[](http://portal.leeds-art.ac.uk/)

**ITT**

***Part 2***

**SUPPLIER QUESTIONNAIRE**

**NETWORKING SERVICES**

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|  | **SUPPLIER DETAILS** | | |
|  | Name of the company |  | |
|  | Contact name for enquiries about this ITT: |  | |
|  | Job Title: |  | |
|  | Company Address:  Post Code: |  | |
|  | Telephone number: |  | |
|  | E-mail address: |  | |
|  | Website address of company: |  | |
| 1.8 | Is your company an SME as defined by the Companies Act, 2006\*?  *[\*i.e. less than 250 employees and a turnover under £12.9m]* | Yes/No | |
| 1.9 | Is your company an NPV\*?  *[\*i.e. Non-Profit or Voluntary organisation]* | Yes/No | |
| 1.10 | Do you intend to use any sub-contractors to deliver parts of this contract? | | Yes/No |

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|  | | **FINANCIAL CAPACITY** | |  |
|  | | Please provide the following information: | | Attached? |
|  | | **(1)** A copy of the most recent audited accounts for your organisation that cover the last **two** years of trading or for the period that is available if trading for less than **two** years. | | **Yes / No** |
|  | | **(2)** A statement of the company’s turnover, Profit & Loss and cash flow position for the most recent full year of trading (or part year if full year not applicable) and an end period balance sheet, where this information is not available in an audited form at (1). | | **Yes / No** |
|  | | **(3)** Where (2) cannot be provided, a statement of the company’s cash flow forecast for the current year and a bank letter outlining the current cash and credit facility position. | | **Yes / No** |
|  | | **(4)** If the company is a subsidiary of a group, (1) to (3) are required for both the subsidiary and the ultimate parent. | | **Yes / No** |

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|  | **INSURANCE** | |
| 3.1 | Please confirm whether you have in place the following levels of insurance as required for this contract?   * Public Liability - £10m * Employer’s Liability - £10m * Professional Indemnity - £5m | Yes/No  Yes/No  Yes/No |
| 3.2 | Where the required levels of insurance are not currently in place, do you confirm that, if successful in being appointed to complete work under this contract, the minimum insurances (as detailed above) will be obtained prior to contract award and maintained throughout the contract period? | Yes/No |

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| **4** | **bUSINESS PRACTICES** | | | | |
| **4.1 HEALTH & SAFETY** | | | | | |
| 1 | Does your company have a written health and safety at work policy? | | | | Yes / No |
| 2 | Does your company have a health and safety at work system\**?*  *\* “system” means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met.* | | | | Yes / No |
| 3 | If “**No**”, to either of the above please explain why: | |  | | |
| **4.2 QUALITY ASSURANCE** | | | | | |
| 1 | Does your company hold a recognised quality management certification; for example BS/EN/ISO 9000 or equivalent? | | | | Yes / No |
| 2 | If not, does your company have a quality management system\*?  *\* “system” means processes and procedures to ensure that the quality is properly managed. This includes making sure that legal requirements are met.* | | | | Yes / No |
| 3 | If you do not have quality certification or a quality management system, please explain why: | |  | | |
| 4 | Please detail membership of any professional bodies: | |  | | |
| **4.3 SUSTAINABILITY** | | | | | |
| Does your company have a Sustainability or Environmental Management Policy? | | | | | Yes / No |
| What are the key environmental impacts of the goods/services that you are offering and what action have you taken to minimise these? (***max. 500 words***) | |  | | | |
| **4.4 EQUALITY & DIVERSITY** | | | | | |
| Do you have a policy as an employer that sets out your commitment to both comply with Equality and Diversity legislation and to actively promote equality of opportunity? | | | | Yes / No | |
| Do members of your staff with managerial responsibilities receive mandatory training on equality and diversity? | | | | Yes / No | |
| Do you have a process in place to train staff in how to deal with the general public (or clients) whilst working, especially in situations where their actions and comments could very easily be misinterpreted? | | | | Yes / No | |

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| **5** | **TECHNICAL and PROFESSIONAL ABILITY / CAPACITY** | |
| 5.1 | Please provide details of relevant cabling product and installation training accreditation and/or qualifications achieved by engineers that you will allocate to perform this contract. |  |
| 5.2 | UKATA asbestos awareness certificate |  |
| 5.3 | IATP asbestos awareness certificate |  |
| 5.4 | Normal business hours (sales representatives and customer support) |  |
| 5.5 | Normal business hours (on site installation engineers) |  |
| 5.6 | Outside normal hours offered | YES / NO |
| 5.7 | Saturday included in Normal business hours on site? | YES / NO |
| 5.8 | Number of full time installation engineers directly employed |  |

