Appendix D Form of Tender

*Please complete this form and include it with your responses to the questions in the Brief.*

**Project:** St Osyth Priory and Parish Trust

**Professional Service: Activity Planner, Community Consultation and Co-Production**

**Name of Tenderer:**

I/We, the undersigned, do hereby offer to execute and complete the above mentioned professional services in strict accordance with the Schedule of Services for the following lump sum fee:

£ ­\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­ excluding VAT for the Development Phase

**1. Resources for Development Phase**

Please state the day rate, number of days, and total fee proposed for the Development Phase:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Day rate (£)** | **Resource Days**  **RIBA Stage 2 including Development Phase Review**  **August 2025 – December 2025** | **Resource days**  **RIBA Stage 3 including R2 submission**  **January 2026 – August 2026** | **TOTAL FEE** |
| Director |  |  |  |  |
| Associate |  |  |  |  |
| Senior |  |  |  |  |
| Consultant |  |  |  |  |
| Other – please specify |  |  |  |  |
| **TOTAL** |  |  |  |  |

The above day rates will be utilised to negotiate any additional works that may be required if deemed to be beyond the reasonable scope of the works specified. All day rates are to be based on a 7.5 hour day and are to include allowance for disbursements.

**2. Expenses and Disbursements**

The fee offer is to include all expenses and disbursements (including printing charges).

**3. Offer Period**

This tender/ offer is to remain open for a period of 90 days from the date fixed to the return of tenders.

|  |  |
| --- | --- |
|  | **Tenderer to provide responses. Some are pass/fail** |
| Name of firm or company |  |
| Postal address |  |
| Registered address (if applicable) |  |
| Company number (if applicable) |  |
| Please indicate if you are: a sole trader, partnership, Public or Private Limited Company or other type of organisation |  |
| Main contact |  |
| Contact telephone number |  |
| Contact email address |  |
| Please indicate your level of Public Indemnity Insurance, the policy number and expiry date. [[1]](#footnote-1) |  |
| Please indicate your level of Professional Indemnity Insurance, the policy number and expiry date |  |
| If relevant, please indicate your level of Employer’s Liability Insurance, the policy number and expiry date |  |
| Signature of authorised person |  |
| Name of authorised person |  |
| Capacity in which signed |  |
| Date |  |

1. If you do not have any of these insurances, please indicate if you will purchase them if awarded the contract - £1m cover for Professional Indemnity and £5m for Public Liability [↑](#footnote-ref-1)