NATIONAL ARMY MUSEUM

ROYAL HOSPITAL ROAD

CHELSEA

LONDON SW3 4HT

**Supply of Exhibition Software**

**Tender and Supplier’s information**

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**The Client**

1. The Client is the Council and Director General of the National Army Museum.

**The NATIONAL ARMY MUSEUM (NAM) Project Board**

1. The NAM Project Board will include:

Ms D Bouchard

Mr I Maine

Mr C Briggs

1. The Museum is currently planning a special exhibition and wishes to develop software in support of interactive exhibits.

**THE NAM - Background**

1. The NAM, a Body incorporated by Royal Charter (1960), is the British Army's own Museum. It is the only museum in the United Kingdom to tell the Story of the Army as a whole from the medieval period to today's military operations in Kosovo, Sierra Leone, Iraq, Afghanistan and elsewhere. It commemorates the contribution of soldiers, male and female, who have served in the Army. By using examples from the past the NAM inspires the present generation of soldiers to understand that they are the inheritors of a rich tradition of bravery, service and professionalism.

**Scope of Works**

See original documentation on NAM link

**ACCESS**

1. Access to the Chelsea is by arrangement only, it is essential that note is taken of any arrangements for entry.

Named NAM staff

Mr C Briggs cbriggs@nam.ac.uk

1. The work will be carried out of normal working hours. Typically the working hours will be 0800-1730hrs daily. There will be no weekend working unless specifically agreed by the Client. If weekend working is required, a minimum of one working week notice is required to be given.

**THE PROGRAMME**

|  |  |
| --- | --- |
| Tender Invitation issued | 08 Dec 2017 |
| Tender submission to NAM | 22 Dec 2017 |
| Successful contractor appointed | 05 Jan 2018 tbc |

**INFORMATION FOR TENDERERS**

**Tender Process**

1. The process to be followed will be in accordance with the NAM Financial Procedures Memorandum in that it will be a sealed bid process.
2. The NAM will not necessarily award to the lowest price tenderer.

**Tender Return**

1. All tender documents/electronic media are to be addressed to Mr J Foster - NAM Secretariat [jfoster@nam.ac.uk](mailto:jfoster@nam.ac.uk) or [tenders@nam.ac.uk](mailto:tenders@nam.ac.uk) and annotated with “TENDER DOCUMENTS NOT TO BE OPENED BEFORE 1400hrs on 22nd December 2017.  On no account are the tender documents to be passed to the requesting department before the tender board date.
2. Tenders are to remain open for acceptance for a period of 90 days.
3. Tender shall comprise of 2 x hard copies and 1 x electronic (PDF format) on DVD of the following:
   * Financial Tender;
   * The Completed Form of Tender (Appendix A);
   * Certificate of Bona-Fide Tender (Appendix B);
   * Contractor Qualification Questionnaire (Appendix C);
   * Health and Safety Questionnaire (Appendix D);
   * Any other information that is required to clarify the tender.

**Financial Tender**

1. Lump Sum Fee

The Fee Offer is to be a fixed lump sum fee for the provision of the:

Supply of Exhibition Software

The Fee is to include all expenses. This will include printing costs, travel costs, accommodation, disbursements, visuals, models and all other expenses and costs required in the provision of the Services. The fee should exclude VAT.

**Instalment payments**

Tenderers are required to include a suggested fee drawdown schedule in the tender. The NAM reserves the right to amend any suggested draw down schedule.

1. Hourly Rate

An hourly rate for each category of personnel should be provided in the event that the Client instructs specific additional duties

1. Completed Form of Tender & Certificate of Bona-Fide Tender (Appendix A & B)

The Forms should be signed by the Tenderer or, in the case of a Company, by the Secretary or other authorised person.

1. Information to accompany the Tender

Completed Contractor Qualification and Health and Safety questionnaires (Appendix C & D)

1. Relevant Experience

Provide details of relevant experience. For each project, include a description of the project, your role, client, budget and project dates

1. Tenderers Project Team

List the proposed personnel working on this project and provide the CVs for any supervisory role personnel.

1. Resource Plan & Availability of Personnel

Advise the resource plan for the proposed personnel.

Advise how quickly the contractor could begin work if appointed.

1. Practice Approach

Outline your approach to ensure that the installation is completed within budget and timescale.

1. References

Provide details of three recent contracts that are relevant to this project including the name and contact details of the clients’ representatives who could be approached for references.

**Contract Award Criteria**

1. The Tender Board will comprise the Project Board and other nominated individuals.

Tenders will be assessed on the following criteria:

Fee

Qualifications and Experience

Project Team and Resourcing including timings of installation

Approach

**Enquiries**

1. All enquiries arising from this Invitation to Tender must be submitted in writing via email to:

Mr C Briggs

**Tendering costs**

1. The Client will not be responsible for or pay for any costs or expenses that are incurred by any tendering contractor in preparing and submitting their tender.

