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| **SUITABILITY ASSESSMENT QUESTIONNAIRE** |

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| QUOTATION/TENDER TITLE: | **Leighton-Linslade Town Council -**  **Design and installation of a refurbished playground within Alwins Field** |

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| QUOTATION/TENDER REFERENCE NO: | **LLTC/2021/106/GE - Alwins Field Play Area Improvement** |

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| TO BE COMPLETED BY ALL APPLICANTS AND RETURNED BY: | **12th November 2021 at noon.** |

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| SUPPLIER NAME AND ADDRESS: |
|  |

**How to complete**

The answer format required is included for most questions. Please do not amend any of the questions. Your answers will be evaluated against only the original questions, not any changes made to them. Where options are presented, please delete those which do not apply. You must retain the sequence of the questions and the numbering in your response.

By completing this document, the person completing it is confirming that the data entered is correct, to the best of their knowledge and that they are authorised to complete this document on behalf of their organisation.

Completed Suitability Assessment Questionnaires (SAQ) and attachments should be submitted electronically by sending them directly to the Head of Grounds and Environmental Services – Ian Haynes, [Ian.Haynes@leightonlinslade-tc.gov.uk](mailto:Ian.Haynes@leightonlinslade-tc.gov.uk) . If you have any questions, please feel free to contact the Head of Services directly.

**Providing Evidence**

To simplify this process, unless specified you do not need to provide supporting documents at this stage with the questionnaire. The questionnaire indicates the minimum essential insurances limits, policy documents, technical licences and certificates that may be needed. It will be an absolute requirement that when asked the successful bidder can demonstrate, with appropriate evidence, that they meet all the requirements before the contract is awarded. Failure to provide this will result in the Bid being rejected and possible exclusion from future business.

We reserve the right to contact organisations’ technical referees, in support of your submission.

**How do we evaluate your response?**

The Council can only invite to tender based on your organisation meeting our minimum levels of economic and financial standing and technical and professional ability, which must be related and proportional to the requirement. If we are unsure as to your capacity or capability to undertake the work, then we may ask for further information clarification. The short list will be made up of tenderers who score the most points against this SAQ, are ranked the highest and thereby become one of a minimum of the Top 4, however we may add more bidders to the shortlist at the Council’s discretion.

**Unsolicited documentation**

Traditionally many organisations completing questionnaires have enclosed significant amounts of unsolicited “sales” documentation with their submission. Because evaluation of this material is subjective, we are unable to consider it as part of the suitability assessment process. You are therefore asked not to enclose any documents, brochures or other materials unless you are specifically requested to do so. If additional information is not in the format we have requested it will not be considered.

**Freedom of Information Act (FOIA)**

LLTC may at its absolute discretion disclose information requested under the FOIA. Some information is exempt from the FOIA because it is covered by the rules of the Data Protection Act in the case of personal information, or by the Environmental Information Regulations in the case of information relating to the environment.

**INFORMATION REQUIRED**

Your organisation is required to provide information on the following: Shown are the Maximum Points available for that section. If there is an **“R”** after the points it indicates that there is also a **Pass/Reject** Threshold to that question and suppliers will be rejected if they do not meet a minimum requirement threshold. Thresholds are typically set at 40%. Note – On the Directors and Partners we will exclude economic operators (suppliers, contracts and service providers) from public contracts where they are bankrupt or subject to bankruptcy proceeding and or have been convicted of certain offences. These include participation in criminal organisations, corruption, money laundering and fraud. The Office of Government Commerce (OGC) guidance gives a full list.

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| Section | TOPIC | Max Points |
| 1 | Basic Details of your Organisation | 3 |
| 2 | Financial Information | 0 Points R  Pass/Reject |
| 3 | Business Activities and Professional Standing | 10 |
| 4 | Experience and References | 12 **R** |
| 5 | Insurance | 5 |
| 6 | Quality Assurance | 3 |
| 7 | Health and Safety | 5 |
| 8 | Equal Opportunities | 5 |
| 9 | Environmental Management | 5 |
|  | | | |
| 10 | Specific Questions relevant to this particular activity | 50 **R** |
| 11 | Directors and Partners | Pass/Reject |
| 12 | Declaration and Signature | 2R |
|  | Total Available Points | 100 |

