equivalent. | YES / NO |
| If YES to 7.2 please state which body your certification exists with, the date until which the Certificate is valid and provide a copy with your Application. |
| If you do not have quality certification or quality management system, please explain why: |
|  |
| 7.3 | We do not require a copy of your documented quality system attaching to this Application. Please describe below *(and do not simply cross refer to documents appended)* **in no more than 250 words per subject** how you address: |
| a) | Customer Care (including communications) |  |
| b) | Complaints |  |
| c) | Contract Performance Monitoring |  |
| d) | Contractual Dispute Resolution |  |
| e) | Recruitment and Selection of Staff |  |
| f) | Staff Appraisal and Training Needs Analysis |  |
| g) | Training Programme |  |

|  |  |
| --- | --- |
| 7.4 | Is your organisation corporately a member of, or accredited by, a recognised industry association(s)? |
|  |
| If YES to 7.4 please provide Membership/Accreditation Certificates to evidence this (where applicable) |
|  |

|  |  |
| --- | --- |
|  | **DISPUTES** |
| 8.1 | For the last 3 years, details of contracts where there has been a failure to complete the contract on time or at all, or where there have been claims for damages, or where damages have been deducted or recovered |
|  |
| 8.2 | Are there any court actions and/or significant employment tribunal hearings outstanding against your organisation? | YES / NO |
| 8.3 | If YES to 8.2, provide details:  |
| 8.4 | Has your organisation been involved in any court action and/ or significant employment tribunal over the last 3 years? | YES / NO |
| 8.5 | If YES to 8.4 provide details |
|  | **ENVIRONMENTAL MANAGEMENT** |
| 9.1 | Is it your policy to comply with the statutory duty of care in respect of waste management, imposed by the Environmental Act 1990 and any subsequent legislation? | YES / NO |
| 9.2 | Does your organisation have a written environmental management policy? | YES / NO |
| If YES please describe its main aims and characteristics |
|  |
| If NO please give reasons |
|  |
| 9.3 | Does your organisation have an environmental management system?[[8]](#footnote-8) | YES / NO |
| 9.4 | Is your organisation corporately a member of, or accredited by, recognised industry association(s), for example, EMAS, ISO 14001, etc? | YES / NO |
| If YES, please state which body your certification exists with, the date until which the Certificate is valid and provide a copy with your Application Form |
|  |
| 9.5 | For questions (a)-(f) below, please describe your approach to managing the environment (appropriate to the scale of your own organisation), e.g. Examples of what your organisation has done, or is planning to do, to improve environmental performance in the areas below. We do not require a copy of your environmental management system |
| a) | Wide use of energy, water and other natural resources; |  |
|  | b) | Emissions to air, water and land (including vehicles) |  |
| c) | Waste reduction and recycling |  |
|  | d) | Adaption to climate change |  |
| e) | Bio-diversity |  |
| f) | Reducing carbon emissions |  |
| 9.6 | Hs your organisation participated in any environmental schemes or initiatives in the last 3 years? | YES / NO |
| If YES, please detail below: |
| 9.7 | Do you check the environmental performance of your suppliers? | YES / NO |
| If YES, please detail how below and outline the steps subsequently taken to ensure that you comply with environmental legislation. This should include examples of procedures and/or staff training records. |
| 9.8 | Has your organisation (ever/within the last 10 years) had legal action taken against them under environmental legislation, including prosecutions, civil court actions or notices served by the Environmental Agency, local authorities or HM Inspectorate or Pollution? | YES / NO |
| If YES, are you able to demonstrate the steps you have taken in response to this legal action, to ensure you comply with environmental legislation? |
|  | **HEALTH AND SAFETY** |
| 10.1 | Do you currently hold any external health and safety accreditations, such as CHAS, Constructionline, or equivalent? | YES / NO |
| If YES, please provide the following details: |
| Name of Accrediting Organisations |  |
| Your Accreditation Reference No: |  |
| Date Accreditation Valid Until: |  |
| Have you applied for membership if you are not already a member? | YES / NO |
| ***Please provide a copy of your accreditation certificate with your Application Form*** |
| 10.2 | Does your organisation have a written Health and Safety at Work policy?[[9]](#footnote-9) | YES / NO |
| If YES, please provide an up to date copy which should not be more than two years old) of your Health & Safety General Policy Statement, signed and dated by your Chairman, Chief Executive, Managing Director or Company Secretary[[10]](#footnote-10) |
