**NFNPA assessment document**

1. **price criteria – 60%**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description of all the services you undertake** | **Description of work undertaken** | **Hourly Rate (£)** | **Daily Rate (£)** | **Variations** |
| *Enter title for service undertaken* | *Provide full description of work undertaken* ***(including expected number of days to complete all the tasks set)*** | *Enter price in this box, exclusive of VAT* | *Enter price in this box, exclusive of VAT* | *Enter all variations here (such as weekend work, services required next day etc.)* |

**Total BID PRICE** - £xx,xxx

**Any Additional comments:**

1. **Quality criteria – 40%**

**Section A - company information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Information required** | **Please complete or attach information requested** | **Maximum mark** |
| 2.1 | Name of legal entity or sole trader in whose name the Tender/Quote is submitted |  | No Score |
| 2.2 | Registered Business Address/Head Office |  | No Score |
| 2.3 | Main Contact Name |  | No Score |
| 2.4 | Email address |  | No Score |
| 2.5 | Web address (if any) |  |  |
| 2.6 | Telephone Number(s) |  | No Score |
| 2.7 | VAT Registration Number |  | No Score |
| 2.8 | [D-U-N-S](http://www.dnb.co.uk/dandb-duns-number/request-a-duns-number) Number |  | No Score |
| 2.9 | Company Registration Number if registered with Companies House or equivalent |  | No Score |
| 2.10 | Name of Parent or Holding Company (if applicable) |  | No Score |
| 2.11 | Type of Business | Choose from:   * Sole Proprietor * Partnership * Private Company * PLC * Limited Company * Local Authority * Other (please specify) | No Score |
| 2.12 | If Type of Business is “Other,” please state |  | No Score |
| 2.13 | Are you a Small or Medium Enterprise (under 250 employees)? | Yes / No | No Score |
| 2.14 | Are you a Voluntary, Community or Social Enterprise? | Yes / No | No Score |
| 2.15 | Please provide details of all relevant professional qualifications and/or memberships (organisation and individuals) |  | No Score |
| 2.16 | Please give details of all insurances held and attach copies of certificates, which should state, where applicable:   * Policy No * Limit of indemnity * Excess * Limit for a single event * Expiry date | * Employers liability insurance * Public liability insurance * Professional indemnity insurance * Contractors all risk insurance | As described in Part 10.4 of the Conditions of Contract, the Authority |