





APPENDIX D - CALL OFF AGREEMENT FORM



| CALL OFF AGREEMENT FORM | | |
|---|------------------------------|--|
| <p>This Form is to be used by the Client when requesting that work be undertaken within the terms of the Call Off Contract. The Parties agree that each completed and approved Form will form part of and be interpreted in accordance with the terms and conditions of that Call Off Contract.</p> | | |
| Project Title: FS430584 - Survey of Infectious Intestinal Disease in the UK and the effect of COVID-19 response measures | Reference: | FS107010 |
| | Date: | 11 th August 2020 |
| Client – Project Representative:  | Tel: | |
| | E-mail: |  |
| Supplier – Project Representative:  | Tel: | |
| | E-mail: |  |
| Project Start Date: | 10 th August 2020 | |
| Project Completion Date: | 9 th October 2020 | |
| Specification/ Scope of Work: <p>Background</p> <p>The current (COVID-19) outbreak has been declared as a pandemic by the World Health Organisation. This large outbreak presents an unprecedented situation not seen in the UK for over 100 years. The contingency measures taken to prevent the infection from spreading among the population have changed many of our eating habits.</p> <p>Most restaurants are closed and only a small number of them continue offering take away services, pushing people to eat mainly at home. Even when restaurants are permitted to reopen (July 4th), a significant number of people have reported</p> | | |

that they do not plan to eat out for the foreseeable future, particularly those who are elderly or those with long-term health conditions (as reported in the recent COVID-19 tracker report). Furthermore, some restaurants may feel unable to reopen safely or choose not to reopen due to a variety of factors.

In addition, the lockdown situation has considerably reduced person to person contact. Hygiene practices have increased under government advice of thorough hand washing and surfaces disinfection. All these measures play an important role on the likelihood of people getting diseases, especially Infectious Intestinal Disease (IID) and foodborne diseases. Prior to the COVID-19 outbreak, the incidence of IID was calculated based on the proportion of people with symptoms who were admitted to hospitals or visited the GP (see previous research commissioned by the FSA as contextual background):

[Study of Infectious Intestinal Disease \(IID\) in England](#)

[Second Study of Infectious Intestinal Disease in the community](#)

[Extension to the IID2 study: identifying the proportion of foodborne disease in the UK](#)

[The Burden of Foodborne Disease in the UK 2018](#)

[Norovirus Attribution Study](#)

There is data that due to the COVID-19 pandemic, fewer people are visiting health services as they would have done prior to the pandemic. People presenting mild symptoms of IID avoid visiting the doctor or hospital due to concerns about COVID-19 infection or due to lockdown measures (e.g. advice to stay home if possible, reductions in public transport, NHS saturation). For this reason, this pandemic might have a direct impact on the rates and reporting levels of IID incidence in the UK and therefore the estimates of foodborne diseases based on these figures.

In order to better assess the rate of IID during the coronavirus pandemic, the FSA wishes to commission a survey to gather information about foodborne diseases and IID among the population.

The first wave, of the survey will be run in mid-July 2020 (whilst there is still significant community COVID-19 infection) and the second in July 2021 or once the risk of COVID-19 infection has passed (most likely due to a vaccine) (whichever is later). This will allow for differences to be compared.

Ipsos MORI's response should include details of how two separate waves will be managed (including separate costings), and how flexibility can be offered if the second wave of research needs to be cancelled and/or deferred if the pandemic lasts longer than a year.

Objectives

Small changes in habits during the pandemic may impact on IID (for example, we know most norovirus is person to person so rates should have reduced if people have remained in their homes) and therefore the FSA foodborne diseases estimates. It is important to understand these effects in order to explore existing and future advice for the public. By collecting data on IID during the pandemic, the FSA will gain insight into the [self-reported] rate of IID and how reporting of IID incidences (to a doctor or hospital) have been impacted. In addition, this research will provide insight into how a person's behaviours (such as eating habits inside and outside the home, use of transport, hand hygiene and cleanliness), or associated COVID-19 symptoms, notably diarrhoea, may have impacted the rates of IID. This will be compared to the data once the second survey has run.

The collection of data on the rates of IID will offer the opportunity to do an extended comparison with previously collected and future IID studies, allowing the possibility to analyse the effects of COVID-19 containment measures on IID. Additionally, gathering information on the self-reported prevalence of IID, including COVID-19 associated IID during the pandemic, will grant provides the FSA the possibility of including these data into the foodborne diseases estimates study. Finally, this survey may provide greater detail on the source attribution of IID in the UK, which would be an important source of information for the FSA to enable us to provide more targeted advice on the prevention of illness attributed to foodborne disease.

