



Swanage Town Council

Information Document

The information included within this document is being made available by Swanage Town Council to parties seeking to express an interest in the provision of Cleaning Services to the Council.

Whilst the information contained within this document has been prepared in good faith, it does not purport to be comprehensive nor to have been verified by Swanage Town Council. No representation, warranty or undertaking, expressed or implied in respect of any effort, omission, misstatement or representation, is or will be made and no responsibility or liability is or will be accepted by Swanage Town Council as to, or in relation to, the accuracy or completeness of this document.

Interested parties must complete a PQQ if they wish to be considered for short listing.

Introduction

Swanage Town Council is one of the largest town and parish councils in England providing a wide range of services to 10,000 residents. It is the eastern gateway town to the Jurassic Coast World Heritage Site and Swanage beach has consistently achieved European Blue Flag Status. Welcoming thousands of visitors each year, it is vital that the town's facilities are maintained to excellent standards.

The Council is committed to the principles of modern local government – providing quality services and effective community leadership. Our mission statement is to “Maintain and enhance Swanage for the well-being and prosperity of present and future generations”.

More information about Swanage Town Council can be found at www.swanage.gov.uk



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Services Required

The Council is seeking to appoint a contractor who can provide a quality cleaning service for its public toilets across the town. There are eleven such facilities in total and these are located adjacent to the public highway, in public car parks and in public buildings within the parish.

Specific requirements will be detailed in the Tender Documentation, which will be issued to those organisations who are invited to tender following the evaluation of the PQQ submissions.

The following are considered key requirements for the Public Toilet Cleaning Services provider:

- Proven experience of provision of quality cleaning services to public toilets
- Ability to provide good quality outcomes
- High standards of supervision and management
- Flexible and responsive approach

Key services to be provided under the contract include:

- Cleaning
- Opening & Closing

The Council's aim is to maximise energy efficiency, minimising the impact of its services on the environment and water usage and the overall environmental impact of the service provision will be a consideration.

The contract will be for a period of **3** years with the possibility of an additional **2** year extension

Applicants suitable to be selected to participate in the tender process will be assessed in compliance with The Public Contracts Regulations. The Applicants selected will be those scoring most highly on the basis of the criteria set out on page 7.



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Award Criteria

The final award criteria will be based on:

60% Cost

40% Quality

Full details will be included in the invitation to tender document.



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Timescale

The exact programme for this tender has not yet been finalised. However, the indicative timetable is as follows:

ACTIVITY	Date
PQQ Submission deadline	Noon Friday 28th October 2016
PQQ Evaluation	31st October – 11th November 2016
Issue Tender Documents & Tender Period	14th November 2016
Tender Submission Deadline	16th December 2016
Tender Evaluation/ Presentation	19th December 2016 – 20th January 2017
Award /Implementation Period	23rd January –2nd April 2017
Work Start Date	3rd April 2017



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Pre-Qualification Questionnaire

Notes for Suppliers

The purpose of this questionnaire is to assist **Swanage Town Council** in deciding which suppliers to short-list to invite to tender for the Public Toilet Cleaning Services Contract.

Please ensure you enclose all accounts, certificates, statements and policies with your return if they are requested. Please answer every question. If the question does not apply to you please write N/A; if you don't know the answer please write N/K.

“Authority” means Swanage Town Council

PQQ Return

PQQ to consist of:

- one A4 paper original (to be clearly marked “original”)
- one further copy in the same format
- one electronic version on CD or memory stick

All the above are to be sealed in an envelope or package and forwarded to the address below paying all carriage or postage as appropriate.

The PQQ may be hand-delivered to the Council offices at the address below. It is the responsibility of the submitter to ensure that the document is delivered to the Client no later than the notified deadline. The PQQ will not be considered if dispatched by email or facsimile.

Return address: Mr G Brookes
Operations Manager
Swanage Town Council
Town Hall
High Street
Swanage
Dorset
BH19 2NZ



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Not later than: **12 NOON Friday 28th October**

Any PQQ received after this date and time will not be considered.