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| **6.1** | **REFERENCES** | | |
| Please provide details of three references sites, preferably from HE/FE institutions or other public sector bodies (contracted during the last three years) that are relevant to The College’s requirement. Leeds College of Art reserves the right to contact any of the referees at any point in the evaluation process. | | |
|  | Reference 1 | Reference 2 | Reference 3 |
| Customer Organisation: |  |  |  |
| Customer contact name, position held, phone number and email address: |  |  |  |
| Date contract awarded: |  |  |  |
| Date contract completed/ends: |  |  |  |
| Value of contract: *(an estimate or range is acceptable, but if no figures are inserted then the score will be reduced).* |  |  |  |

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| **6.2** | **CASE STUDY** | |
| Please provide a detailed Case Study which demonstrate how you delivered a similar project to the ‘New Building’ project outlined in the Specification document. | |
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|  | Customer Organisation: |  | |
|  | Customer contact name, position held, phone number and email address: |  | |
|  | Date contract awarded: |  | |
|  | Date contract completed/ends: |  | |
|  | Brief description of the project (***max. 500 words***): |  | |

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| **7 PRICING SCHEDULE**  Please note all prices/costs in this table must be **exclusive** of VAT |

Enter prices for the services / items below:

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| **Daily Rate** |  |

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| **CABLING** | | **Cost** |
| **CAT5e** | Installation of Single line <50m |  |
| **CAT5e** | Installation of Single line >50m |  |
| **CAT5e** | Installation of 20 lines <50m |  |
| **CAT5e** | Installation of 20 lines >50m |  |
| **CAT6a** | Installation of Single line <50m |  |
| **CAT6a** | Installation of Single line >50m |  |
| **CAT6a** | Installation of 20 lines <50m |  |
| **CAT6a** | Installation of 20 lines >50m |  |

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| **FIBRE** | |
| 12 x cores of 50/125 OM3 multimode fibre (per metre) |  |
| 12 x cores of 62.5/125 OM3 multimode fibre (per metre) |  |
| 2 x core of OM1 Multimode fibre (per metre) |  |
| 4 x core of OM1 Multimode fibre (per metre) |  |
| 12 x cores of OS1 Singlemode fibre (per metre) |  |
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| Termination of 2 x cores of OM1 Multimode fibre |  |
| Termination of 4 x cores of OM1 Multimode fibre (including tray) |  |
| Termination of 12 x cores of 50/125 OM3 Multimode fibre (including tray) |  |
| Termination of 12 x cores 62.5/125 OM3 Multimode fibre (including tray) |  |
| Termination of 12 x cores OS1 Singlemode fibre (including tray) |  |
| **COMMUNICATION CABINETS** |  |
| Supply and Install (Including Cable Management, Fan tray and 10 way PDU strip) |  |
| 42U 800mm x 1075mm cabinet (Fully installed including fan tray and power strip) |  |

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| Are you prepared to offer a percentage rebate based on volume of business received? | YES/NO  If Yes, please outline your proposed offer |

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| **8** | **FORM OF TENDER**  DECLARATION – I/We declare that to the best of my knowledge the answers submitted in this ITT are correct. I/We understand that this ITT submission may be rejected if there is a failure to answer all relevant questions fully or satisfactorily, or if I/We provide false/misleading information;  TERMS & CONDITIONS – I/We have read the Terms & Conditions\* and agree to those terms without any amendments, alterations or deletions.  ANTI-COLLUSION STATEMENT - I/We agree and/or certify that this offer is made in good faith and that we have not fixed or adjusted the amount of the offer by or under or in accordance with any agreement or arrangement with any other person;  CONFLICT OF INTEREST - I/We confirm that there is no conflict of interest^ between our company and The College  *\*All goods/services supplied under this contract will be supplied under the Framework Terms and Conditions included in this tender. Tenderers must note that any submissions tabling proposed amendments may be rejected without further consideration*  *^Where there is any indication that a conflict of interest exists or may arise, then it shall be the responsibility of the Tenderer to inform The College, detailing the conflict in writing as an attachment to this tender. The College will be the final arbiter in cases of potential conflicts of interest. Failure to notify Leeds College of Art of any potential conflict of interest will invalidate any verbal or written agreement.*  A Conflict of interest is where a person who is involved in the procurement has or may be perceived to have a personal interest in ensuring that a particular supplier is successful. Actual and potential conflicts of interest must be declared. | |
| **FORM COMPLETED BY** | |
|  | Name: |  |
|  | Position (Job Title): |  |
|  | Date: |  |
|  | Telephone number: |  |
|  | Email address: |  |