

|  |  |
| --- | --- |
| **Contract Title** | **Surface Water Drainage Work****Draceana Avenue,** **Falmouth** |
| **Contract Reference** | **ITQ 01(01)** |
| **Authorised Recipient / Representative** | **Simon Penna** |
| **Email Address For Quotation Return** | **SimonPenna@falmouthtowncouncil.com** |

**CONTENTS**

[**Part 2 – QUOTATION RESPONSE** (please complete in FULL & return by the deadline above) 3](#_Toc156749346)

[**2.1** **Company Information (for information)** 3](#_Toc156749347)

[**2.2** **INSURANCES REQUIREMENTS** 4](#_Toc156749348)

[**2.3** **Offer Details (Pass / Fail)** 4](#_Toc156749349)

[**2.4** **PRICING DETAILS** (Insert rows as necessary) 5](#_Toc156749350)

[**2.5** **QUOTATION SUPPLIER’S OFFER CONFIRMATION / DECLARATION** 6](#_Toc156749351)

# **Part 2 – QUOTATION RESPONSE** (please complete in FULL & return by the deadline above)

# **Company Information (for information)**

|  |  |
| --- | --- |
| Name of Organisation  |  |
| Trading Name  |  |
| Address of Registered Office | *Address 1* |
| *Address 2* |
| *Address 3* |
| *City/Town* |
| *Country* |
| Postcode |  |
| Company Registration No. *(if applicable)* |  |
| Date of Registration |  |
| Certificate of Incorporation, and all certificates of change of name issues by the Company Registrar(Or include reasons if not applicable) | □ Yes□ No |
| Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated in 1.4 above | □ Yes□ No |
| Is the applicant a consortium joint venture or other arrangement? If so, please provide details of the constitution | □ Yes□ No |
| Contact Name for enquiries about this application |  |
| Telephone Number |  |
| Email |  |

The Quotation Supplier must inform the Council if they are receiving funding to undertake similar or related activities to that required here. Please provide details in the table below:

|  |  |
| --- | --- |
| Funder  |  |
| Funding Activities |  |
| Date |  |
| Period of Funding  |  |

# **INSURANCES REQUIREMENTS**

Details of existing policies which will provide insurance cover for the contract:

|  |  |  |
| --- | --- | --- |
| ***Public Liability Insurance****(Minimum Cover:* ***£XX*** *for each**and every incident)* | Insurer  | Please add detail below |
| Policy Number |  |
| Level of Indemnity |  |
| Limit for Single Event |  |
| Expiry Date |  |
| ***Professional Indemnity Insurance****(Minimum Cover* ***£XX*** *for each and every incident)* | Insurer  |  |
| Policy Number |  |
| Level of Indemnity |  |
| Limit for Single Event |  |
| Expiry Date |  |
| ***Employers’ Liability Insurance****(minimum statutory limit as laid down by legislation)* | Insurer  |  |
| Policy Number |  |
| Level of Indemnity |  |
| Limit for Single Event |  |
| Expiry Date |  |

If policies are not already in place please confirm that you are willing to have these policies if awarded the contract.

We confirm that the required levels of insurance will be in place for the duration of the contract:

**YES / NO** (please delete as appropriate)

# **Offer Details (Pass / Fail)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Compliance with the Council’s requirements** - Please indicate by selecting either option **YES** or **NO,** that in the event you are awarded a contract if all goods and services supplied will or will not, unreservedly deliver in full, all the Council’s requirements / specification as set out above.  |

|  |  |  |
| --- | --- | --- |
|  |  | **Yes -** all goods/services supplied will |
|  |  | unreservedly meet all the Council’s requirements set out in 1.3 above (Specification) |
|  |  | **No - we** will not, or cannot supply |
|  |  | Goods/services that meet all the Council’s requirements set out in 1.3 above (Specification) |

 |

Demonstrate how you will meet the Council’s requirements set out in the specification above. Your response should be limited to and focused on key component parts of the requirement. You should refrain from making generalised statements and providing information not relevant to the topic.

*By way of examples:*

* *where the requirement is a service your response should include a description of the approach and processes you will have in place that enables the effective delivery of that Service and the quality measures you will adopt.*
* *where the requirement is goods your response should include the approach and processes you will have in place to manage the order & post-order services.*

The Council shall rely on the information provided by the supplier prior to accepting the quotation. A material misrepresentation contained therein shall constitute a material breach of contract.

|  |
| --- |
| *[Supplier to insert proposals.]* |

# **PRICING DETAILS** (Insert rows as necessary)

Please insert your proposed prices in the table below inclusive of all costs and discounts, but excluding VAT.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **A** | **B** | **C** | **D** |
| **Item No.** | **Description** | **Quantity** | **Unit of Measure** | **Unit Price** | **Total****A x C** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| Quotation Total (sum of column D): |  |

# **QUOTATION SUPPLIER’S OFFER CONFIRMATION / DECLARATION**

* + 1. [*Name of Organisation*] confirm that we understand and accept that this offer is made in accordance with the Council’s Standard terms and conditions.
		2. [*Name of Organisation*] confirm that this quotation is on the basis as set out in this document and that it is not subject to any negotiation.
		3. If for any reason following the submission of our Quotation we seek to propose any changes to the Specification, Terms and Conditions or to put forward any proposal which conflicts and we do not withdraw that change following a written request to do so by the Council then we agree that the Council may determine not to evaluate our submission any further.
		4. I/We confirm that the insurances required will be provided under the Contract and I/We agree that if our offer is accepted that I/We agree to arrange, with the insurers the provision of a Statement to the Council: -

* that valid Insurance is held in accordance with the requirements of Conditions of Contract;
* that all premiums due to the Insurer have been paid including instalment payments;
* that the Insurer agrees to give notice forthwith to the Council of withdrawal or intention to withdraw insurance cover in connection with the project.
	+ 1. This document is to be signed by such persons:-
* where the quotation supplier is an individual, by that individual;
* where the quotation supplier is a partnership, by one duly authorised partner;
* where the quotation supplier is a company by one director or by a director and the secretary of the Company, such persons being duly authorised for that purpose.

|  |  |
| --- | --- |
| Date |  |
| Signature(s) of Quotation Supplier |  |
| Name and Title: |  |

***Thank you for taking the time to respond to this Quotation.***

Check that you have:

* Completed section 2.1: Company Information
* Completed section 2.2: Insurance Requirements
* Completed section 2.3: Offer Details (noting the pass/fail criteria)
* Completed section 2.4: Pricing Details
* Completed section 2.5: Signed Quotation Supplier’s Offer Confirmation / Declaration
* Included relevant supporting information in agreed formats
* Appropriately named the file in the following format: **Number - Project Reference - Document Name- Supplier Name**