Longer term, this work enables the FSA to test the effectiveness of an online IID survey as a possible temperature checker between larger IID cohort studies. This project supports the FSA's strategic objective of reducing foodborne disease, making food safe, and to improve the FSAs evidence base on FBD. By having more evidence on the different sources of IID, the FSA will be in a better position to inform interventions for IID and FBD in the future.

Key research question/s:

- What is the self-reported level of IID in the community during the COVID-19 pandemic compared to a non-pandemic year?
- How much of IID reported during the pandemic can be partly or fully attributed to COVID-19 symptoms?
- How many people reporting IID consulted a doctor and/or medical practitioner, and if so, were lab tests taken to look for the causative agent of the IID?
- What do individuals reporting IID posit as the source of their IID infection and how does this differ between the two years of the study?
- What are the self-reported differences in major IID risk factors (such as eating, lifestyle and travel) between 1) those who get ill and those who don't and 2) between a pandemic and non-pandemic year?

- What are the strengths and weaknesses of the methodology used, with specific reference to IID, as opposed to methodologies used in previous research? What effects might this have on the data?

Methodology – please include (if available)

- **sampling considerations**
- **recruiting considerations** (identifying and recruiting your cohort)
- **ethical considerations**

The survey must capture a sample of 10,000 participants across England, Northern Ireland, Scotland and Wales, although sample boosts in the devolved countries is not necessary.

Previous IID studies have used a sample that includes children and has no age restriction (as IID can affect a person of any age).

In a previous IID telephone survey, the person who answered the telephone was asked to choose the household member (present at the time of the call) whose birthday occurred next. Participants were given the opportunity to be interviewed directly if they were aged 12 or over. If younger, a parent or guardian would ordinarily respond on behalf of the child.

To keep in line with previous research, FSA prefer that the survey should be fully representative of all UK adults and children with no upper or lower age limit. Ipsos MORI should provide full details and justifications for their recommended sampling approach and research methodology.

The sampling approach should contain details of how they will ensure that the data is representative of age, gender, socio-economic group, region and ethnicity.). In their response, Ipsos MORI should provide a proportional breakdown of the 10,000 sample.

Ipsos MORI should provide details of additional demographics that may be available at the point of data analysis. Data variables must include age, gender and the presence of children in a household.

The initial survey (to be asked of all 10,000 participants) will include questions on the following topics:

- Eating habits including;
 - use and frequency of takeaways
 - use and frequency of restaurants and other food outlets outside the home (if reopening during Wave 1 fieldwork)
 - hygiene measures while cooking and eating in the home
 - risky food behaviours – such as eating food that is past its use by date and washing foods
- Lifestyle questions including:
 - frequency of leaving the home and for what reasons

- frequency and methods of travel (including those using public transport)
- time spent outside of the home
- handwashing

Once this information is captured, screeners should be used to determine participants with IID symptoms within the last 28 days (all 10,000 participants should be asked this). Those who do not display symptoms of IID will not be required to complete the rest of the survey and are screened out.

Of those participants who report IID symptoms (FSA estimates this to be approximately 7-10%), further questions should be asked including:

- if the participant has experienced any symptoms of COVID-19 in the past 28 days
- If participants have reported their IID symptoms to a doctor/medical practitioner
- if samples were taken by a medical professional, and what the test results indicated (positive result for IID)
- If other members of the household experienced symptoms of IID in the last 28 days
- What participants believe has caused the IID

We anticipate that the initial questions to be asked of all respondents will last no longer than 3 minutes, and the following 10 to 20 questions to be asked only of respondents who have experienced IID symptoms will last between 10-15 minutes (although this may be somewhat dependent on the suggested methodology). Please can you advise within the financial template how costs will change if the initial questionnaire is longer or shorter than 3 minutes, and similarly so if the follow-up questionnaire is longer or shorter than 10 minutes.

Although specific questions have not yet been finalised, the FSA will be working to develop questions around these topic areas.

In their response, Ipsos MORI should address ethical issues alongside plans to mitigate these risks, with specific reference to:

- The collection of sensitive, personal and medical information from participants
- The inclusion of children within the sample

Ipsos MORI may wish to include in their proposal alternative methodologies that could be used, and consider the positives and negatives of each approach and to provide contextual background that justifies their recommended approach. We would appreciate inclusion of a similar discussion of suitable methodologies should also be provided in the final technical report.