| ***Note: Please DO NOT SUBMIT your full Health & Safety Policy or Manual*** |
| If NO, please explain why not |
|  |
|  |  |  |
| 10.3 | Does your organisation have a Health & Safety at Work system?[[11]](#footnote-11) | YES / NO |
| If NO, please explain why not |
|  |
| 10.4 | Please detail any Health & Safety Executive/Local Authority enforcing Action (e.g. Prosecution or issue of Improvement or Prohibition Notices) taken against your organisation in the past 3 years? | YES / NO |
| If YES, what action has been taken within the organisation to remedy enforcing Action(s) and prevent similar occurrence in the future? |
|  |
| 10.5 | Who is your “Competent Person” for provision of health and safety advice, as required by the Management of Health and Safety at Work Regulations 1992? If external consultants, please provide the name and address of the organisation and the name of the consultant): |
| Name |  |
| Position |  |
| Telephone No: |  |
| Email address: |  |
| To whom does the “Competent Person report to in your organisation? |
|  | **EQUAL OPPORTUNITIES** |
| 11.1 | Is it your policy as an employer to comply with your statutory obligations to staff and applicants for employment under the equality and non-discrimination laws (Equality Act 2010)?: |
| 11.2 | In the last three years has any finding of unlawful discrimination or other breach of these laws been made against your organisation by any court or industrial tribunal?: |
| 11.3 | In the last three years has your organisation been the subject of formal investigation by the Commission for Racial Equality, The Equal Opportunities Commission or the Disability Rights Commission on grounds of alleged unlawful discrimination? |
| 11.4 | If you answered yes to question 2, or, in relation to question 3 a commission made a finding adverse to your organisation, what steps did you take to address that finding?: |
|  |
| 11.5 | Is your policy on equal opportunities at work set out: |
|  | (a) In instructions to those concerned with recruitment, training and promotion? |
|  | (b) In documents available to employees, recognised trade unions or other representative group of employees? |
|  | (c) In recruitment advertisements or other literature? |
| 11.6 | What staff grades are required to receive training on equal opportunities? |
|  | (a) Directors and Managerial? |
| (b) Supervisors? |
|  | (c) Operational/administrative? |
|  | **CRIMINAL RECORDS CHECKS** |
| 12.1 | Where you and/or your employees come into contact with children and/or vulnerable adults you are expected to take all reasonable steps to ensure that you and/or your employees have obtained the appropriate Disclosure from the Criminals Records Bureau. It is your responsibility to satisfy the <CLIENT NAME> that this step has been undertaken and regularly updated. |
|  |  Yes we accept 🞎 No we do not accept 🞎 |
|  | **BUSINESS CONTINUITY** |
| ***Note:*** *Should you not have Business Continuity arrangements or the <CLIENT NAME> deem that your Business Continuity arrangements are inadequate, as assessed via your responses to the questions above, then should you be awarded a contract, it will be on the condition of you implementing adequate Business Continuity arrangements by way of one day training courses (at a charge) and the provision of template documents (some of which may be charged for).* |
| 13.1 | What is your approach to Risk Management? |
|  |
| 13.2 | Do you have a formal Business Continuity Management Programme? | YES / NO |
| If YES, please outline the process and describe any actions undertaken within 12 months and the outcomes of such actions. |
| 13.3 | What documents are available to support your answers to 10.1 and 10.2? |
| Are these documents available for the <CLIENT NAME>’s review? (We appreciate that such a review may be subject to some form of confidentiality agreement) | YES / NO |
| 13.4 | Within the last 3 years have there been any occasions when your business operation has been disrupted? | YES / NO |
| If YES, what were the circumstances and what was the effect upon your customers? |
| 13.5 | Do you have a strategy for ensuring continuity of supply from your critical suppliers? | YES / NO |
| If YES, please outline your strategy |
| 13.6 | Who is responsible for Business Continuity within your organisation? |
| Name |  |
| Position |  |
| Telephone No: |  |
| Email address: |  |
| 13.7 | Please describe your strategy for ensuring that the described services are delivered in the event of a disruption affecting your business |
|  |
| 13.8 | In the event of a disruption, who would be the person responsible for managing your company’s response? |
|  |
| 13.9 | In the event of a disruption, what would be the trigger point for you to contact the authority, and how would you keep the authority updated? |
|  |

