## Appendix 3 – Due Diligence Information



FORM OF TENDER

|  |  |
| --- | --- |
| **Tender for Contract:** | SUNNYSIDE CHANGING ROOM EXTENSION PROJECT |
| **Supplier Name:** |  |

I/We the person named below hereby offer and agree on the acceptance of this Tender or any part thereof by the Council to provide the Services to the Council as described in and in accordance with the Invitation to Tender

I/We hereby offer to provide the said Services for the sums properly due under the Contract as calculated in accordance with the Pricing Schedule attached.

**Tendered Total Cost (in GBP): £……………………………………**

*(Please attach breakdown of costs)*

I/We confirm that:

1. I/We are fully conversant with all the contract documentation included in the Invitation to Tender; and
2. This tender is submitted strictly in accordance with that contract documentation and is without any conditions or qualifications whatsoever; and
3. On being called upon to do so by the Council, I/We shall execute the form of Agreement acknowledging our willingness to be bound by the Contract.

**Person authorised to submit the Tender:**

**Name:**

**Position:**

**Dated: …………………………………………………………………**

## Appendix B Declarations

DECLARATIONS

|  |  |
| --- | --- |
| **Tender for Contract:** | SUNNYSIDE CHANGING ROOM EXTENSION PROJECT |
| **Supplier Name:** |  |

CONFLICT OF INTERESTS, CANVASSING & COLLUSIVE TENDERING

1 In consideration of the Council accepting our tender we undertake and agree to advise the Council immediately upon becoming aware of any conflict of interest or potential conflict of interest that may arise either during the term of the Contract or for a period of two years after its termination. ;

2 I/We further hereby undertake that I/We will not in the future canvass or solicit any Member Officer or Employee of the Council in connection with the award of this Tender or any other Tender or proposed Tender for the provision of the Service and that no person employed by me/us or acting on my/our behalf will do any such act.

3 I/We certify that

(a) this is a bona fide Tender, intended to be competitive, and that I/We have not fixed or adjusted the amount of the Tender (or the rates and prices quoted) by or under or in accordance with any agreement or arrangement with any other person.

(b) I/We have not canvassed or solicited any Member Officer or Employee of the Council in connection with the preparation or award of this Tender or any other Tender or proposed Tender for the provision of the Service and that no person employed by me/us or acting on my/our behalf has done any such act.

(c) that I/We have not done and undertake that I/We will not do at any time before the hour and date specified for the return of this Tender any of the following acts:

(i) Offer or give or agree to give any officer or member of the Council any gift or consideration of any kind as an inducement or bribe to influence its decision in the tendering procedure.

(ii) Communicated to any person other than the Council the amount or approximate amount of the proposed Tender (other than in confidence in the circumstances and to the persons described in the Instructions to Tenderers).

(iii) Enter into any agreement or arrangement with any person as to the amount of any proposed tender or that the person shall refrain from tendering.

**Person authorised to submit the Tender:**

**Name:**

**Position:**

**Dated: ……………………………………………………………………….................**

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**Appendix C 1. References**

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|  | * + 1. **References** | | | |
| Please provide details of three recent contracts that are relevant to Yate Town Council’s requirements. Where possible, at least one should be from the public sector. If you cannot provide three references, please explain why. | | | |
|  |  | **Reference 1** | **Reference 2** | **Reference 3** |
| 1 | Organisation Name: |  |  |  |
| 2 | Contact Name: Telephone Number:  Email: |  |  |  |
| 3 | Date Contract Awarded: |  |  |  |
| 4 | Date the project was completed / launched |  |  |  |
| 5 | Contract reference and brief description of provision: |  |  |  |

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| **Appendix E**  **SUPPLIER QUESTIONNAIRE** |