Please provide details of your weighting strategy, to include design and non-response weighting.

Risk assessment:

In their response, Ipsos MORI should identify a range of risks for this project and consider how those risks could be mitigated. Specific consideration should also be given to the following:

- Obtaining a representative sample of 10,000 participants (during, and after the pandemic)
- How they will incorporate a flexible research design that allows for the deferral of the second wave if the pandemic has not subsided.

Research process

Ipsos MORI should work closely with the FSA to develop a suitable questionnaire and survey script. Please provide details on how quickly this can be achieved. FSA expect weekly catch-up meetings during the project.

Please provide recommendations on measures that can be taken to ensure the questionnaire is well-understood by respondents.

Analysis and review

Ipsos MORI should provide FSA with raw data outputs (in SPSS and CSV formats), so that additional analysis can be carried out in-house. Anonymised data tables for each question should be provided, cut by key demographic variables. Final demographics are to be agreed, but should include a minimum of:

- age
- gender
- presence of children in household

The data tables should include rates per population and provide weighted and unweighted samples. Analysis of Wave 2 should allow for comparisons with Wave 1 to show changes between the two waves.

Analysis, data tables and full datasets will be required after W1 and W2 of this project.

Outputs – (NB. all outputs must be in line with FSA brand guidelines and meet FSA accessibility requirements)

The following outputs should be produced in both W1 and W2 of this project:

- Anonymised datasets (full, raw data), one for each survey

- Publishable data tables that provide all the analysis outlined above (one for each wave of the survey, including wave-on-wave comparisons)
- A formal written report for each wave of the survey to include; background, executive summary, methodology, results, conclusions and recommendations. The report should also include data visualisation whilst following the FSAs branding and accessibility guidelines. This report will address the key research questions, including trends over time (W2 report). Ideally, the report will not exceed 30 pages (excluding appendices).
- Presentation slide deck following each survey, to summarise findings in a visual and engaging way for a non-technical, internal audience.
- A face to face debrief after each wave of the survey to summarise key findings, and allow feedback and discussion of the research.

All above outputs will require sign off from the FSA, and draft versions should be developed in collaboration with the FSA. In line with FSA's open and transparent approach, each report will be published alongside the data tables and SPSS dataset.

How will the outputs of this research be disseminated for effective/maximum impact?

Initially, the outputs are intended for internal use, particularly by colleagues in Risk Assessment and in the analytics unit, although there will likely be interest from external bodies such as Public Health England (PHE) and Food Standards Scotland (FSS). Therefore, the final report should be suitable for publication and sharing across external organisations.

The FSA will use the findings of this project to estimate the change in IID between a pandemic and non-pandemic year, and the reasons for it. This will help to interpret the level of IID and foodborne disease during the COVID-19 pandemic. The survey will also help to determine the likely causes of IID (and the perceived causes by participants).

This project will support the FSA's strategic objective of reducing foodborne disease, making food safe, and to improve the FSAs evidence base on FBD.

Timescale milestones

The first round of data collection should be done as soon as possible, with a preference for the data to be collected by the time restaurants reopen, currently scheduled for July 2020.

We aim for the second survey to be collected in July 2021 subject to agreement with the FSA. As outlined above, the survey may need to be delayed until 2022.

The timescales below are indicative of the FSAs expectation. Ipsos MORI should provide a detailed time schedule for each stage of the project, and account for any reasons why it differs to the suggested timescales below. However, this project is time critical and needs to be completed before loosening of lockdown measures fully take effect.

| Milestone | Date to be completed |
|---|------------------------------|
| Final work package template to be agreed and signed off | COP 10 th July |
| FSA to agree the questionnaire guide and sampling strategy with Ipsos MORI | by 17 th July |
| FSA to agree the data analysis plan with Ipsos MORI | by 31 st July |
| FSA to agree the most effective method(s) of disseminating survey findings to the target audience with Ipsos MORI | by 7 th August |
| Completion of pilot | by 24 th July |
| Completion of fieldwork | by 14 th August |
| Ipsos MORI to produce survey outputs i.e. report, dataset and any other agreed resources | by 7 th September |

Special Terms:

To include any terms or conditions not covered in the overarching contract or any terms amended for the purposes of this Call Off Agreement