|  |  |
| --- | --- |
|  | **COMPLIANCE WITH CONTRACT REGULATIONS** |
| 14.1 | Has your organisation or any of its directors or any other person who has powers of representation, decision or control of the organisation been convicted of any of the following offences: |
| Conspiracy within the meaning of Section 1 of the Criminal Law Act 1977 (where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of the <CLIENT NAME> Joint Action 98/733.JHA. | YES / NO |
| Corruption within the meaning of Section 1 of the Public Bodies Corrupt Practices Act 1889, Section 1 of the Prevention of Corruption Act 1906; corruption as defined in Article 3 of the <CLIENT NAME> Act of 26 May 1997 and Article 3(1) of <CLIENT NAME> Joint Action 98.742/JHA. | YES / NO |
| The offences UNDER THE Bribery Act 2010 | YES / NO |
| Fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of: |
| (i) | The offence of cheating the Revenue | YES / NO |
| (ii) | The offence of conspiracy to defraud | YES / NO |
| (iii) | Fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978 | YES / NO |
| (iv) | Fraudulent trading within the meaning of Section 458 of the Companies Act 1985 | YES / NO |
| (v) | Defrauding HM Revenue & Customs within the meaning of the Customs & Excise Management Act 1979 and the Value Added Tax Act 1994 | YES / NO |
| (vi) | An offence in connection with taxation in the European community within the meaning of section 71 of the Criminal Justice Act 1968 | YES / NO |
| (vii) | Destroying defacing or concealing of documents or procuring the extension of a valuable security within the meaning of Section 20 of the Theft Act 1968 | YES / NO |
| Money laundering within the meaning of the Money Laundering Regulations 2003 and as defined in Article 1 of <CLIENT NAME> Directive 91.308.EEC of 10 June 1991 on prevention of the use of the financial system for the purpose of money laundering | YES / NO |
|  | Any other office within the meaning of Article 45(1) of the Public Sector Directive | YES / NO |
| For anywhere where the answer is YES, please give brief details below: |
| 14.2 | In accordance with the Regulations (Appendix B) do any of the following apply to your organisation or to (any of) the Director(s)/Partners/Proprietor(s)? |
| Is in a state of bankruptcy (if an individual) insolvency, compulsory winding up (other than for the purpose of bona fide reconstruction or amalgamation), administration, receivership, composition with creditors or an analogous state, or subject to relevant proceedings, or any similar procedure under national laws and regulations | YES / NO |
| Has been convicted of a criminal offence related to business or professional conduct | YES / NO |
| Has been guilty of grave misconduct in the course of business (or if an individual, in the course of his profession) | YES / NO |
| Has not fulfilled obligations relating to payment of social security contributions, in accordance with the legal provisions of the country in which you are established or with those of the country of the contracting authority | YES / NO |
| Has not fulfilled obligations relating to payment of taxes, in accordance with the legal provisions of the country in which you are established or with those of the country of the contracting authority | YES / NO |
| Is guilty of serious misrepresentations in supplying information required by the Authority under the regulations | YES / NO |
| Is not in possession of relevant licences or not a member of the appropriate organisation where required by law | YES / NO |
| If the answer to any of the above is YES, please provide details here including what has been done to put things right. |

**DECLARATION**

**Please read and sign the section below**

**TO <CLIENT NAME>:**

I / We certify that the information supplied is accurate to the best of my / our knowledge and I / we accept the conditions and undertakings requested in the questionnaire. I / We understand that false information could result in my / our exclusion from further participation in this and future tender processes.

