**Part 2: Quotation Form Q2129**

**SECTION 1 Company Details**

|  |  |
| --- | --- |
| Company name |  |
| Contact name (Single point of contact): |  |
| Address: |  |
| Telephone number: |  |
| E-mail address: |  |
| Company Registration number: |  |
| VAT Registration number: |  |

Please tick to confirm that you will be able to provide evidence of the following on request and will definitely be able to provide if your quote is successful: ✓

|  |  |
| --- | --- |
| Financial information. *Either:*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.*
2. *A statement of the organisation’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.*
3. *A statement of the organisation’s cash flow forecast for the current year and a bank letter outlining the current cash and credit facility position.*
 |  |

Please list the insurances held by your company:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of insurance | Insurance Company | Policy number | Start and expiry date  | Cover Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Copies of valid insurance certificates will be required if your quote is successful.*

Please tick below to confirm that your company has read and agrees to carry out all work in accordance with Greater Manchester Business Support Standard Terms and Conditions:

|  |  |
| --- | --- |
| Our company has read and agrees to carry out all work in accordance with Greater Manchester Business Support Contract Conditions |  |

**SECTION 2: Data Governance**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **REQUIREMENT** | **STATUS** | **FURTHER INFORMATION** |
| **Yes** | **No** | ■: Where ‘No’ has been ticked, please explain why this is the case and provide further details on the current controls/processes that are in place.■: Where ‘Yes’ has been ticked, provide additional information where requested. |
| 2.1 | Do you have a named person with day to day responsibility for data protection? Is there an executive level role with overall accountability for our information compliance programme? | Answer for information only | Please provide the name and contact details of person responsible for data protection.     Tick if this person is a Data Protection Officer [ ]  |
| [ ]  | [ ]  |
| 2.2 | Do you have a GDPR compliant Data Protection policy to cover personal data? | [ ]  | [ ]  | ■: Please supply a copy.■:        |
| 2.3 | Do you have a data protection and information security training programme in place for your employees, with refresher training, which tests staff understanding? As a sole trader or micro business have you taken sufficient steps to ensure you and your staff are able to protect GC data? | [ ]  | [ ]  | ■:       |
| 2.4 | Will all the personal data that you are processing be kept within the EEA. | [ ]  | [ ]  | ■: Please explain what data will be transferred outside of the EEA and confirm how you will fulfil the obligation of adequate protection in respect of that personal data.      |

**SECTION 3: Information Security**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **REQUIREMENT** | **STATUS** | **FURTHER INFORMATION** |
| **Yes** | **No** | ■: Where ‘No’ has been ticked, please explain why this is the case and provide further details on the current controls/processes that are in place.■: Where ‘Yes’ has been ticked, provide additional information where requested. |
| 3.1 | Do you hold any current certifications or registrations, such as ISO 27001, Cyber Essentials, Cyber Essentials Plus or Public Services Network (PSN) Compliance?Note: if you do not currently hold any certificates you must agree to complete Cyber Essentials as minimum within 6 months. | [ ]  | [ ]  | ■: Please state what certificates you hold:      ■: If no, are you willing to commit to obtaining Cyber Essentials if you are awarded the contract? YES [ ]  |

**SECTION 4 Quotation Response**

Please include the following in your Quotation Response

a) Skills and professional experience to be detailed of person involved in the delivery of the support

b) Examples/case studies that demonstrate your ability to deliver the requirements

c) Confirmation of forecasted number of SPPs and ISDPs to be completed from bidders existing networks/portfolios of clients