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| Deliverables: | See Annex A – Suppliers Response |
| Foreground IPR – Ownership | See Clause 15 – Intellectual Property Rights in overarching contract |
| Personal Data (GDPR) | See Annex A – Suppliers Response |
| Price | See Annex B – Suppliers Financial Template |
| Payments & Invoicing | <p>Please submit invoices to [REDACTED] for work with FSA.</p> <p>Please include the referring FSA purchase order number in the email title and within the invoice to allow Invoice/Purchase Order matching. Note that invoices that do not include reference to FSA Purchase Order number will be returned unpaid with a request for valid purchase order through email.</p> <p>Further details can be found at Schedule 5 'Invoicing Procedure & No PO/ No Pay' in the Call Off Contract.</p> |
| <p>We confirm receipt of this Form seeking approval for the above project to proceed. We agree to provide the goods and/or services requested according to the terms and conditions set out in the Call Off Contract between the FSA and Ipsos MORI</p> | |
| <p>Signed by Work Order</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Ipsos MORI Representative:</p> <p>[REDACTED]</p> <p>.....</p> <p>Name: [REDACTED]</p> <p>.....</p> <p>Date: 25/08/20</p> <p>.....</p> </div> <div style="width: 45%; text-align: right;"> <p>FSA</p> <p>[REDACTED] ...</p> <p>[REDACTED]</p> <p>25/08/2020</p> <p>.....</p> </div> </div> | |

Annex A – Suppliers Response

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¹ Where these do not sum to 100% this is due to rounding.

² <https://pamco.co.uk/>

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 2. **Underline the subject and the verb.**
 3. **Write the subject and the verb in the space provided.**

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Quality management – please set out you will embed quality management

As a multi-strand tracker project transitioning to a new methodology, and taking place at a time of unprecedented upheaval, quality management will be of particular importance on this study.

We will work collaboratively with the FSA on the study design, delivery and outputs. Our starting point will be to ensure we and the FSA have a common understanding of how the study should run. At the inception meeting we will discuss and finalise the finer points of the survey design, approach to the questionnaire development phase, project and risk management arrangements, deliverables and timings. After the meeting, a revised, detailed timetable will be produced which will clearly identify where the FSA's input will be required, and the nature and extent of involvement.

The project director () will oversee the work and will be accountable for ensuring the quality of all outputs, and delivery to agreed timelines. The project manager () will act as a single point of contact, to ensure the right level of co-ordination and control across the project. Vicky will also ensure that the relevant member of staff at Ipsos MORI fulfils their sign-off obligations for key milestones. This includes arranging for fieldwork and all outputs to be delivered on time and to a high standard.

We will agree a schedule for regular (at least weekly) contact with the FSA by telephone and email throughout the project to provide clear updates on progress, address emerging issues quickly and provide feedback to inform operational needs. We will also be available to discuss any emerging issues, and to join face-to-face (or video-call) meetings at key milestones.

In addition to the approaches outlined above, other steps we will take to ensure delivery runs to schedule include:

- Extensive testing of the questionnaire and online script to ensure they are 'right first time' when fieldwork commences.
- Realistic timings that allow time for drafting and review of materials. This includes building in time to ensure high quality first drafts, time for the FSA to review, and time for Ipsos MORI to action any changes.
- Discussing and agreeing expectations by preparing in advance documents such as analysis plans, reporting outlines, and draft report chapters.

Ipsos MORI's complete focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation. Good research requires exhaustive quality procedures which are put into practice. We

work to very strict quality management processes and standards, many of which exceed that required for the industry. These include:

- **ISO 9001:2008**, international general company quality standard with a focus on continual improvement through quality management systems.
- **ISO 20252:2006**, International market research specific standard that supersedes MRQSA (BS 7911) & incorporates IQCS (Interviewer Quality Control Scheme); it covers the 5 stages of a Market Research project.
- **ISO 27001:2005**, International standard for information security designed to ensure adequate and proportionate security controls are in place
- **MRS Company Partnership**;
- **Fair Data** - In order to demonstrate our commitment to ensure personal data is processed fairly, ethically and in compliance with all relevant Data Protection & Privacy laws, including the Data Protection Act, we have signed up to the “Fair Data” accreditation scheme.