(Where certificates or documentation is required the preferred medium is electronic)

|  |  |  |  |
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| 1. **General Details of Company** | | | |
| 1.1 Company Name: |  | | |
| 1.2 Address: |  | | |
| 1.3 Post Code: |  | | |
| 1.4 Email Address: |  | | |
| 1.5 Website Address: |  | | |
| 1.6 Contact: |  | 1.7 Contact Telephone No: |  |
| 1.8 Company Telephone No: |  | 1.9 Fax No: |  |
| 1.10 Company  Registration No: |  | 1.11 How long has your company been in business? |  |
| 1.12 Managing Director / Senior Partner: |  | 1.13 Total number of staff in company: |  |
| 1.14 Ultimate parent Company / Sole  trader: |  | 1.15 Country of Registration: |  |
| 1.16 List of Companies within the group |  | | |
| 1. **Finance and Tax Information** | | | |
| 2.1 Turnover last financial year: |  | | |
| 2.2 VAT Registration No.: |  | | |
| 2.3 Bank Sort Code: |  | 2.10 Bank Account No.: |  |
| 2.4 Bank Account Name: |  | | |
| 2.5 Bank: |  | | |
| * 1. Bank Address: |  | | |
| 2.7Sales Department Contact details:  (Phone, fax and email) |  | | |
| * 1. Remittance contact details:   (Phone, fax and email) |  | | |
| 2.8 Goods or Services provided: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Insurance and Indemnity**   Can you provide the following types of insurance? Please attach copies of certificates. | | | | | |
| **Insurance Type** | | | | **Value** | **Expiry Date** |
| 3.1 Public Liability (Standard £10 million) | | | |  |  |
| 3.2 Contractors All Risk (£1 million per event) | | | |  |  |
| 3.3 Professional Indemnity (Standard £10 million) | | | |  |  |
| 3.4 Employers Insurance (Mandatory requirement Standard £10 million) | | | |  |  |
| 1. **Health, Safety, Environment and Quality** | | | | | |
| 4.1 Do you operate a formal management system? | YES / NO | | | Date Introduced |  |
| 4.2 Please indicate the standard(s) to which the management system is  structured: | | | | | |
| ISO9001:2008  (international standards) |  | | | OHSAS18001:2007  Health and Safety |  |
| ISO14001:2004  ENVIRONMENT |  | | | Scope/Others |  |
| 4.3 Is your management system certified to any of the following standards? | | | | | |
| ISO9001:2008 |  | | | OHSAS18001:2007 |  |
| ISO14001:2004 |  | | | Scope/Others |  |
| (Please provide a copy of your current certificate(s) and scope of certification as an attachment to this information.) | | | | | |
| 4.4 Please provide contact details for your Quality Manager: | | | | | |
| Name: | |  | | Address: |  |
| Mobile Telephone: | |  | | Email: |  |
| 4.5 If your company is a member of an Approved Contractor Scheme (e.g. Safe Contractors passport schemes) please provide the name of your scheme and the registration number: | | | |  | |
| 4.6 Please identify the person in your company responsible for the co-ordination of health and safety. | | | | | |
| Name: | |  | | Address: |  |
| Mobile Telephone: | |  | | Email: |  |
| 4.7 Please provide the following statistics for the last **five** years: | | | | | |
| 4.7.1 No. of incidence reports made under RIDDOR regulations: | | |  | | |
| 4.7.2 Any enforcement actions taken e.g. HSE: | | |  | | |
| 4.8 Please detail with dates and membership of any occupational groups (e.g. ROSPA, BSC etc) | | |  | | |