**INSURANCES**

1. The minimum amount insured in respect of public liability shall be £5m for any one occurrence or series of occurrences arising out of one event.

**DEFECTS IN MAINTENANCE PERIOD**

1. The contractor is to provide at handover certification that the installation is complies with all relevant legislation, is fit for use and that all labelling and signage fitted. The contractor is to provide all documentation relating to the installation with recommendations for servicing and maintenance. The maintenance period for the works shall be 12 months and shall apply from the day after that on which the works are completed as certified by the Project Manager.

**HEALTH AND SAFETY**

1. Contractor should provide all Method Statements, Risk Assessments, and COSHH Information Data Sheets **prior** to commencing works.
2. Contractor is to ensure that all works are made safe by the end of each working shift and the area is left in a clean and tidy condition to the satisfaction of the Client.
3. Contractor is to ensure that all items of the Museum are adequately protected from dust or damage during the works.

**SECURITY**

1. The Client reserves the right to prohibit entry of any employee found to be ineligible to work in the UK.

**GENERAL**

1. The contractor will be allocated access routes to and from the installation site and allowed access to toilet facilities which must be kept clean at the contractors expense at all times. This is to prevent possible accidents or conflict with staff, contractors or visiting public.
2. Allow for the provision of as many creative treatments as required to allow the Client to understand and agree the design concepts for each installation.
3. The tender price **must** be itemized as indicated in the sections of the Special Exhibition AV Tender Brief Software Specification (previously issued). This is to allow ease of cost comparison for individual items of the works.
4. All contractors’ personnel must book in and out of the Museum on each shift.
5. You should be aware the NAM is subject to the Freedom of Information Act 2000 and the supplier is required will comply with the requests should they be submitted.

**APPENDICES**

1. Attached to this specification are copies of appendices that must be completed and enclosed with the tender.

* Appendix A – Form of Tender
* Appendix B – Certificate of Bona-Fide Tender
* Appendix C – Contractor Qualification Questionnaire
* Appendix D – Health and Safety Questionnaire

**Appendix A – Form of Tender**

Tender for: **Supply of Exhibition Software**

**National Army Museum**

To: The Council and Director General of the National Army Museum

Sirs,

I/We the undersigned, having examined the enclosed tender documents and Appendices, do hereby offer to execute and complete in accordance with the said documents the works described therein:

For the sum as listed in the attached document:

Tenderer Reference:

I/We hereby affirm our agreement to enter into a contract with the Council of the National Army Museum for the due performance of the Works in the form described by the above said documents.

I/We have completed the Certificate of Bona-Fide Tender included in this document

I/We understand that the Trustees are not bound to accept the lowest or any tender which may be received nor or responsible for any cost incurred in the preparation of any tender

I/We declare that this offer is to remain open for acceptance for a period of thirty days from the date fixed for the receipt of tenders

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of

Duly authorised to sign the tender on behalf of:

Date:

**Appendix B – CERTIFICATE OF BONA-FIDE TENDER**

Tender for: **Supply of Exhibition Software**

**National Army Museum**

I/We certify that this is a bona-fide tender and that I/we have not fixed or adjusted the amount thereof by or under in accordance with any agreement or arrangement with any other person.

I/We also certify that I/We have not done and I/We undertake that I/we will not do at any time any of the following acts:

* 1. Communicate to a person other than the person calling for these tenders the amount or approximate amount of the proposed tender except where the disclosure, in confidence, of such amount(s) was necessary to obtain insurance premium quotations required for the preparation of the tender.
  2. Enter into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any tender to be submitted;
  3. Offer or pay or give or agree to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or have caused to be done in relation to any other tender or proposed tender for the said work any act or thing of the sort described above.

In this certificate the word “person” includes any person and any body, association, corporate or un-incorporated; and “any agreement” includes such transaction, formal or informal, and whether legally binding or not.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of

Duly authorised to sign the tender on behalf of:

Date:

**Appendix C: - CONTRACTOR QUALIFICATION QUESTIONNAIRE**

* + 1. Please answer **all** questions, and sign the declaration at end of the questionnaire.
    2. If there is insufficient space for your response, please attach and sign any additional pages.
    3. Please answer the questions specifically for your business **NOT** for the group if you are part of a group of companies.
    4. Please note the term business refers to: Sole proprietor, partnership, limited liability partnership, incorporated company, co-operative, or voluntary organisation as appropriate.

This document is confidential and all information provided will be for the purpose of supplier management only and kept solely within the National Army Museum. The information supplied by the contractor / supplier will be used to assess the contractor’s fitness for any work being tendered.