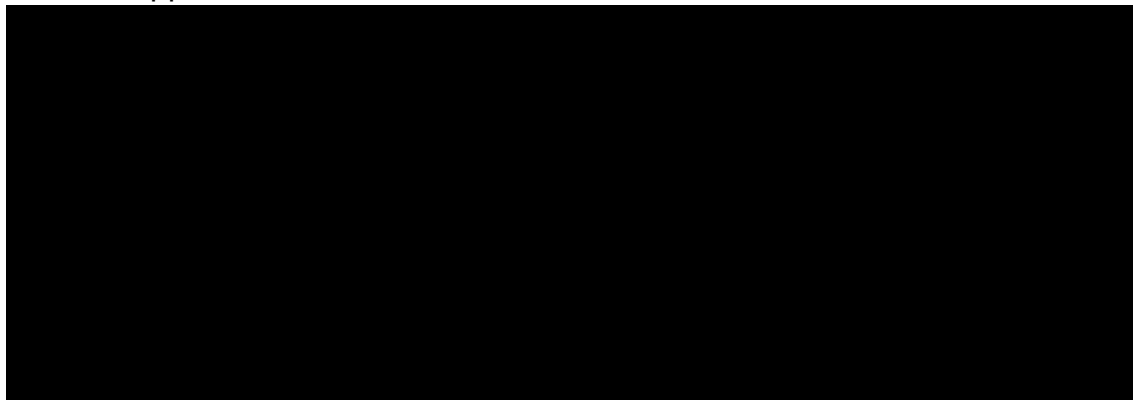
We have an integrated quality, compliance and information security management system, our ‘Business Excellence System’ (BES). Its objectives are:

- To provide assurance to Ipsos MORI’s clients that we will deliver reliable and robust research findings by, among other measures, meeting the requirements of the international quality standard for market research (ISO 20252); and
- To minimise risk to the business by focussing on quality and continuous improvement.

Delivery timescales – Please provide a detailed plan of when you will deliver the specified outcomes

Please detail any assumptions you have made

A draft timetable with key milestones is set out below. This is based on the assumptions included in the rest of our response – specifically the recommended online methodology, sample sizes, agreed sign-off deadlines being met, and the outputs required. We will produce a more detailed timetable with agreed dates following formal sign-off of the approach.



Based on questionnaire sign off w/c 3rd August, we would expect fieldwork to run w/c 17th and 24th August, with tables available by 7th September (earlier if possible) and a full report w/c 28th September. This is subject to review based on the final questionnaire.

Project-specific risks and proposed mitigation measures

Every project has associated risks and challenges. The key lies in identifying these at the outset, assessing them, and putting countermeasures and contingencies in place so that the project is not adversely affected. Responsibility for the identification, communication and management of risk rests with the project director. Project risks are considered at two distinct levels:

1. The likelihood of different 'risk events' occurring (disregarding our proposed counter-measures).
2. The impact of a 'risk event' if it does occur.

The table below identifies some of the key risks associated with this project, and the main mitigation measures. We would look to refine and expand this risk register at the set-up meeting.

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| <p>Wave 1 delays due to questionnaire not being finalised in time</p> | <p>Likelihood: Medium</p> <p>Impact: Medium</p> | <p>The FSA has already shared an initial draft of the IID survey with Ipsos MORI and this has been used to develop this proposal and our project costs. The FSA has experience of undertaking research on IID in the past which will inform survey design.</p> <p>Ipsos MORI is currently running online tracking surveys for the FSA where some questions will be relevant to this study. We are also working on the Food for You project, giving us an understanding of the issues around food safety and consumer behaviours.</p> <p>If there are delays in finalising the questionnaire it will delay the start of fieldwork but we have included a small amount of contingency in the timetable to take account of this risk. Our online panel also has capacity to accommodate this survey if it is delayed.</p> |
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| | | Ipsos MORI will be in regular contact with the FSA throughout the project and particularly during the set up and survey development. As such, any delays will be carefully managed and communicated with the FSA team. |
| <i>Unable to conduct fieldwork due to a lack of capacity</i> | Likelihood: Low Impact: Low | Ipsos MORI's IIS Panel has over 325,500 members. Surveys are run on the panel on a daily basis. This capacity enables us to be flexible and adaptable if there are delays and when decisions are taken about launching Wave 2. |
| <i>Unable to obtain representative samples by key characteristics</i> | Likelihood: Medium Impact: Medium | <p>As described in our response, online panels offer clear advantages in terms of speed and cost-effectiveness, but by their nature they are limited to representing the online population.</p> <p>Setting hard quotas beyond age, gender, region and social grade will also be challenging. It may therefore be necessary to weight the achieved samples to match the UK</p> |

