**NFNPA /SSF ADVIce AND DELIVERY SUPPORT assessment document**

1. **price criteria – 30%**

|  |  |  |  |
| --- | --- | --- | --- |
| **Required services you will undertake (delete any that you are not able to provide)** | **Hourly Rate** (£, exclusive of VAT, please provide a universal rate across all services) | **Daily Rate** (£, exclusive of VAT, please provide a universal rate across all services) | **Variations** *(such as weekend work, services required next day etc.)* |
| Supporting species monitoring programme |  |  |  |
| Preparing site work plans |
| Gain necessary permissions for identified actions |
| Obtain contractor quotes for relevant work |
| Supervise contracted work |
| Project liaison with partners |

**Any Additional PRICING comments:**

1. **Quality criteria – 70% (SUB WEIGHTINGS FOR EACH SECTION ARE SHOWN BELOW)**

**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) |  | No Score |
| 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 | **Pass/Fail**  Levels required as described in Part 10.4 of the Terms & Conditions of Contract, for the Authority |

**Section b – YOUR APPROACH – 40%**

|  |
| --- |
| Suppliers should provide an outline of how you will draw on your experience and expertise to fulfil the requirements.  If applicable, please also give a brief outline of your policy regarding the use of sub-contractors and, if appropriate, the extent to which you might envisage using them for this contract. |
|  |

**Section C – SCOPE OF SERVICES – 30%**

|  |
| --- |
| Suppliers should provide information on whether they can fulfil all the requirements and highlighting reasons for any gaps in service offered. |
|  |

**Section D – YOUR Experience / references – 30%**

|  |
| --- |
| In this section suppliers should provide details of any qualifications/memberships held by your organisation/individual staff – this can include CVs of relevant staff members.  Suppliers should also provide details of at least 2 recent contracts / case studies that are relevant to our requirements (formal references are not required at this stage). |
|  |