**Supply of this document to an applicant does not imply or guarantee that the recipient will be awarded works on a project.**

**A ADMINISTRATIVE INFORMATION**

A1 Trading Name of Business

A2 Registered Name of Business (if different from A1)

A3 How long has the business been trading?

A4 Main address for correspondence

A5 Registered Office address (if different from above)

A6 Name of person applying on behalf of the business.

A7 Position or title in the business of the person named in A6

A8 Telephone Number of the person named in A6

A9 Facsimile Number of the person named in A6

A10 E-Mail address of the person named in A6

A11 Is the business a sole trader, partnership, private limited company, public limited company, limited liability partnership, co-operative, voluntary organisation or other? (Please specify)

A12 Please provide the business’ VAT Registration Number

A13 If applicable, please state the number and date, and provide a copy of the Certificate of Incorporation or Registration (and Change of Name) under the Companies Acts or Industrial and Provident Societies Acts in the UK or the professional or trade register of the EU member state in which the company is established.

Applicable/Not applicable:

Certificate Number:

Date:

A14 Is the business part of a group?

Yes/No:

A15 If part of a group, please describe the group structure, (please provide an organisation chart if appropriate) and give names of the other Divisions or Subsidiary Companies in the Group.

Attached/Not Attached:

**B BUSINESS PROBITY**

B1 a) Being a company, no resolution has been passed or Order of the Court made for the company’s winding up otherwise than for the purposes of *bona fide* reconstruction or amalgamation, or receiver, or manager, or administrator on behalf of a creditor appointed in respect of the company’s business or any part thereof, or is not the subject or proceedings for any of the above procedures, or is not the subject of similar procedures under the law of any other state.

Not applicable / confirmed / not confirmed:

Details:

b) Being an individual, you are not bankrupt, you have not had a receiving order or administration order made against you, or made a composition or arrangement or trust deed with or for the benefit of your creditors, or made any conveyance or assignment for sequestration of your estate or appear to be unable to pay or to have no reasonable prospect of being able to pay a debt within the meaning of the Insolvency Act or any similar procedure under the law of any EU member state.

Not applicable / confirmed / not confirmed:

Details:

B2 Please confirm that no Directors, Partners, Associates or the Company Secretary have been involved in any company, which has been liquidated or gone into receivership.

Confirmed / not confirmed:

Details:

B3 Please confirm that none of the Directors, Partners, Associates or the Company Secretary has been convicted of a criminal offence relating to the conduct of their business or profession.

Confirmed / not confirmed:

Details:

B4 Please confirm that neither the company nor any of the Directors, Partners, Associates or Company Secretary has committed an act of grave misconduct in the course of their business or profession.

Confirmed / not confirmed:

Details:

B5 List the full names of every Director, Partner, Associate and the Company Secretary and indicate their title.

Attached / Not Attached:

B6 Please confirm that all obligations relating to the payment of taxes under the law of any part of the United Kingdom or the EU member state in which the company is established have been fulfilled.

Confirmed / not confirmed:

Details:

B7 Please confirm that all obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or EU member state in which the company is established have been fulfilled.

Confirmed / not confirmed:

Details:

B8 Please confirm that you understand that serious misrepresentation in the provision of information will be grounds for disqualification from the tender process.

Confirmed / not confirmed:

**C ECONOMIC AND FINANCIAL STANDING**

C1 If the business is a member of a group of companies, please give the name and address of the ultimate holding company.

C2 Would the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?

Yes / No:

C3 Please state the name and title of the person in the business responsible for financial matters:

C4 Please confirm that we may obtain references from your bankers and provide their name and address:

Confirmed / not confirmed:

Details:

C5 Have you been trading for three years or more? If yes, please attach copies of your audited Accounts for the past **two** years, to include:

* Balance sheet
* Profit and Loss Account
* Full notes to the Accounts
* Director’s Report
* Auditor’s Report
* Statement of Turnover in respect of the services to be provided under this contract.

NB: Where no accounts are audited, signed copies of the Partnerships accountant should be submitted.

Details attached – Yes / No:

C6 If the Accounts you are submitting are for a year ended more than 10 months, ago, Please confirm that the business is still trading and provide a statement of turnover since the last set of published accounts:

Not applicable / applicable:

Details attached – Yes / No:

C7 Has your business ever had a contract terminated for breach under the terms of the contract? (If yes, please provide details)

Not applicable / applicable:

Details attached – Yes / No:

C10 Has your business ever had a contract not renewed for failure to perform to the terms of the contract? (If yes, please provide details)

Not applicable / applicable:

Details attached – Yes / No:

C11 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Employer’s Liability Insurance Policy or other evidence that you have such insurance.