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| **5. Environment** | | | | |
| In this document the meaning of the term ‘Environmental’ shall include all aspects associated with any detrimental effect on the environment, as well as economical and social impact in areas such as working conditions, ethical behaviour etc  If applicable due to the nature of your work, please provide an Environmental Sustainability Appraisal. This appraisal negates the requirment to complete Section 5 of this questionnaire. | | | | |
| 5.1 Are there any environmental permits/licences (e.g. from the Environment Agency) required? If so, please provide details | |  | | |
| 5.2 If hazardous goods (chemicals, oils and paints) are bought on to site, provide details on method of storage: | |  | | |
| 5.3 Please provide certification details of the employee responsible for the uplift and disposal of waste produced: | |  | | |
| 5.4 Does your organisation have a named office responsible for Environmental and Sustainable Management (including Procurement)?    If yes, please provide details: YES / NO | | | | |
| Name: |  | | Position: |  |
| Qualifications |  | | | |
| 5.5 Does your organisation have an Environmental Policy?  YES / NO  If ‘yes’ please enclose a copy | | | | |
| 5.6 Does your organisation have in place an Environmental Management system? Do you have any objections to this being inspected? | | | | |
| System in place? | YES / NO | | Objections? | YES / NO |
| 5.7 Has your organisation compiled a register of environmental regulations and legislation relating to your business? | | | | |
| Register compiled? | YES / NO | |  |  |
| 5.8 Has your organisation compiled an environmental effects register? Wil this be available to view? | | | | |
| Register compiled? | YES / NO | | Available to view? | YES / NO |
| 5.9 Do you have an environmental action plan in place to reduce any adverse impact on the environment? Will this be available to view? | | | | |
| Action plan in place? | YES / NO | | Available to view? | YES / NO |
| 5.10 Do you know the locations of 100% of the facilities that produce your products and do you take steps to ensure that social and ethical compliance is achieved in these facilities?    If ‘yes’ please outline how this is achieved, YES / NO | | | | |
| 5.11 Outline on a separate sheet the environmental impacts and risks associated with your products / services and what steps are being taken to minimise them. | | | | |

|  |  |
| --- | --- |
| 5.12 Will any of the work be sub contracted and if so what processes do you have in place to ensure third party control. Please reference below: | |
| Do you sub contract works? Y/N | If so list processes: |
| How do you control third party sub- contractors? |  |

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| **6. Procurement** | |
| 6.1 Please provide the names and annual expenditure with your 3 key suppliers: | |
| **Name** | **Spend** |
|  |  |
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|  |  |
| 6.2 What category of goods/services does your company supply? *(eg Tools, Electrical, Sports or Play Equipment, Site Services, Safety Equipment, etc)* | |
|  | |

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| **7. Prevention of Corruption Statement** |  |
| Please complete appendix B to comply with this requirement. |  |
| **8. Business Ethics & Code of Conduct** |  |
| It is expected that Yate Town Council employees and members will conduct their business to the highest standards of honesty & integrity, which includes non-acceptance of business gifts or hospitality. Suppliers should support this policy by acknowledging opposite | Acknowledge Y / N |
| **9. Goods and Materials Declaration** |  |
| When you supply Goods or Materials of a hazardous nature to the Council for the first time, you are requested to provide a copy of the Product Safety Data Sheet with the Goods / Materials. | Are you able to comply with this requirement?  Y / N |

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| **10. Perishable Goods or Materials** | |  |
| When you supply Goods or Materials that have a limited Shelf-life to the Council, you are requested to:  a/ Package each item separately.  b/ Clearly identify on each item either the shelf-life expiry date, or the date of manufacture and the length of the shelf life applicable.  c/ Ensure that each item supplied to the Council has at least 75% of it’s shelf life remaining on the day it is received by the Council unless otherwise stated on the Contract. | | Are you able to comply with this requirement?  Y / N |
| |  |  | | --- | --- | | **11. Legal** |  | | Does any company or individual have any litigation outstanding against your company  If yes please list details:  Does your company have any litigation outstanding against any other company or individual  If yes please list details: | Y / N  Y / N | | | |
| **12. Attachments** (To be supplied to Yate Town Council) | | |
| 12.1: Management Accounts | 12.2: Insurance Certificates | |
| 12.3: Management System Certificate and Scope of Registration | 12.4: Management System Manual | |
| 12.5: Environmental Sustainability Appraisal | 12.6: Waste Carriers Certificate | |

**12. Date Questionnaire Complete by Supplier: / / .**

**Name: Signature:**

**Position: Telephone No:**

I understand that by submitting a proposal permission is given to Yate Town Council to store the above information on its secure computer system, held under the Limitation Act 1980 (as amended) for a period of 6 years for audit purposes on the town council secure computer system.

**Thank you for completing the questionnaire**

**Please return to sender**

**Requirements for Appendix E**

**Appendix E: Project Plan**

**<**Supplier to produce project plan – can submit using spreadsheet or MS Project if preferred. If MS Project is used please include a second copy in pdf format