I / We understand that my / our responses to the questions posed in this document, including any explicit or reasonably implied undertakings, will form part of any contract subsequently entered into between myself / ourselves and <CLIENT NAME>.

|  |  |
| --- | --- |
| **Signed** | **………………………………………………………………………………….** |
| **Date:** | **………………………………………………………………………………….** |
| **Name of signatory** ***(please print)*** | **………………………………………………………………………………….** |
| **Position** | **………………………………………………………………………………….** |
| **Name of Organisation** | **………………………………………………………………………………….** |

**The undertaking should be signed by a director, partner or other senior authorised representative in her / his own name and on behalf of the organisation.**

**Freedom of Information Act 2000/ Environmental Information Regulations 2004**

Information in relation to this application may be made available on demand in accordance with the requirements of the above act/ Regulations*. Applicants should state if any of the information supplied by them is confidential or commercially sensitive* and why they consider it to be so **on a separate sheet.**

This will not guarantee that the information will not be disclosed but will be examined in the light of the exemptions and exceptions provided under the legislation. It is important to note that information may be commercially sensitive for a time (e.g. during a tender process) but afterwards it may not be. The timing of any request for information may be extremely important in determining whether or not information is exempt. However Applicants should note that no information is likely to be regarded as exempt forever.

**<CLIENT NAME> ENCLOSURES CHECKLIST**

To ensure your application is evaluated properly <CLIENT NAME> needs to have a complete response from you.

**Before returning this form, please check you have answered all questions applicable to you and ensure that you have enclosed all relevant documents by completing the checklist below.**

Please tick appropriate box where you have enclosed the document, if applicable, and put N/A where the question does not apply to you.

**CHECKLIST:**

|  |  |  |
| --- | --- | --- |
| **Question Number**  | **Document(s)** | **Tick or N/A ?** |
| 4.8 | All appropriate Insurance Certificates |  |
| 6.2 | Three appropriate referees with full contact details, or an explanation as to why not provided if not available. |  |
| 7.2 | Quality Assurance System Certificate |  |
| 7.4 | Membership / Accreditation Certificates to Industry Associations  |  |
| 9.4 | Environmental Management System Certificate |  |
| 10.1 | Health & Safety Accreditation Certificate |  |
| 10.2 | Health & Safety Policy Statement *(not more than 2 years old, signed by the Chairman, Chief Executive MD or Company Secretary)* |  |
| 10.4 | Details of Health & Safety Executive / Local Authority Enforcing Action(s) |  |
| Please also ensure that you have:  | **Tick below** |
| Signed the Declaration on the preceding page |  |
| Enclosed a copy of this Application Form on CD-ROM or another suitable disk *(where applicable)* |  |
| Retained a copy of the document for your records, accessible to the person dealing with correspondence relating to this application (as referred to in question 1.2) |  |
| Only appended the documents asked for, not full copies of supporting documents e.g. entire H&S policies, Report and Accounts, etc. (which we may request at a later stage) |  |

**APPENDIX A – SCORED CRITERIA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Question Number** | **Question**  | **Section Weighting** | **Question Weighting** | **Score** | **Max Score** |
| **EXPERIENCE & REFERENCES** |  |  |   |   |
| 5.1 | Firm's Principal Fields of Activity | **35%** | **1** | 0 - 5 | 5 |
| 6.1 | Experience of similar service provision - Details of work previously completed for other clients | **2** | 0 - 5 | 10 |
| 6.3 | Client References - suitability of nominated references | **1** | 0 - 5 | 5 |
| Client References - quality of reference received back | **3** | 0 - 5 | 15 |
|  |  | **TOTAL:**  |  35 |
|  |  |  |  |   |   |
| **RESOURCES, CAPACITY & SUB CONTRACTING** |  |  |   |   |
| 5.2 | Numbers of Staff Proportionate to Services Tendered | **35%** | **1** | 0 - 5 | 5 |
| 5.3 | Ensuring suitably qualified & experienced technical staff are utilised | **1** | 0 - 5 | 5 |
| 5.4-5.5 | If work is to be subcontracted, are the firm's processes and procedures for appointing subcontractors acceptable? | **5** | 0 - 5 | 25 |
| If work is not subcontracted, how is this service provision usually resourced? |
|  |  | **TOTAL:**  |  35 |
|  |  |  |  |   |   |
| **QUALITY PROCEDURES AND CONTRACT MANAGEMENT** |  |  |   |   |
| 7.1 - 7.2 | Formal, certified and evidenced Quality System? | **20%** | **2** | 0 - 5 | 10 |
| 7.3 | Is the firm a member of or accredited by a recognised and relevant industry association?  | **1** | 0 - 5 | 5 |
| 13.1 – 13.9 | Business Continuity Procedures | **1** | 0 - 5 | 5 |
| **TOTAL:**  |  20 |
|  |  |  |  |   |   |
| **OTHER POLICIES AND PROCEDURES** |  |  |   |   |
| 9.1-9.5 | Firm has evidenced existence of formal, written environmental policy | **10%** | **0.5** | 0 – 5 | 0.25 |
| 9.6 – 9.8 | General Approach to Environmental Issues & Sustainability | **0.5** | 0 – 5 | 0.25 |
| 10.1 – 10.3 | Formal, Written H&S Policy Provided | **0.5** | 0 – 5 | 0.25 |
| 10.4 | Record of H&S Enforcing Actions | **0.5** | 0 - 5 | 0.25 |
| **TOTAL:**  |  10 |
|  |  |  |  |   |   |
| **GRAND TOTAL:**  | 100 |