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| | | <p>profile by other variables (e.g. by ethnicity and rurality, and by social grade for the survey of parents).</p> <p>The large sample sizes mean that this weighting should not have a large impact on quality, notwithstanding the limitations of an online panel approach.</p> |
| <p><i>Escalation of COVID-19 in the UK</i></p> | <p>Likelihood: High</p> <p>Impact: Low</p> | <p>Ipsos MORI has taken precautions to protect staff from infection, including staff working from home and a safe re-opening of our offices. Should a key member of the exec team become unwell, there is a team of social researchers at all levels within the business who have the necessary skills to deliver the work.</p> <p>Project management protocols require written weekly updates and so a record of project progress and current status would be available to aid transition to new team members.</p> <p>Online research has not so far been directly impacted by the pandemic, with fieldwork</p> |

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| | | continuing as usual. |
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| Ethical considerations | | |
| <p>Ensuring ethical research is a key concern for our team and core to our professional practice. Ipsos MORI has a long history of research with vulnerable groups and those at risk of harm. This means we will make every effort to deliver the study in a way recognises key ethical issues, and much of this is built into our standard ways of working.</p> <p>More specifically, the main ethical consideration for this study is the subject matter. We will be asking participants about symptoms they or family members may have experienced, in some cases linked to serious illness. As such, we need to ensure that the topic is handled sensitively, and that we do everything we can to avoid harm to those taking part. This is something we do on many studies, including those related to health conditions. Ways of addressing ethical considerations include:</p> <ul style="list-style-type: none"> • Using a self-completion approach like online as this is more appropriate for sensitive topics. • Drawing on the questions used in previous IID studies, with refinements based on Ipsos MORI's questionnaire design experience. • Ensuring we have fully informed consent by making the purpose of the survey clear, including who the client is. • Linked to this, allowing participants to withdraw consent at any point during the survey, as we do as standard. • Signposting to guidance about IID at the end of the study if we agree this is necessary based on the final questionnaire. <p>The other key ethical consideration is involving children in the research. Our recommended approach is based on parents answering on behalf of children, which removes the specific issues related to children themselves participating. However, should this change we will need to adapt the materials for the age groups involved (likely to be secondary age children).</p> | | |

