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**Town Centre Marshalling Services**

**Camborne Town Council**

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| **Request to Quote - Applicant’s Offer****Part 2**This document must be completed and returned in the published format. Failure to comply with this instruction may result in your Submission being discounted. |

Closing time and date for return of submission:

**12:00 hrs on 09/08/2024**

|  |
| --- |
| Name of Applicant: |

|  |  |
| --- | --- |
| Contract Title: |  |
| Contract Reference: | **RFQ 07/24(01)** |
| Contracting Authority’s Representative and Authorised Recipient for this Project: |  |
| Email Address for Quotation Return: | **tenders@camborne-tc.gov.uk** |

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**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 Contracting Authority 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:* ***£5m*** *for each and every incident)* | Insurer  | Please add detail below |
| Policy Number |  |
| Level of Indemnity |  |
| Limit for Single Event |  |
| Expiry Date |  |
| ***Employers’ Liability Insurance****(****£5m*** *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 Contracting Authority’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 Contracting Authority’s requirements / specification as set out above.  |

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

 |

Demonstrate how you will meet the Contracting Authority’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 Contracting Authority 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.

“PASS / FAIL” QUALITY QUESTIONS

**Quality:**

|  |
| --- |
| **Provan Track Record applied in delivery of this contract** |
| Proven track record around delivery security services and how this could be applied to this contract.Please provide details of your company services and how this would demonstrate the ability to perform the services as set out in the accompanying specification.NOTE:A “Pass” would be deemed that the Supplier has demonstrated that the Supplier has both suitable transferable experience and they are able to utilise this experience effectively to deliver the outputs from this contract.A “Fail” would be deemed that the Supplier has either failed to provide sufficient detail (level or nature of that detail) in respect of experience / track record of delivery and / or failed to identify how this experience and knowledge would be utilised in this contract. |
| *[Supplier to insert proposals.]* |

|  |
| --- |
| **Supplier Industry Accreditation** |
| Please provide confirmations around accreditations around security standards.The appointed contractor must be Supplier Industry Accreditation (SIA) accredited and either have or commitment and willing to work towards Community Safety Accreditation Scheme (CSAS) within first 3 months of contract. CSAS would also mean a commitment from the supplier for all Marshalls to undertake an ‘Enhanced DBS’ (currently SIA only requires a basic DBS)Please provide details of your response.NOTE:A “Pass” would be deemed that the Supplier has SIA Accreditation (and this is evidenced) along with a willingness / ability to maintain this over the term of the contract and also either has or demonstrates and unequivocal commitment to secure CSAS Accreditation during that time stated.A “Fail” would be deemed that the Supplier has either failed to provide sufficient detail (or supporting evidence) in respect of accreditation and / or failed to demonstrate and unequivocal commitment to secure CSAS Accreditation during that time stated. |
| *[Supplier to insert proposals.]* |

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| **Customer Centric Approach** |
| Commitment to deliver a customer centric focused approach with the ability to engage across various communities and stakeholders including members of the public, councillors, business owners, door staff, Police and ASB teams etc.Please provide details of how your company would deliver these outcomes.NOTE:A “Pass” would be deemed that the Supplier has demonstrated a clear tangible commitment to customer centric approach and how they are able to engage effectively with multiple stakeholders. This will be clearly demonstrated in the company ethos and suitable supported through evidence or by reference to other clients (including any references or testimonials).A “Fail” would be deemed that the Supplier has either failed to provide sufficient detail (or supporting evidence) in respect of customer centric approach and / or working effectively with stakeholders. |
| *[Supplier to insert proposals.]* |

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| **Delivery of Best Practice** |
| Best practise dictates competency and use of body worn cameras (supplied by Town Council), suitable PPE including high viz vests (provided by contractor) and ability to provide Marshal to Marshal radio (provided by contractor) as well as competency with Police Airwaves. Please provide details of how your company would deliver these outcomes.NOTE:A “Pass” would be deemed that the Supplier has demonstrated a clear tangible commitment to delivery of best practice in this contract. This will be clearly demonstrated through evidence and approach to be provided.A “Fail” would be deemed that the Supplier has either failed to provide sufficient detail (or supporting evidence) in respect of delivery of best practice as set out within the supporting specification. |
| *[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 | Cost per 3 shift per week | 1 | Weekly cost |  |  |
| 2 | Other costs (Supplier to state below) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 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 Contracting Authority’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 Contracting Authority then we agree that the Contracting Authority 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 Contracting Authority: -

* 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 Contracting Authority 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.***

**Appendix 1 – Quotation Submission Checklist**

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**