**APPENDIX B – SUMMARY OF INELIGIBILITY CONDITIONS PROVIDED BY REGULATION 14 OF THE PUBLIC SERVICES CONTRACTS REGULATIONS 1993 (SI 1993 NO 3228)**

This summary is offered only as an indication for the convenience of bidders. Bidders should refer to the Regulations and satisfy themselves that they are not ineligible.

Regulation 14 sets out the grounds on which a supplier may be deemed ineligible to tender for or be awarded a public contract. Rejection is permissible when a supplier:

- is in a state of bankruptcy insolvency compulsory winding up, administration, receivership, composition with creditors or any analogous state, or subject to relevant proceedings;

- has been convicted of a criminal offence related to business or professional conduct;

- has committed an act of grave misconduct in the course of business;

- has not fulfilled obligations relating to payment of social security contributions;

- has not fulfilled obligations relating to payment of taxes;

- is guilty of serious misrepresentations in supplying information required by the <CLIENT NAME> under the Regulations

- is not in possession of a licence or not a member of the appropriate organisation where the law of that State requires it;

or

- subject to paragraphs (5) and (6) of Regulation 14, is not registered on the professional or trade register of the relevant State in which established

1. This is EU wording for what is value for money/ best value for the <CLIENT NAME>. [↑](#footnote-ref-1)
2. The European Commission defines an SME as an enterprise which employs fewer than 250 persons and which has an annual turnover not exceeding EUR 50million and/or an annual balance sheet total not exceeding EUR 43million. [↑](#footnote-ref-2)
3. A Company is a “subsidiary” of another company, its “holding company”, if that other company:

(a) holds a majority of the voting rights in it or (b) is a member of it and has the right to appoint or remove a majority of its board of directors or (c) is a member of it and controls alone pursuant to an agreement with other shareholders or members, a majority of the voting rights in it, or it is a subsidiary of a company which is itself a subsidiary of that other company [↑](#footnote-ref-3)
4. To facilitate correct interpretation of the figures provided, please enter the figures numerically in full, e.g.. £4,500,000 and not £4,500k [↑](#footnote-ref-4)
5. Sales and Revenue volume measured in currency terms. [↑](#footnote-ref-5)
6. A bond can be defined as a legally enforceable financial guarantee given by a third party (the guarantor) to a purchaser (the client) to guarantee the obligations of a supplier of goods, works or services (the contractor) under a contract. The guarantor agrees to pay the client a sum of money if the contractor defaults on its obligations. [↑](#footnote-ref-6)
7. ”system” means processes and procedures to ensure that the subject is property managed. This includes making sure that legal requirements are met. [↑](#footnote-ref-7)
8. ”system” means processes and procedures to ensure that the subject is property managed. This includes making sure that legal requirements are met. [↑](#footnote-ref-8)
9. Any business employing five or more people has, by law, to prepare and bring to the attention of employees a written Health & Safety Policy Statement [↑](#footnote-ref-9)
10. A short statement outlining the organisation’s commitment to health & Safety, signed and dated by a senior organisation official. [↑](#footnote-ref-10)
11. ”system” means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met. [↑](#footnote-ref-11)