| <p>As with all our projects, this study will be subject to an internal review within Ipsos MORI by the Ethics Group on its commencement. This review considers the methodological approach taken by a study and the key ethical issues relating to (but not limited to), informed consent, vulnerable audiences and potential for harm, data sharing and security, use of gatekeepers, and confidentiality.</p> | | | | | | | |
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| <p>Subcontractors please specify on the need for, and selection/appointment of sub-contractors</p> | | | | | | | |
| <p>We do not require any subcontractors to complete this study.</p> | | | | | | | |
| <p>Sustainability – pls set out measures to maximise sustainability</p> | | | | | | | |
| <p>The research will be taking place remotely and will not involve any travel or consumables. As such, the recommended design is the most sustainable way to achieve the objectives (in addition to the other benefits set out in our response).</p> | | | | | | | |
| | | | | | | | |
| <p>GDPR – Please complete the below table detailing personal data that will be processed as part of this work package</p> | | | | | | | |
| <table border="1"> <thead> <tr> <th>Description</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>Subject matter of the processing</td> <td>The processing is needed in order to ensure that Ipsos MORI can effectively provide the agreed services to the FSA.</td> </tr> <tr> <td>Duration of the processing</td> <td>For Wave 1 this will be for two weeks during August 2020, with timings for Wave 2 to be confirmed.</td> </tr> </tbody> </table> | | Description | Details | Subject matter of the processing | The processing is needed in order to ensure that Ipsos MORI can effectively provide the agreed services to the FSA. | Duration of the processing | For Wave 1 this will be for two weeks during August 2020, with timings for Wave 2 to be confirmed. |
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| <p>Nature and purposes of the processing</p> | <p>Processing of personal data will be required during fieldwork to manage the sampling process.</p> <p>On completion of fieldwork, anonymised data will be provided to the research team, and no further processing of personal data will be required.</p> <p>No personally identifiable data collected as part of the survey.</p> |
| <p>Type of Personal Data</p> | <p>The Ipsos MORI research team will not receive any personal data from FSA.</p> |
| <p>Categories of Data Subject</p> | <p>Individuals aged 16-75 within England, Wales, Scotland and Northern Ireland who are members of the Ipsos Interactive Services Panel.</p> |
| <p>Plan for return and destruction of the data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data</p> | <p>The Ipsos MORI research team will not receive any personally identifiable data, and the survey responses will not be stored in a way that can be linked to personally identifiable data.</p> |
| | |
| <p>Total Cost – Please provide the total cost for this work package. Please provide a detailed breakdown of costs in the financial template which is to be submitted alongside this Project Proposal Document. This should include payment milestones (where applicable)</p> | |
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| <div data-bbox="367 188 1385 383"><div data-bbox="367 188 1385 344"></div><div data-bbox="367 344 1385 383">.</div></div> <div data-bbox="300 472 1385 557"><div data-bbox="300 472 1385 517"></div><div data-bbox="367 517 592 557"></div></div> <div data-bbox="252 647 1375 878"><div data-bbox="252 647 1181 732"></div><div data-bbox="1021 685 1201 732"></div><div data-bbox="1021 757 1240 801"></div><div data-bbox="252 801 1375 840"></div><div data-bbox="300 840 566 878"></div></div> <div data-bbox="300 952 1385 1037"><div data-bbox="300 952 1385 996"></div><div data-bbox="367 996 940 1037"></div></div> <div data-bbox="252 1126 1056 1290"><div data-bbox="252 1126 268 1290"></div><div data-bbox="300 1126 1056 1171"></div><div data-bbox="780 1171 1056 1209"></div><div data-bbox="300 1209 1056 1254"></div><div data-bbox="780 1254 1056 1290"></div></div> <div data-bbox="300 1364 1385 1523"><div data-bbox="300 1364 1385 1408"></div><div data-bbox="367 1408 1385 1494"></div><div data-bbox="367 1494 1165 1523"></div></div> <div data-bbox="295 1610 981 1657"><p>Have you attached the financial template? Yes</p></div> <tr><td>Completed by <div data-bbox="509 1767 742 1814"></div></td></tr> <tr><td>Date: 05/08/2020 (REVISED)</td></tr> | Completed by <div data-bbox="509 1767 742 1814"></div> | Date: 05/08/2020 (REVISED) |
| Completed by <div data-bbox="509 1767 742 1814"></div> | | |
| Date: 05/08/2020 (REVISED) | | |

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Annex B – Suppliers Financial Template

Application form for a project with the Food Standards Agency Financials Template

Applicants should complete each part of this application as fully and as clearly as possible

Brief instructions are given in the boxes at the start of each section.

Some boxes have **blue** text and this indicates that the value is calculated automatically

Some boxes are shaded **red** and these boxes **must** be completed

Guidance notes on completion of fields can be removed from view by pressing the ESC key

Please submit the application through the Agency's electronic Public Procurement System (Bravo) by the deadline detailed on the Bravo system

This form should be completed by the project lead applicant and must include the collated costs for all participating organisations applying for the project work

Please note that once the cost for a project has been agreed by FSA and an agreement signed, no increase in cost for the specified work will be considered

All costs should be exclusive of VAT for the purpose of comparison of tenders.

| | |
|--|---|
| Tender Reference | FS107010 |
| Tender Title | FS430584 Work Package 5 Survey of IID in the UK and the effect of I |
| Full legal organisation name | Market & Opinion Research International t/a Ipsos MORI |
| Main contact title | |
| Main contact forename | |
| Main contact surname | |
| Main contact position | |
| Main contact email | |
| Main contact phone | |
| Will you charge the Agency VAT on this proposal? | Yes |
| Please state your VAT registration number: | 443 932 121 |

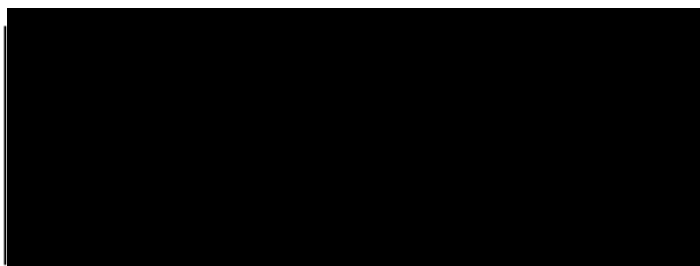
| |
|---|
| Project Costs Summary Breakdown by Participating Organisations |
| Please include only the cost to the FSA. |

| Organisation | VAT Code* | Total (£) |
|--------------------------------------|---------------|--------------|
| <i>Ipsos MORI</i> | Please select | £ 131,100.00 |
| <i>Insert name of Organisation 2</i> | Please select | £ - |
| <i>Insert name of Organisation 3</i> | Please select | £ - |
| <i>Insert name of Organisation 4</i> | Please select | £ - |
| <i>Insert name of Organisation 5</i> | Please select | £ - |
| | | £ - |
| | | £ - |
| | | £ - |

| | |
|---|---------------------|
| Total Project Costs (excluding VAT) ** | £ 131,100.00 |
|---|---------------------|

- * Please indicate zero, exempt or standard rate. VAT charges not identified above will not be paid by the
 ** The total cost figure should be the same as the total cost shown below and in the Schedule of payments t.