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| 1 | BASIC DETAILS OF YOUR ORGANISATION - 3points where completed with no issues | |
| 1.1 | Name of the organisation in whose name the tender will be submitted: | |
| 1.2 | Contact name for enquiries about this bid: | |
| 1.3 | Contact Position (Job Title): | |
| 1.4 | Address:  Post Code: | |
| 1.5 | Telephone Number: | |
| 1.6 | e-mail address: | |
| 1.7 | Website address (if any): | |
| 1.8 | Company Registration Number (if this applies): | |
| 1.9 | Charities or Housing Association or other Registration number (if this applies).  Please specify registering body: | |
| 1.10 | Date of Registration: | |
| 1.11 | Registered address if different from the above (including post code) | |
| 1.12 | VAT Registration number: **198470909** | |
| 1.13 | Is your organisation:  (please indicate **one**) | 1. A public limited company? **Yes / No** |
| 1. A limited company? **Yes / No** |
| iii) A partnership? **Yes / No** |
| iv) A sole trader? **Yes / No** |
|  | | | v) other (please specify) **Yes / No** | |

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| 1.14 | | Name of (ultimate) parent company (if this applies): | | | | | | | | | | | | | | | |
| 1.15 | | Companies House Registration number of parent company (if this applies): | | | | | | | | | | | | | | | |
| 1.16 | | Approximate number of employees (for the entire company this applies) | | | | | | | | | | | | | | | |
| Under 10 | | | |  | 11-50 | |  | Above 50 –please specify | | | | | |  | |
| 2. | | Financial Information 0 points (R) Pass or Reject | | | | | | | | | | | | | | | |
|  | | Your annual turnover must be greater than £40,000 to be considered for this contract. | | | | | | | | | | | | | | | |
| 2.1 | | What was your turnover  In the last two years  (if this applies?) | | | | | | £……… for year  ended --/--/-- | | | £……. for year  ended --/--/-- | | | | | |  |
|  | | If **“No”** briefly – what were the reasons, and what has been done to put things right? | | | | | | | | | | | | | | | |
| 2.2 | | Has your organisation met the terms of its banking facilities  and loan agreements (if any during the past year?) | | | | | | | | | | | **Yes/ No** | | | | |
|  | | If “**No”** briefly –what were the reasons, and what has been done to put things right? | | | | | | | | | | |  | | | | |
| 2.3 | | What is the name and branch of your bankers (who could provide a reference)?  Name:  Branch:  Contact Details: | | | | | | | | | | | | | | | |
| 2.4 | | If you are a registered company please provide all of the following: NB where you are using a parent or group companies accounts we will require a parent or group guarantee  A copy of your most recent full financial statements (for the last 2 years if this applies), including any accompanying auditors or accountants report  A statement of your turnover, profit and loss and, if possible your cash flow, for the period since your most recent financial statement. | | | | | | | | | | | | | | | |
| 2.5 | | Further to 1.14 please answer Yes if you are submitting your accounts on behalf of a group | | | | | | | | | | **Yes/ No** | | | | | |
| 2.6 | | If you have answered Yes to 2.5 please confirm you are willing to provide a Parent Company Guarantee (Do not attach at this stage) | | | | | | | | | | **Yes/ No** | | | | | |
| 2.7 | | What is the name and position of the  Officer responsible for financial matters? | | | | | | | | | | Name:  Position: | | | | | |
| **3** | | **Business Activities and Professional Standing -10 points, where completed with no issues and activities are relevant to our needs** | | | | | | | | | | | | | | | |
| 3.1 | | What are the main business activities of your organisation? (5 points) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.2 | Is your organisation Accredited to any relevant Professional body or Trade Association? If yes please supply details in the box below (No attachments required) (5 points) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.3 | | | Does your organisation have any outstanding claims or litigation against your organisation? If yes please supply details in the box below (No attachments required) 1 point | | | | | | | | | | | **Yes/ No** | | | |
|  | | | | | | | | | | | | | | | | | |
| 3.4 | | | | Do all your employees that require membership to professional organisations or possess licenses to practice have these? If yes, please supply details in the box below. If they do not meet the requirements, please also provide additional information with regard to how this situation is being resolved) (No attachments required) (2points) | | | | | | | | | | | **Yes/ No** | | |
|  | | | | | | | | | | | | | | | | | |
| **4** | | | | | **Experience and References -12 points (R)** | | | | | | | | | | | | |
| 4.1 | | | | | Please provide details of two recent contracts that are relevant to the Authority’s requirement. Contracts should be current, if not detail why. Where possible at least one should explain why. (5 points for each positive reference). Where you have been a recent supplier to the council, the council will supply and be one of the references. **Any poor reference will be treated as a Reject** | | | | | | | | | | | | |
| **Contract A** | | | | | | | | | | | | | | | | | |
| Customer Organisation name:  Customer contact name and phone number:  Date(s) contract(s) awarded:  Contract reference and brief descriptions:  Value:  Date contract(s) was/were completed: If not completed, why? | | | | | | | | | | | | | | | | | |

