|  |  |
| --- | --- |
| Commercial Directorate | |
| DVLA  Longview Road  Morriston  Swansea SA6 7JL | |
| Phone: | 01792 782475 |
| www.gov.uk/browse/driving | |
| @dvlagovuk | |
| Your ref: | RM1557.13 |
| Our ref: | PS/23/128 |
| Date: | 3rd August 2023 |

Xxxxx redacted under FOI Section 40

Wellpoint Group Limited

15 Whitehall,

London,

SW1A 2DD

Dear Xxxxx redacted under FOI Section 40,

**CONTRACT REFERENCE NUMBER: Provision of Heath Kiosks**

**FRAMEWORK REFERENCE NUMBER: PS/23/128**

On behalf of the Secretary of State for Transport, I accept your quotation (CCS standard prices) under the terms and conditions of the **RM1557.13 : G-Cloud 13 Framework Agreement**. This letter and the documents listed below form a binding contract between you and the Department for Transport.

1. The terms and conditions for Framework reference **RM1557.13**
2. The Department's specification – please see embedded below.

The period of the contract will be **2 years,** commencing on **4th August 2023** and expiring on **3rd August 2025**, with an option to extend for a further period of **12 months**.

The spend for the contract is estimated at £59,700 for the initial two year period, with £88,500 being the rate if the contract is extended for the third year.

The Rates for the Contract are embedded below, exclusive of Value Added Tax:

You must be in possession of a written purchase order (PO), before commencing any work, or supplying any goods, under this contract. The Purchase Order Number for this contract will follow shortly. Invoices submitted to the Department **must also quote the PO number** and must be submitted in accordance with DVLA’s Invoicing Procedures below.



**Please ensure invoices are sent to SSa and not DVLA. Invoices received without the correct Purchase Order Number will be returned to you and will delay receipt of payment.**

A. Employment of staff under this contract will be subject to the completion and acceptance by the Department of the evidence produced through the Baseline Personnel Security Standard (BPSS), or other higher HMG security level check. It is consistent with the data protection legislation that an individual’s refusal to undergo an essential check where there are no alternatives could lead to a refusal of employment.

B. All proposed offshoring activity of Official level data outside the UK, under this contract, will be subject to prior approval by the Department/Government, as appropriate.

Please contact the Contract Owner Xxxxx redacted under FOI Section 40, to discuss arrangements for commencement of the contractand details around Kiosk delivery and installation.

Please complete the questionnaire at Annex A and return to the email address below

Please complete the Supplier Details form at Annex B and return to the email address below

Please acknowledge your receipt this letter, and sign and return the call-off contract.

Yours Faithfully

|  |
| --- |
| Xxxxx redacted under FOI Section 40 |
| Facilities and People Commercial Specialist |
| Commercial Directorate |
| Xxxxx redacted under FOI Section 40  **On behalf of the Secretary of State for Transport** |

**Annex A:**

**SUPPLY CHAIN QUESTIONNAIRE**

Title- Provision of Health Kiosks

Name of Supplier Wellpoint Group Limited

Contract start date 4th August 2023 Contract end date 3rd August 2025

Total value (excl. VAT and optional extensions) £59,700 (£88,500 if extended)

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Dear Supplier

You indicated in your tender that one or more Small or Medium suppliers (SME) would form part of your supply chain for delivering the above contract.

As indicated in the contract specification, we now require some further information about the SME(s) you will be using. This will be used to help us measure the success of activity we have undertaken to help make our contracts more accessible to SMEs and to respond to requests for information about our use of SMEs.

Please provide the following for **each** SME in your supply chain

|  |
| --- |
| Name of SME……………………….  Address……………………………..  ……………………………………….  ……………………………………….  ………………………………………..  Post code ………………  Value\* of the proportion of the contract they will be undertaking £………….. |

*Please replicate this box as many times as needed*

\*Please note: Monthly spend information for each SME will be calculated by equally apportioning this figure to each month of the contract. However if you are able to provide a specific spend profile this would be helpful.

Your contact details in case of any follow-up questions:

………………………………………

………………………………………

………………………………………

**Annex B**

|  |  |
| --- | --- |
| **SUPPLIER DETAILS** | |
| **Supplier Name** |  |
| **Supplier Address** |  |
| **Post Code** |  |
| **Country** |  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Account Manager Name** |  |
| **Account Manager Email** |  |
| **Business Email:** *(if not Basware enabled, this is the address purchase orders and remittance advice notes will be sent)* |  |
| **UK VAT Registered? Y/N** |  |
| **UK VAT Registration Number** |  |
| **If Non UK Supplier, is Supply Type**  *Goods or Services?* |  |
| **DUNS Number** |  |
| **BANK DETAILS** | |
| **Type of Account – Bank or Building Society?** |  |
| **Confirm if account is - Business or Personal** |  |
| **Bank/Building Society Name** |  |
| **Supplier’s Bank/Building Society Account Name** *(if different to Supplier Name)* |  |
| **Sort Code** |  |
| **Account Number** |  |
| **Building Society Roll Number** *if applicable* |  |
| **IBAN (international bank account number)** *If applicable* |  |
| **SWIFT/BIC (International Bank Code)** *if applicable* |  |
| **CONSTRUCTION INDUSTRY TAX DEDUCUTION SCHEME – if applicable** | |
| **Address of Registered Office** |  |
| **Company Registered Number** |  |
| **Subcontractor Tax Certificate Type** |  |
| **Subcontractor Tax Certificate Number** |  |
| **Date of Expiry of the Tax Certificate** |  |