C12 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Public / Product Liability (Third Party) Insurance Policy or other evidence that you have such insurance.

C13 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Professional Indemnity Insurance Policy or other evidence that you have such insurance

**D COMPLIANCE WITH EQUAL OPPORTUNITIES LEGISLATION**

D1 Is it your policy as an employer to comply with your statutory obligations under the Race Relations Act 1976, the Sex Discrimination Acts 1975 and, 1986, and the Disability Discrimination Act 1995 (or similar legislation of the EU member state in which applicant is established) and, accordingly, your practice not to treat one group of people less favourably than others because of their sex, colour, race, nationality or ethnic origins or disability in relation to decisions to recruit, train or promote employees?

Yes/No:

D2 In the last three years has any finding of unlawful racial, sexual or, disabilities discrimination been made against your organisation by any court or Employment tribunal?

Yes/No:

D3 In the last three years, has your organisation been the subject of formal investigation by the Commission for Racial Equality, Equal Opportunities Commission, Disability Rights Commission or other equalities body (or similar organisation in an EU member state) on grounds of alleged unlawful discrimination?

Yes/No:

D4 If yes, what steps did you take in consequence of that finding?

D5 Is your policy on equal opportunities set out:

a) in instructions to those concerned with recruitment, training and promotion?

Yes/No:

b) in documents available to employees, recognised trade unions or other representative groups of employees?

Yes/No:

c) in recruitment advertisement or other literature?

Yes/No:

d) in service delivery guidance notes/procedures or your quality manual?

Yes/No:

**E SUPPLIER STATEMENT**

We certify that the information supplied is accurate to the best of our knowledge and that we accept the conditions and undertakings requested in the assessment. We understand that false information could result in our exclusion from the Tender process or the Approved Suppliers List at any time, even after initial inclusion. We also understand that it is a criminal offence to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower such body to cancel any contract currently in force and will result in exclusion from the Tender and / or the Approved Suppliers List.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (in BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for and on behalf of**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form should be signed by a Director, Partner or other authorised signatory of the organization and returned as part of the Tender Response

**Appendix D: - HEALTH AND SAFETY QUESTIONNAIRE**

**1. COMPANY DETAILS**

Registered Office:

Main contact office (if different):

Contact Telephone numbers:

Contact email address:

Total number of employees:

Does your Company have a health and safety policy statement?

If yes, please attach a copy to this questionnaire.

**2. ORGANISATION FOR HEALTH AND SAFETY**

Does your Company have a Director/Senior Manager who is responsible for health and safety? If yes, please give their details.

Name:

Contact telephone number/s:

     

Contact email:

Does your Company have a Health and Safety Manager/ Advisor? If yes, please give their details.

Name:

Contact telephone number/s:

Contact email:

If your Company’s Health and Safety Manager/Advisor is a Consultant then please provide their company’s full details.

Company name:

Business address:

Main Switchboard number:

Does your Company maintain written health and safety procedures? If yes, please provide information concerning your procedures for the following:

• Training

• Providing health and safety information to employees

• Health and safety committees

• Testing of equipment

• Risk assessment

• Supervision

How does your organisation keep up to date with changes in health and safety?

**3. INCIDENTS/ ENFORCEMENT ACTION**

Please provide information showing the number and nature of RIDDOR reported incidents over the last 3 years.

How are accidents/ incidents reported and investigated within your Company?

How are near misses reported and investigated?

Has any Enforcement Authority (HSE or Local Authority) served an improvement or prohibition notice on your Company within the last 3 years?

If so, please provide details.

Has your Company been prosecuted for health and safety offences within the last 3 years? If so, please provide details.

**4. RISK ASSESSMENT**

Has your Company completed risk assessments for this type of work? If so, please provide examples of assessments.

Who is responsible for carrying out risk assessments on your work activities?

Please provide examples of method statements for this type of work.

**5. WORK ON SITE**

When working for the National Army Museum, will you use any sub-contractors? If so, how do you ensure that sub contractors will be suitable?

Who will be responsible for supervision on the site?

How do you intend to monitor the work of your employees, including sub-contractors, while they are working on our site?

If you intend to use any hazardous substances, have risk assessments been carried out? If so, please provide details:

How do you ensure that equipment brought onto site will be safe?

How will you ensure that any waste is suitably controlled and disposed?

**6 OTHER INFORMATION**

Please provide the names, addressees and contact telephone numbers for 3 references for organisations where you have carried out similar work

**Reference 1:**

Name:

Address:

Telephone Number/s:

     

**Reference 2:**

Name:

Address:

Telephone Number/s:

**Reference 3:**

Name:

Address:

Telephone Number/s: