



## Innovate UK Business Connect

### PRE-QUALIFICATION QUESTIONNAIRE

#### I. Introduction

This Pre-Qualification Questionnaire (“PQQ”) has been issued by Innovate UK Business Connect in connection with a competitive procurement for the provision of services set out in the Innovate UK Business Connect Communications and Campaigns Framework.

#### II. Notes for completion

Please answer every question in English. Many procurements generate a great deal of interest from Potential Providers, so please ensure that you complete the questionnaire as requested. Failure to do so may result in your application being disqualified. If the question does not apply to you, please write N/A; if you don’t know the answer please write N/K.

“We” or “Authority” means Innovate UK Business Connect.

“You” or “Your” or the “Potential Provider” means the business or company which is completing this PQQ.

Where you have a valid reason for being unable to provide the specific information requested in relation to this procurement, other information may be accepted but only if it is considered appropriate by the Authority.

You must inform the Authority of any material changes to the information provided by the PQQ as soon as you become aware of the change.

#### III. Return of this PQQ

Please return this form not later than 16<sup>th</sup> May 2024 to: [re.support@iuk.ktn-uk.org](mailto:re.support@iuk.ktn-uk.org)

In your response, you must provide the name, position, and contact detail for the person within the business or company of the Potential Provider responsible for this requirement in Part 1 - Form A.

#### IV. Contact point within the Authority for all queries

Telephone: 03333 403250

E-mail: [re.support@iuk.ktn-uk.org](mailto:re.support@iuk.ktn-uk.org)

#### V. Verification of Information Provided

The higher the risk of the procurement, the higher the level of verification is likely to be required. Not all questions require supporting documents up front at this stage (for example certificates, statements with this questionnaire.) **However, the Authority may ask to see these documents at a later stage, so it is advisable you ensure they**



can be made available upon request. You may also be asked to clarify your answers or provide more details about certain issues.

## **VI. Sub-Contracting Arrangements**

Where a sub-contracting approach is proposed, all information requested should be given in respect of the prime contractor.

Where sub-contractors will play a significant role in the delivery of goods or services, or both, under any ensuing contract, please indicate in a separate annex (by inserting the relevant company/organisation name) the composition of the supply chain, indicating which member of the supply chain will be responsible for the elements of the requirement.

It is recognised that arrangements in relation to sub-contracting may be subject to future change. However, Potential Providers should be aware that where sub-contractors are to play a significant role, any changes to those sub-contracting arrangements may constitute a material change and therefore may affect the ability of the Potential Provider to proceed with the procurement process or to provide the goods or services, or both.

## **VII. Consortia Arrangements**

If the Potential Provider is bidding for the requirement as a consortium, the following information must be provided:

- full details of the consortium; and
- the information sought in this PQQ in respect of each of the consortium's constituent members as part of a single composite response.

Potential Providers should provide details of the actual or proposed percentage shareholding of the constituent members within the consortium in a separate Annex. If a consortium is not proposing to form a corporate entity, full details of alternative proposed arrangements should be provided in the Annex. However, please note the Authority reserves the right to require a successful consortium to form a single legal entity in accordance with Regulation 2 of the Public Contracts Regulations 2015 (where applicable).

The Authority recognises that arrangements in relation to consortia may (within limits) be subject to future change. Potential Providers should therefore respond in the light of the arrangements as currently envisaged. Potential Providers are reminded that any future proposed change in relation to consortia must be notified to the Authority so that it can make a further assessment by applying the selection criteria to the new information provided.

## **VIII. Anti-Competitive Behaviour**

The Authority is required by Regulation of the Public Contracts Regulations 2015 to ensure that all Potential Providers are treated equally and in a non-discriminatory way during the procurement process. The Authority therefore needs to prohibit anti-



competitive behaviour to ensure a fair and non-discriminatory procurement process. You are required to report any final convictions or settlements with regard to anti-competitive behaviour (and any measures that you have taken to prevent such behaviour happening again) in your response to the appropriate question(s) in Forms B and C (depending on the nature of the conviction or settlement). If the Authority suspects anti-competitive behaviour, the Authority will require evidence from you that your arrangements are not anti-competitive. Any evidence of any anti-competitive behaviour in relation to this procurement could result in you being disqualified from the procurement process.

#### **IX. Selection of Tenderers**

During the PQQ stage, the intention is to arrive at a Short List up to 6 qualified Potential Providers for formal invitation to tender against the requirement as advertised.

References, site visits or demonstrations or presentations are unlikely to be requested at this stage, but the Authority reserves the right to request them as a part of the PQQ process.

The Authority will contact you again by week commencing 27<sup>th</sup> May 2024 to let you know whether you have been successful. If so, you will then be invited to tender for the contract.

#### **X. Miscellaneous**

Under no circumstances shall the Authority incur any liability in respect of this PQQ or any supporting documentation. The Authority will not reimburse any costs incurred by Potential Providers in connection with preparation and submission of their responses to this PQQ.



PART 1: FORM A: Organisation and Contact Details

Full name of organisation tendering (or of organisation acting as lead contact where a consortium bid is being submitted)	
<b>ORGANISATION DETAILS</b>	
Registered office address	Company or charity registration number
	VAT registration number
	Name of immediate parent company
	Name of ultimate parent company
Type of organisation	i) a public limited co. ii) a limited company iii) a limited liability partnership iii) other partnership iv) sole trader v) other (please specify)

<b>CONTACT DETAILS</b>	
Contact details for enquiries about this PQQ	
Name	
Address	
Post Code	
Country	



Phone	
Mobile	
Email	

Consortia and Sub-Contracting	a) Your organisation is bidding to provide the services required itself.	
	b) Your organisation is bidding in the role of Prime Contractor and intends to use third parties to provide some services.	
	c) The Potential Provider is a consortium	

If your answer is (b) or (c) please indicate in a separate annex (by inserting the relevant company/organisation name) the composition of the supply chain, indicating which member of the supply chain (which may include the Potential Provider solely or together with other providers) will be responsible for the elements of the requirement.

**QUESTIONS 1.1 and 1.2 FOR COMPLETION BY NON-UK BUSINESSES ONLY**

1.1	<p>Registration with professional body</p> <p>Is your business registered with the appropriate trade or professional register(s) in the EU member state where it is established (as set out in <b>Annexes IX A-C of Directive 2004/18/EC</b>) under the conditions laid down by that member state).</p>	
1.2	<p>Is it a legal requirement in the State where you are established for you to be licensed or a member of a relevant organisation in order to provide the requirement in this procurement? If yes, please provide details of what is required and confirm that you have complied with this.</p>	



## PART 1: FORM B - Grounds for mandatory rejection

**Important Notice:**

**In some circumstances the Authority is required by law to exclude you from participating further in this procurement. If you answer 'yes' to any question in this section it is very unlikely that your application will be accepted. If you answer "yes", please set out (in a separate Annex) full details of the relevant conviction and any remedial action taken subsequently.**

Please state 'Yes' or 'No' to each question.

	Answer
<b>Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences?</b>	
(a) conspiracy within the meaning of section 1 or 1a of the Criminal Law Act 1977 or article 9 or 9a of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 where that conspiracy relates to participation in a criminal organisation as defined in Article 2 of Council Framework Decision 2008/841/JHA;	Yes/No
(b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended); where the offence relates to active corruption	Yes/No
(c) the offence of bribery, where the offence relates to active corruption; the offence of bribery within the meaning of section 1 or 6 of the Bribery Act 2010;	Yes/No
(d) fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of:	Yes/No
(i) the offence of cheating the Revenue;	Yes/No
(ii) the offence of conspiracy to defraud;	Yes/No
(iii) fraud or theft within the meaning of the Theft Act 1968, the Theft Act (Northern Ireland) 1969, the Theft Act 1978 or the Theft (Northern Ireland) Order 1978;	Yes/No
(iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985, article 451 of the Companies (Northern Ireland) Order 1986 or section 993 of the Companies Act 2006;	Yes/No



(v)	defrauding the Customs within the meaning of section 170 of the Customs and Excise Management Act 1979 or section 72 of the Value Added Tax Act 1994;	Yes/No
(vi)	an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or	Yes/No
(vii)	destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968 or section 9 of the Theft Act (Northern Ireland) 1969;	Yes/No
(viii)	fraud within the meaning of section 2, 3 or 4 of the Fraud Act 2006; or	Yes/No
(ix)	making, adapting, supplying, or offering to supply articles for use in frauds within the meaning of Section 7 of the Fraud Act 2006;	Yes/No
(e)	money laundering within the meaning of section 340(11) of the Proceeds of Crime Act 2002;	Yes/No
(f)	an offence in connection with the proceeds of criminal conduct within the meaning of section 93A, 93B or 93C of the Criminal Justice Act 1988 or article 45, 46, or 47 of the Proceeds of Crime (Northern Ireland) Order 1996; or	Yes/No
(g)	an offence in connection with the proceeds of drug trafficking within the meaning of section 49, 50 or 51 of the Drug Trafficking Act 1994; or	Yes/No
(h)	any other offence within the meaning of Article 45(1) of Directive 2004/18/EC as defined by the national law of any relevant State.	Yes/No



**PART 1: FORM C - Grounds for discretionary rejection**

**Important Notice:**

The Authority is entitled to exclude you from consideration if any of the following apply but may decide to allow you to proceed further. If you cannot answer 'no' to every question it is possible that your application might not be accepted. In the event that any of the following do apply, please set out (in a separate Annex) full details of the relevant incident and any remedial action taken subsequently. The information provided will be taken into account by the Authority in considering whether or not you will be able to proceed any further in respect of this procurement exercise.

Please state 'Yes' or 'No' to each question.