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| **Contract B** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer Organisation name:  Customer contact name and phone number:  Date(s) contract(s) awarded:  Contract reference and brief descriptions:  Value:  Date contract(s) was/were completed: If not, why? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 | | | Have you had any contracts terminated for poor performance, failure to perform to the terms of the contract in the last three years, or any contracts where damages have been claimed by the contracting authority? If **“Yes”,** please provide additional information **(2 points)** | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5** | **Insurance – 5 points** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All values should be in £ sterling. **Copy of Certificates to be supplied on request (Do not attach at this stage)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | Employer’s Liability: Please advise what insurance you hold?  Leighton Linslade General Contract requirement: (£10,000,000) If less please confirm if you would be willing to increase the value to match our requirement if necessary **(1 point)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | |
| 5.2 | Public Liability: Please advise what insurance you hold? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | £ | |
| 5.3 | Professional Indemnity: Please advise what insurance you hold?  Leighton-Linslade General Contract requirement: (£5,000,000) If less please confirm if you would be willing to increase the value to match our requirement if necessary **(1 point)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | |
| 5.4 | Do you have a business continuity plan to ensure that in the event of an emergency or business disruption your business could continue to deliver its critical service and deliver support to the critical areas of the Council and its contract with yourselves **(1 point)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | |
| 5.5 | Do you have a strategy for ensuring continuity of supply from your critical suppliers? (The Council may require in certain circumstances for the successful tenderer to submit a plan as part of the tender) **(1 point)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **6** | **Quality Assurance – 3 points** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.1 | Does your organisation hold a recognised quality management certification for example BS/EN/ISO 9000 or have a quality management system?  “System” means processes and procedures to ensure that the subject is properly managed – this includes making sure that legal requirements are met. If you have answered “No” to the above are you working towards a quality certification or setting up a quality management system? Please supply details in the box below (No attachments required) **(3 points)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** |
| **7** | | | **Health & Safety – 5points Policies to be supplied on request (Do not attach at this stage)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any business employing five or more people has, by law, to prepare and bring to the attention of employees a written Health and Safety Policy Statement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.1 | | Do you employ five or more people? (0 point, for info) | | | | | | | | | | | | | | | | | | | | | | | **Yes/No** | | | | | | | |
| 7.2 | | Does your organisation have a written health and safety at work policy? | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| 7.3 | | Does this clearly show: **( 1 point)**  Statement of intent and general policy | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
|  | | Organisation for safety – chain of responsibility and name of responsible person | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| Arrangements for implementing and monitoring the policy | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| How health and safety policies and procedures are conveyed to your staff | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| Details of health and safety training for staff | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| 7.4 | | Has your organisation during the last three years been prosecuted or had a notice served for contravention of the Health and Safety at Work act 1974 or associated regulations? (1 point) | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| 7.5 | | Has your organisation during the last three years been the subject of a formal investigation by the Health and Safety Executive or similar national body charged with improving health and safety standards? (1 point) | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | |
| If **YES** in answering7.4 or 7.5 provide details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.6 | | | | Do you plan to use sub-contractors to carry out the work? If yes please supply details of training and quality standards in the box below (No attachments required) (1 point) | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8** | | | | | **Equal Opportunities – 5 points Copy of Certificates/Policies to be supplied on request (Do not attach at this stage)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.1 | | | | | Is it your policy as an employer to comply with your statutory obligations under current equal opportunities legislation? (Your practice must not treat one group of people less favourably than others because of their race, gender, age, religion or belief, disabilities or sexual orientation in relation to decisions to recruit, train or promote employees) (1 point) | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | |
| 8.2 | | | | | Does your organisation have an Equality and Diversity policy which sets out your approach to meeting statutory requirements? (2 points) | | | | | | | | | | | | | | | | | | | | | | | | | **Yes/ No** | | |