Project Costs Summary (Automatically calculated)



| | |
|----------------------------|---------------------|
| Total Project Costs | £ 131,100.00 |
|----------------------------|---------------------|

| | | | |
|---|--|--|--|
| COST OR VOLUME DISCOUNTS - INNOVATION | | | |
| The Food Standards Agency collaborates with our suppliers to improve efficiency and performance to save the taxpayer money. A tenderer should include in his tender the extent of any discounts or rebates offered against their normal day rates or other costs during each year of the contract. Please provide full details below: | | | |
| | | | |
| SIGNATURE | | | |
| NAME | | | |
| DATE | | 14-Jul-2020 | |
| REVISION DATE | | Enter the effective date if this version of the template replaces an earlier version | |

Staff Costs Table

*This should reflect details entered in your technical application section 4C.

Please insert as many lines as necessary for the individuals in the project team.

Please note that FSA is willing to accept pay rates based upon average pay costs. You will need to indicate where these have been used.

| * Role or Position within the project | Participating Organisation | Daily Rate (£/Day) | * Daily Overhead Rate (£/Day) | Days to be spent on the project by all staff at this grade | Total Cost (incl. overheads) |
|---------------------------------------|----------------------------|--------------------|-------------------------------|--|------------------------------|
|---------------------------------------|----------------------------|--------------------|-------------------------------|--|------------------------------|

* Total Overhead Costs (if not shown above)

Consumable/Equipment Costs

Please provide a breakdown of the consumables/equipment items you expect to consume during the project

| Item | Quantity | Cost/Item(£) | Total |
|------|----------|--------------|-------|
| | | | |
| | | £ - | £ - |
| | | £ - | £ - |
| | | £ - | £ - |
| | | £ - | £ - |
| | | £ - | £ - |
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| | | £ - | £ - |
| | | £ - | £ - |
| | | £ - | £ - |
| | | £ - | £ - |
| | | £ - | £ - |

Total Material Costs

Travel and Subsistence Costs

Please provide a breakdown of the travel and subsistence costs you expect to incur during the project

[illegible]

| | |
|------------------------------------|-----|
| Total Travel and Subsistence Costs | £ - |
|------------------------------------|-----|

The Pricing Schedule

Please complete a proposed schedule of payments below, **excluding VAT** to be charged by any subcontractors to the project lead applicant. This must add up to the same value as detailed in the Summary of project costs to FSA including participating organisations costs.

Where differing rates of VAT apply against the deliverables please provide details on separate lines.

Please link all deliverables (singly or grouped) to each payment. Please ensure that deliverable numbers are given as well as a brief description e.g. Deliverable 01/02: interim report submitted to the FSA, monthly report, interim report, final report

Payment will be made to the Contractor, as per the schedule of payments upon satisfactory completion of the deliverables.

| Proposed Project Start Date | 20-Jul-2020 | Amount | | | | |
|-----------------------------|---|--------|-------------|--|---|----------------|
| Invoice Due Date | Description as to which deliverables this invoice will refer to (Please include the deliverable ref no(s) as appropriate) | *Net | ** VAT Code | § Duration from start of project (Weeks) | § Duration from start of project (Date) | Financial Year |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Retention/Final Deliverable | *** | £ | | | | |
| Total | | £ | 131,100.00 | Totals Agree | | |

* Please insert the amount to be invoiced net of any VAT for each deliverable
 ** Please insert the applicable rate of VAT for each deliverable
 *** 20% of the total project budget is withheld and will be paid upon acceptance of a satisfactory final report by the agency.
 § The number of weeks after project commencement for the deliverable to be completed

Summary of Payments

| | | |
|---|--|--------------|
| Financial Year (Update as applicable in YYYY-YY format) | | Total |
| Total Amount | | £ 131,100.00 |