<b>Is any of the following true of your organisation?</b>	
(a) <u>being an individual</u> , is a person in respect of whom a debt relief order has been made, is bankrupt or has had a receiving order or administration order or bankruptcy restrictions order, or a debt relief restrictions order made against him or has made any composition or arrangement with or for the benefit of his creditors or has not made any conveyance or assignment for the benefit of his creditors or appears unable to pay or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989, or in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of his estate, or is the subject of any similar procedure under the law of any other state;	Yes/No
(b) <u>being a partnership constituted under Scots law</u> , has granted a trust deed or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of its estate; or	Yes/No
(c) <u>being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002</u> has passed a resolution or is the subject of an order by the court for the company's winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company's business or any part thereof or is the subject of similar procedures under the law of any other state?	Yes/No
<b>Has your organisation</b>	
(a) been convicted of a criminal offence relating to the conduct of your business or profession;	Yes/No
(b) committed an act of grave misconduct in the course of your business or profession;	Yes/No



(c) failed to fulfil obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which you are established;	Yes/No
(d) failed to fulfil obligations relating to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which you are established; or	Yes/No
e) been guilty of serious misrepresentation in providing any information required of you under Regulation 23 of the Public Contracts Regulations 2006?	Yes/No

## PART 1: FORM D - Economic and Financial Standing

### Important Notice:

Where the Potential Provider is a consortium or association of suppliers, the financial information is required for each Potential Provider that is a member of the consortium or association. Where the Potential Provider is a subsidiary of a group, the financial information is required for both the subsidiary and the parent company.

Parent company and/or other guarantees of performance and financial standing may be required if considered appropriate by the Authority.

<b>2</b>	<b>FINANCIAL INFORMATION</b>		
2.1	What was your overall turnover in each of the last two financial years?	£ _____ for year ended -- / -- / ----	£ _____ for year ended -- / -- / ----
2.2	Please provide the information indicated below:-		
	<i>A copy of your audited accounts for the most recent two years</i>		This information must be submitted
	<i>A statement of your turnover, profit &amp; loss account and cash flow for the most recent year of trading</i>		Not required
	<i>A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position</i>		Not Required
	<i>Alternative means of demonstrating financial status if trading for less than a year</i>		This information must be submitted where applicable



3	<b>INSURANCE</b>	
3.1	Employer’s liability insurance is a legal requirement (except for businesses employing only the owner / close family members) and this should be at least £5 million. Please confirm that you have this in place.	Yes/No

**PART 1: FORM E - Technical and Professional Ability**

**Important Notice:**

**Where the Potential Provider is a special purpose vehicle and/or not intending to be the main provider of the goods or services, the information requested should be provided in respect of the principal intended provider of the goods or services.**

4	<b>EXPERIENCE AND CONTRACT EXAMPLES</b>			
	Please provide details of up to three contracts from either or both the public or private sector, that are relevant to the Authority’s requirement. Contracts for the supply of services should have been performed during the past <u>three</u> years. (The customer contact should be prepared to speak to the purchasing organisation to confirm the accuracy of the information provided below if we wish to contact them).			
		Contract 1	Contract 2	Contract 3
4.1	Customer Organisation (name):			
4.2	Customer contact name, phone number and email			
4.3	Contract start date Contract completion date Contract Value			



4.4	Brief description of contract (max 150 words) including evidence as to your technical capability in this market.			
If you cannot provide at least one example, please briefly explain why (100 words max)				

<b>5 STAFFING</b>		
5.1	How many staff does your organisation (including consortia members or named sub-contractors where appropriate) employ relevant to the carrying out of services and/or delivery of goods similar to those required under this contract?	

## PART 2: FORM F: Project Specific Questions

### Technical Capability:

6.1 In relation to the requirement, please provide details of the technicians available to the Potential Provider to provide the services, including those involved with quality control, whether or not they are independent of the Potential Provider. Please provide details of the educational and professional qualifications of the technicians responsible for providing the services.

Details about the technicians available to the Potential Provider (including educational and professional qualifications)	
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6.2 In relation to the requirement, please provide details of the Potential Provider's technicians experience and knowledge of relevant processes as specified above.

Potential Provider	
Details of the technicians' experience and knowledge of processes as specified above.	

6.3 In relation to the requirement, please provide details of the Potential Provider's technicians experience and knowledge IT & Telecommunication systems.

Details of the technicians' experience & knowledge of IT & Telecommunication systems.	
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6.4 In relation to the requirement, please provide details of the Potential Provider's proposed overall technical solution, including quality management systems in use, to the services required to be provided under the contract.

Details of the Potential Provider's proposed overall technical services support solution, including quality management systems.	
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**Health and Safety:**

6.5 In relation to the requirement, please provide details of the Potential Provider's health and safety management capability which is relevant to the goods or



services purchased under the contract.

Does your organisation have a written health and safety at work policy?	Yes / No
Does your organisation have a health and safety processes and procedures to ensure legal requirements are met?	Yes / No
If you have answered "No" to either of the above please explain why:	

## SIGNATURE

7	I declare that to the best of my knowledge the answers submitted in this PQQ are correct. I understand that the information will be used in the process to assess my organisation's suitability to be invited to tender for the Authority's requirement and I am signing on behalf of my organisation. I understand that the Authority may reject this PQQ if there is a failure to answer all relevant questions fully or if I provide false/misleading information	
	<b>FORM COMPLETED BY</b>	
7.1	Name:	
7.2	Date:	
7.3	Signature:	