| 8.3 | | | | | | | In the last three years, has any finding of unlawful discrimination been made against your organisation by any court, industrial tribunal or Equality Commission? (1 point) | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | | | | |
| 8.4 | | | | | | | In the last three years has your organisation been the subject of a formal investigation by the Equality Commission on grounds of alleged unlawful discrimination? (1 point) | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | | | | |
| If Yes to 8.3 and/or 8.4 please provide details and what steps you took as a consequence of the findings | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9** | | | | | | **Environmental Management – 5 points Copy of Certificates/Policies to be supplied on request (Do not attach at this page)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.1 | | | | | | Have you been prosecuted in the last three years, for any environmental offence? Or have any case pending? If yes please give details (3 points) | | | | | | | | | | | | | | | | | **Yes/ No** | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9.2 | | | | | | | Has your company initiated any processes | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **10** | | | | | | | | **Requirement Specific Questions – These questions are to help you shortlist and remove organisations who will not be able to deliver the contract (50 points) (R)** | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.1 | | | | | | | | (10 points)  Detail a minimum of two similar contracts you have/are undertaking (reference sites) and what have been the successes and how have you overcome the challenges. Describe the efficiencies achieved.  Word limit: 700 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.2 | | | | | | | | (8 points)  Provide a copy of the organisational structure chart for two contracts of a similar nature. Clearly indicate which posts within the organisation have been responsible for the contract management, organisation, health and safety, implementation and delivery together with a summary of how the job holders interacted with each other and the customer to deliver the contract effectively and efficiently.  Word Limit: 400 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.3 | | | | | | | | | (10 points)  Using two examples from similar contracts state how you have ensured effective contract control and management, including a clear description about delivering timely, and adequate resources to each site consistently. Also how you have provisioned for training and staff absence  Word Limit: 700 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.4 | | | | | | | | | | (8 points)  Please supply details of typical contract performance reports and detail how often these are supplied. This should include as a minimum KPIs, complaints and how these are acted upon.  Word Limit: 500 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.5 | | | | | | | | | | | (2 points)  State if/where your company has implemented Hazard Analysis Critical Control Point (HACCP) system.  Word Limit: 250 | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.6 | | | | | | | | | | | | (6 points)  On contracts of a similar nature what have been your typical mobilisation timescales. What risks have occurred and how have they been mitigated.  Word limit: 400 | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | Directors and Partners 0 points pass/fail (R) | | | | | | | | | | | | | | | | | | | |
| 11.1 | | | | | | | | | | | | | Is your business or any Directors/Partners in a state of bankruptcy, insolvency, compulsory winding up, receivership, composition with creditor or subject to relevant proceedings? | | | | | | | | | | | | | **Yes/ No** | | | | | | |
| 11.2 | | | | | | | | | | | | | Has your business or any Directors/Partners committed an act of grave misconduct in the course of the business? | | | | | | | | | | | | | **Yes/ No** | | | | | | |
| 11.3 | | | | | | | | | | | | | Has your business or any Directors/Partners not fulfilled obligations related to the payment of social security contributions, or the payment of taxes? | | | | | | | | | | | | | **Yes/ No** | | | | | | |
| 11.4 | | | | | | | | | | | | | Is your business or any Directors/Partners guilty of serious misrepresentation in supplying information? | | | | | | | | | | | | | **Yes/ No** | | | | | | |
| 11.5 | | | | | | | | | | | | | Is your business or any Directors/Partners not in possession of relevant licences or membership of an appropriate organisation where required by law? | | | | | | | | | | | | | **Yes/ No** | | | | | | |
| If you answered YES to any questions in section 11 you may include any additional information in this box. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have family or close friends who either work for the Council, or are Members of the Council?  If yes please detail their names and roles and how you would manage that conflict of interest. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | Bona Fide (Genuine/In Good Faith) PQQ  I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ANSWERS SUBMITTED IN THIS PQQ (AND ANY SUPPORTING MODULES0 ARE CORRECT. I UNDERSTAND THAT THE INFORMATION WILL BE USED IN THE EVALUATION PROCESS TO ASSESS MY ORGANISATION’S SUITABILITY TO BE INVITED TO TNEDER FOR THE AUHTORITY’S REQUIREMENT.  ANY PQQ SUBMITTED MUST BE BONA FIDE AND WITHOUT CANVASSING OR SOLICITING ANY MEMBER OR EMPLOYEE OF LEIGHTON LINSLADE TOWN COUNCIL OR COLLUDING WITH ANOTHER SUPPLIER BY SUBMITTING A PQQ YOU ARE AGREEING THIS IS A BONA FIDE PQQ.  2 Max Points (R) | | | | | | | | | | | | | | | | | | |
|  | | | FORM COMPETED BY (must be an authorised employee of your company) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12.1 | | | Name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 12.2 | | | Job Position Title : | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 12.3 | | | Date: | | | | | | | | | | | | |  | | Address: |  | | | | | | | | | | | | | |
| 12.4 | | | Telephone Number: | | | | | | | | | | | | | |  | | | Email Address: |  | | | | | | | | | | | |