



CANVEY ISLAND TOWN COUNCIL

CANVEY LAKE GROUNDS MAINTENANCE/LITTER CLEARANCE CONTRACT

Pre Qualification Questionnaire



A. ORGANISATION PROFILE

Please provide the following details:

Business name:

Registered or trading name if different:

Type of organisation (e.g. private limited company, partnership, sole trader):

Registered address:

Correspondence address if different from the above:

Indication of the principal areas of business activity of your organisation

Please provide contact information for your organisation:

Contact Name:	
Contact's Position:	
Contact's Telephone number:	
Contact's Fax number:	
Contact's email address:	
Year established:	
VAT number:	



B. GROUNDS FOR EXCLUSION

NOTE TO ORGANISATION:

This section will be evaluated on a pass/fail basis.

Please confirm that, to the best of your knowledge, the organisation named above is not in breach of the provisions of Regulation 19(1) of the Public Contracts Regulations 2015.

I confirm that the organisation is not in breach of the above provisions

Signed:	
Position:	

C. INSURANCE

NOTE TO ORGANISATION:

This section will be evaluated on a pass/fail basis

Please provide confirmation that you have or if successful will obtain the following minimum levels of insurance:

	Confirmed
Public liability £5 million	YES/NO
Employers' liability £5 million	YES/NO
Other	



D FINANCIAL INFORMATION

NOTE TO ORGANISATION:

- 1. This section will be evaluated on a pass/fail basis**
- 2. We may seek evidence relating to the questions below, if required and we reserve the right to use the services of an independent third party to assess your financial standing/appraisal.**

Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?

YES/NO (*delete as appropriate*)

If the answer to the above question is **no**, what were the reasons, and what has been done to put things right?

Has your organisation met all its obligations to pay its creditors and employees during the past year?

YES/NO (*delete as appropriate*)

If the answer to the above questions is **no**, please explain why not:

The following **must** be provided:

A copy of your most recent accounts, audited if applicable (for the last two years if this applies). If not applicable please provide an Accountant's Reference instead

Please tick the box to confirm the above documents are enclosed:	
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NOTE TO ORGANISATION:

- 1. Where the organisation is a subsidiary of a group all questions must be answered for both the subsidiary and the ultimate parent.**
- 2. Where this PQQ is being submitted as a consortium, the above information is required for each member organisation.**



E. HEALTH AND SAFETY

NOTE TO ORGANISATION:

This section is required for information purposes only.

THIS IS MY ORGANISATION'S COMMITMENT TO HEALTH AND SAFETY:

- To provide adequate control of the health, safety and welfare risks arising from our work activities which may affect workforce or others
- To consult with our workforce on matters affecting health and safety
- To provide and maintain safe plant and equipment
- To ensure safe handling and use of substances
- To provide information, instruction and supervision for workforce
- To ensure all workforce are competent to do their tasks and to give them adequate training.
- To prevent accidents and cases of work related ill health
- To maintain safe and healthy working conditions
- To ensure sufficient funds are available to implement this statement; and
- To review and revise this statement as necessary at regular intervals not exceeding 12 months.

You agree to ensure that all in your workforce will comply with all relevant health and safety legislation, as well as any instructions from the Council's Supervising/Safety Officers, whilst your organisation undertakes any work on behalf of the Council.

Signed	
Name	
Position in Organisation	
Date	



F. SERVICES

Please provide details of relevant experience of works over the past five years including details of satisfactory completion of those works including when and where the works were carried out, the total contract value, any relevant trade or professional rules to which they were carried out and a statement as to their proper completion.

This question is to be scored on a pass/fail basis.

Please provide a statement of the professional qualifications and experience of those who will be implementing the works.

This question is to be scored on a pass/fail basis.

Please provide details of the tools, plant and technical equipment available for performing the contract.

This question is to be scored on a pass/fail basis.



Please provide a statement of any of the works which you intend to sub-contract to another person identifying the sub-contractor and the relevant works to be sub-contracted expressed both by value and proportion of the contract sum, or proposed proportion (%).

NOTE TO ORGANISATION:

This question is for information purposes only.

Please provide details of your measurements for ensuring quality, details of your quality attestation registrations (if any) for example under ISO9001 or equivalent, details of your approach to contract and project management, service delivery and complaints. Please also provide details of the person who is responsible for quality standards.

This question is to be scored on a pass/fail basis.

Has your organisation ever had a contract terminated in the last 3 years?

YES/NO (*delete as appropriate*)

If the answer is **yes**, please provide full details.



G. EQUALITY AND DIVERSITY

NOTE TO ORGANISATION:

- 1. This section will be evaluated on a pass/fail basis.**
- 2. We will seek evidence relating to the questions below, if required.**

Does your organisation comply with its legal obligations relating to the following?

Race	YES/NO <i>(delete as appropriate)</i>
Sexual Orientation	YES/NO <i>(delete as appropriate)</i>
Disability	YES/NO <i>(delete as appropriate)</i>
Age	YES/NO <i>(delete as appropriate)</i>
Religion or Belief	YES/NO <i>(delete as appropriate)</i>
Gender	YES/NO <i>(delete as appropriate)</i>
Human Rights	YES/NO <i>(delete as appropriate)</i>

NOTE TO ORGANISATION:

You must keep up to date with relevant changes in legislation

In the last three years has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal?

YES/NO *(delete as appropriate)*

In the last three years has your organisation been the subject of a formal investigation on grounds of alleged unlawful discrimination by, for example, the Commission for Racial Equality (CRE), Disability Rights Commission (DRC), Equal Opportunities Commission (EOC) or Equality and Human Rights Commission (EHRC)?

YES/NO *(delete as appropriate)*

If the outcome of either of the last two questions (above) was yes, what action were you required to take as a result of that finding or investigation?

If you were required to take action, what action did you take?

If you were required to take action and no action was taken, please explain why not?



If you were required to take action, did the action taken satisfy the relevant organisation?

YES/NO (*delete as appropriate*)

H. REFERENCES

Please provide details of three references from the above contracts whom the Council may contact for further information.

	Reference 1	Reference 2	Reference 3
Name			
Title			
Address			
Tel. No.			
Fax No.			
Email Address			



I. UNDERTAKING

When you have completed the PQQ, please ensure that:

1. You have answered all the questions;
2. You have **provided** all documents requested;
3. You have read and signed the undertaking below.

I certify that the information supplied regarding the Organisation is accurate to the best of my knowledge and that I accept the conditions undertakings requested in the Pre-Qualification Questionnaire. I understand and accept that false information could result in rejection of the application to be selected to take part in the tender process.

I understand that it is a criminal offence, punishable by imprisonment, to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body. I also understand that any such action will result in rejection of our application to take part in the tender procedure and empower the Council to cancel any contract currently in force.

I understand and agree that if our tender is successful that the Organisation will purchase professional indemnity insurance as required if such insurance is not already held.

I understand and agree to the conditions set out in the Freedom of Information Act and the Councils Privacy Policy.

NB This undertaking is to be signed by a Partner, Director or authorised representative i.e. in their name on behalf of the organisation.

Signed for and on behalf of the Organisation:	
Signed:	
Position/Status in the Organisation:	
Organisation's Name:	
Organisation's Address:	
Date:	