If you have any queries about this PQQ, please contact Swanage Town Council's Operations Manager, Geoff Brookes, by email admin@swanage.gov.uk quoting Ref: **Public Toilet Cleaning 2016**



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PQQ Evaluation

Section	Weighting		Rationale
1. Organisational Details	0%		Information only
2. * Financial Standing			Pass/Fail
3. Business Activities	15%		
4. References	25%		
5. Insurances	5%		
6. Quality Assurance	5%		
7. Health and Safety	5%		
8. Equal Opportunities			Information only
9. Environmental Management	5%		
10. Professional & Business Standing			Pass/Fail
11. Requirement Specific Questions	11.1 Experience	20%	
	11.2 Value for Money	15%	
	11.3 Recruitment & Training	5%	
12. Declaration - signed			Pass/Fail (Failed if not signed)

*** In addition to the information provided for this PQQ the council may also use an external credit agency to run credit reports on organisations**



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1	BASIC DETAILS OF YOUR ORGANISATION	
1.1	Name of the organisation in whose name the tender would be submitted:	
1.2	Contact name for enquiries about this bid:	
1.3	Contact Job Title	
1.4	Address: Post Code:	
1.5	Telephone Number:	
1.6	Fax Number:	
1.7	Email Address:	
1.8	Website Address:	
1.9	Company Registration Number (if this applies):	
1.10	Charities or Housing Association or other Registration number (if this applies). Please specify registering body:	
1.11	Date of Registration:	
1.12	Registered address if different from the above: Post Code:	
1.13	VAT Registration number:	



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1.14	Is Your organisation: (please tick one)	i) a public limited company?	
		ii) a limited company?	
		iii) a partnership	
		iv) a sole trader	
		v) other (please specify)	
1.15	Name of (ultimate) parent company (if this applies):		
1.16	Companies House Registration number of Parent Company (if this applies)		
1.17	Would the group or the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?		Yes <input type="checkbox"/> No <input type="checkbox"/>
1.18	Have any of the Directors, Partners, Associates been employed by this Council? (if yes please provide details)		Yes <input type="checkbox"/> No <input type="checkbox"/>
1.19	Please state if any Directors, Partners or Associates has a relative(s) who is employed by the Council at a senior level or who is a Councillor? (if yes please provide details)		Yes <input type="checkbox"/> No <input type="checkbox"/>
1.20	Please state the names of Directors, Partners or Associates of your company who have any involvement in other Companies who provide services to the Council.		
1.21	Consortia and Sub-Contracting	a) Your organisation is bidding to provide the services required itself	Yes <input type="checkbox"/> No <input type="checkbox"/>



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		b) Your organisation is bidding in the role of Prime Contractor and intends to use third parties to provide some services	Yes <input type="checkbox"/> No <input type="checkbox"/>
		c) The Potential provider is a consortium	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your answer to b) or c) please indicate (by inserting the relevant company / organisation name) the composition of the supply chain, indicating which member of the supply chain (which may include the Potential Provider solely or together with other providers) will be responsible for the elements of the requirement.			
QUESTIONS 1.22 AND 1.23 FOR COMPLETION BY NON-UK BUSINESSES <u>ONLY</u>			
1.22	Registration with professional body Is your business registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in Annexes IX A-C of Directive 2004/18/EC under the conditions laid down by that member state).	Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.23	Is it a legal requirement in the State where you are established, for you to be licensed or a member of a relevant organisation in order to provide the requirement in this procurement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	



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	If yes, please provide details of what is required and confirm that you have complied with this.		Yes <input type="checkbox"/> No <input type="checkbox"/>
2	FINANCIAL INFORMATION		
2.1	What was your turnover in the last two years (if this applies)?	£..... for year ended ---- / ---- / ----	£..... for year ended ---- / ---- / ----
2.2	What was your gross profit for the same two years?	£..... for year ended ---- / ---- / ----	£..... for year ended ---- / ---- / ----
2.3	What proportion of your turnover is relevant to what we are buying? Please express as a percentage.		
2.4	Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.5	If "No" what were the reasons, and what has been done to put things right?		
2.6	Has your organisation met all its obligations to pay its creditors and staff during the past year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.7	If "No" please explain why not:		
2.8	What is the name and branch of your bankers (who could provide a reference)?	Name:	
Branch:			
Contact details:			



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2.9	Please provide copies of one of the following with your return;	
	<i>A letter from your accountant or auditor confirming that the business has been operating profitably for the last three years, is currently in a sound financial position and has sufficient reserves to continue operating profitably together with a copy of your most recent audited accounts (for the last two years if this applies)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>A statement of your turnover, profit & loss account and cash flow for the most recent year of trading and a bank letter outlining the current cash and credit position.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<i>Alternative means of demonstrating financial status if trading for less than a year</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3	BUSINESS ACTIVITIES	
3.1	What are the main business activities of your organisation?	
3.2	How many staff does your organisation have? (If you are a sole trader, please say so)	
3.3	Please mark the methods over which your organisation is able to accept orders?	Post <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Internet <input type="checkbox"/>
3.4	Can your organisation invoice electronically?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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4	REFERENCES			
	<p>Please provide details of three recent contracts that are relevant to the Authority's requirement. These must be independent referees and where possible at least one should be from the public sector. If you cannot provide three references, please explain why.</p> <p>Please ensure all referees given have been contacted and have agreed to provide a reference for you, those not returned will score zero on evaluation of your PQQ.</p>			
		Reference 1	Reference 2	Reference 3
4.1	Customer Organisation (name):			
4.2	Customer contact name and phone number: Email Address: Postal Address:			
4.3	Date Contract Awarded			
4.4	Contract reference and brief description:			



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4.5	Contract Value:			
4.6	Date contract was completed			
4.7	Have you had any contracts terminated for poor performance, or any contracts where damages have been claimed by the contracting authority?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4.8	If "Yes", please give details:			
4.9	Are you currently carrying out a contract for Swanage Town Council? (if yes please give details below)			Yes <input type="checkbox"/> No <input type="checkbox"/>

5	INSURANCE	
	Please provide copies of your insurance certificates with your return.	
	Please provide details of your current insurance cover	Value
5.1	Employers Liability:	£
5.2	Public Liability:	£
5.3	Professional Indemnity (if applicable):	£
5.4	Other (please provide details):	£
5.5	If the level is lower than the Council requires, would you be prepared to increase your level of cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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6	QUALITY ASSURANCE	
6.1	Does your organisation hold a recognised quality management certification for example BS/EN/ISO 9000 or equivalent? Please provide a copy of your certificate or the contents page of your quality manual with your return.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.2	If not, does your organisation have a quality management system*?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.3	If you do not have quality certification or a quality management system, please explain why:	

* "system" means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met.

7	HEALTH AND SAFETY
	<p>Health and Safety Policies</p> <p>Any business employing five or more people has, by law, to prepare and bring to the attention of employees a written Health and Safety Policy Statement. A Health and Safety Policy usually consists of three distinct sections namely:</p> <p>1. General Policy Statement – a short statement outlining the organisation's commitment to Health and Safety, signed and dated by the senior organisation official (for example, the Managing Director).</p> <p>2. Organisation – how the organisation addresses health and safety; lines of communication between managers and staff; and any specific duties/responsibilities assigned within the organisation - this should be relatively straightforward for smaller organisations.</p> <p>3. Arrangements – the systems and procedures in place for ensuring employees' health and safety at work</p>



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7.1	Does your organisation hold a recognised Health & Safety certification for example BS/EN/ISO 18001 or equivalent? Please provide a copy of your certificate or the contents page of your Health & Safety manual with your return.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.2	If not, does your organisation have a written health and safety at work policy? (<i>see notes at end of questionnaire</i>) If yes, please provide a copy with your return	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.3	Does your organisation have a health and safety at work system*?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.4	If “No”, to all of the above please explain why:	

* “system” means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met.

8	EQUALITIES	
8.1	Is it your policy as an employer to comply with the Equalities Act 2010?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.2	Is your policy on race relations and employment equality set out:	
(a)	In instructions to those employees concerned with recruitment, training and promotion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b)	In documents available to employees, recognised trade or other representative groups of employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c)	In recruitment advertisements or other literature?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d)	Please provide relevant examples of the instructions, documents, recruitment advertisements or other literature with your return.	



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	<p>EQUAL OPPORTUNITIES MONITORING</p> <p>Your answer to the following question will not affect your chances of being approved; we are asking for this information solely to help us develop our equal opportunities policy. We will use the information in your replies for statistical purposes only, and will not disclose it otherwise without your consent.</p>
	<p><i>The Commission for Racial Equality defines an ethnic minority business as 'a business 51% or more of which is owned by members of one or more ethnic minority groups, or, if there are few owners, where at least 50% of the owners are members of one or more ethnic minority groups'. For this purpose, ethnic minority means ethnic groups other than 'white British'.</i></p>
(a)	<p>Is your enterprise an ethnic minority business according to the above definition? <i>(please tick one)</i></p> <p>Yes <input type="checkbox"/></p> <p>No - White British <input type="checkbox"/></p> <p>Not Known – Public quoted company <input type="checkbox"/></p> <p>Not prepared to divulge <input type="checkbox"/></p>
(b)	<p>If you answered Yes to the question above please tick the appropriate boxes to indicate the ethnic group(s) that best describes the owners or managers of your firm.</p> <p><u>Asian or Asian British</u></p> <p>Indian <input type="checkbox"/></p> <p>Pakisani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background (please specify)</p> <p><u>Black or Black British</u></p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Other Black background (please specify)</p> <p><u>Chinese or other Ethnic Group</u></p> <p>Chinese <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>(Please specify)</p>



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	<p><u>Mixed</u></p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any Mixed background (please specify)</p> <p><u>White</u></p> <p>Irish <input type="checkbox"/></p> <p>Other White background (please specify)</p>
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9	ENVIRONMENTAL MANAGEMENT	
9.1	<p>Does your organisation hold a recognised environmental management certification for example BS/EN/ISO 14001 or equivalent?</p> <p>Please provide a copy of your certificate or the contents page of your manual with your return.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
9.2	<p>If not, does your organisation have an environmental management system*? If, yes please provide details on a separate sheet</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

10	PROFESSIONAL AND BUSINESS STANDING	
Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)?		
10.1	Is in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
10.2	Has been convicted of a criminal offence related to business or professional conduct	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
10.3	Has committed an act of grave misconduct in the course of the business	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
10.4	Has not fulfilled obligations related to payment of social security contributions	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>



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10.5	Has not fulfilled obligations related to payment of taxes	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.6	Is guilty of serious misrepresentation in supplying information	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.7	Is not in possession of relevant licences or membership of an appropriate organisation where required by law	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.8	If the answer to any of these is “ Yes ” please give brief details below, including what has been done to put things right.	

11	REQUIREMENT SPECIFIC QUESTIONS	
11.1	<p>Please describe how the contracts you operated in the past are relevant to providing cleaning services for public toilets and demonstrates your experience in dealing with</p> <ul style="list-style-type: none"> a) Provision of toilet cleaning services in a tourist area or in an area that attracts a large number of seasonal visitors. b) Emergency call outs. c) Providing cleaning services for public toilets that cater for diverse use including access to disabled toilets and nappy changing facilities. d) Experience of working with members of the public as users of Council facilities. <p>Your response must be limited to a maximum of 5 sides of A4, minimum font size 10pt</p>	



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11.2	Please describe how the contracts you currently operate demonstrate that your toilet cleaning service delivers value for money for your customers. Your response must be no more than 3 sides of A4.	
11.3	Describe your approach to recruitment and training of employees.	

12	I declare that to the best of my knowledge the answers submitted in this PQQ (and any supporting documents) are correct. I understand that the information will be used in the evaluation process to assess my organisation's suitability to be invited to tender for the Authority's requirement.	
	FORM COMPLETED BY	
12.1	Name:	
12.2	Contact Job Title:	
12.3	Date:	
12.4	Telephone number:	
12.5	Signature:	