**Campbell Park Parish Council**

“the Council”

**In Strictest Confidence**

**Business Evaluation Document**

**DOG BIN AND LITTER BIN WASTE**

**COLLECTION CONTRACT**

Closing date for return of questionnaire is at

**12 noon on 31st May 2019**

It is your responsibility to provide truthful and accurate information in full. The submission of false information will result in disqualification and the submission of incomplete information may lead to disqualification.

**Notes for Suppliers**

The purpose of this Business Evaluation Document (BED) is to assist the Council in deciding which suppliers have the capability to provide the Council’s requirements.

In order to simplify this process, you do not need to provide supporting documents, for example certificates, statements or policies with this questionnaire. **However, you do need to supply Finance information as detailed in Section 2 and additionally the Council may ask to see other documents you refer to 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.

Please answer every question. Many procurements generate a great deal of interest from potential suppliers, so please ensure that you complete the BED 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 do not know the answer please write N/K.

We will contact you to let you know the result of your evaluation.

If you have any queries about this form please contact the Parish Office on 01908 608559

|  |  |  |
| --- | --- | --- |
| **1.** | **BASIC DETAILS OF YOUR ORGANISATION** | |
| 1.1 | Name of the organisation |  |
| 1.2 | Contact name for enquiries about this BED |  |
| 1.3 | Job Title |  |
| 1.4 | Company Address  Post Code |  |
| 1.5 | Telephone Number |  |
| 1.6 | Fax Number |  |
| 1.7 | E-mail address (if available) |  |
| 1.8 | Website address (if any) |  |
| 1.9 | Company Registration Number (if this applies) |  |
| 1.10 | Charities or Housing Association or other Registration number (if this applies). Please specify registering body |  |
| 1.11 | Date of Registration (if this applies) |  |
| 1.12 | Registered address if different from the above  Post Code |  |
| 1.13 | Are you registered for VAT?  If so please provide Registration Number |  |

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| **BASIC DETAILS OF YOUR ORGANISATION** continued | | | | | | | |
| 1.14 | Is your organisation | | | i] a public limited company | | |  |
| ii] a limited company | | |  |
| iii] a limited liability partnership | | |  |
| iv] partnership | | |  |
| v] sole trader | | |  |
| vi] other (please specify) | | |  |
| 1.14b | Are you acting as the lead organisation for a consortium? | | | Yes / No | | | |
| 1.15 | If members of your consortium or sub-contractors are going to deliver a proportion of the contract, give their company name(s) and address(es). Please provide this information in a separate annex | | | Yes / No | | | |
| 1.16 | Name of (ultimate) parent company (if this applies) | | |  | | | |
| 1.17 | Companies House Registration number of parent company (if this applies) | | |  | | | |
| **2** | **FINANCIAL INFORMATION** | | | | | | |
| 2.1 | What was your turnover in each of the last two financial years (if you are a consortium please state aggregated turnover) | | | £...................for  Year ended  ..../..../.... | | £...................for  Year ended  ..../..../.... | |
| 2.2 | **Please provide at least one of the following documents and please tick which document(s) are attached to your response.** | | | | | | |
|  | A copy of your audited accounts for the most recent two years (if this applies) | | | | |  | |
|  | A statement of your turnover, profit and loss account and cash flow for the most recent year of trading | | | | |  | |
|  | A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position | | | | |  | |
|  | Alternative means of demonstrating financial status if trading for less than a year | | | | |  | |
|  | If requested, would you be able to provide a bankers reference | | | | | Yes / No | |
| 3. | **INSURANCE** | | | | | | |
|  | Please confirm whether you have the following levels of insurance. **You should attach copies of your insurance cover with your submission** | | | | | | |
| 3.1 | Employers Liability Insurance £10,000,00 | | | | | Yes / No | |
|  | If you answer “**No**” to this question please detail what level of cover you carry and attach a copy of your cover with your submission | | | | | | |
| 3.2 | Public Liability Insurance £5,000,000 | | | | | Yes / No | |
|  | If you answer “**No**” to this question please detail what level of cover you carry and attach a copy of your cover with your submission | | | | | | |
| 3.3 | Professional Indemnity Insurance (if applicable) £1,000,000 | | | | | Yes / No | |
|  | If you answer “**No**” to this question please detail what level of cover you carry and attach a copy of your cover with your submission | | | | | | |
| 3.4 | If you do not carry any insurance as detailed above will you obtain insurance if you are successful in winning the contract | | | | | Yes / No | |
| **4.** | **BUSINESS ACTIVITIES** | | | | | | |
| 4.1 | What are the main business activities of your organisation (max 100 words) | | | | | | |
|  |  | | | | | | |
| 4.2 | How many staff does your organisation employ (including consortia members or sub-contractors where appropriate) in total.  How many work in areas relevant to delivery of this contract | | | | |  | |
| **5** | **EXPERIENCE AND REFERENCES** | | | | | | |
|  | Please provide details of up to two contracts public or private, in the last three years that are relevant to the Council’s requirement. (The customer contact should be prepared to speak to Campbell Park Parish Council if we wish to contact them) | | | | | | |
|  |  | **Contract 1** | | | **Contract 2** | | |
| 5.1 | Customer Organisation  (name)  Website (if available) |  | | |  | | |
| 5.2 | Customer contact name, phone number and email |  | | |  | | |
| 5.3 | Date contract awarded |  | | |  | | |
| 5.4 | Date contract completed |  | | |  | | |
| 5.5 | Brief description of contract (max 100 words) Please complete on a separate sheet for each contract |  | | |  | | |
| 5.6 | Value |  | | |  | | |
|  | If you cannot provide at least one reference, please briefly explain why (100 words max) | | | | | | |
|  |  | | | | | | |
| **6** | **PROFESSIONAL AND BUSINESS STANDING** | | | | | | |
|  | Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)? | | | | | | |
| 6.1 | Bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | | | | | Yes / No | |
| 6.2 | A conviction (or convictions) for a criminal offence related to business or professional conduct | | | | | Yes / No | |
| 6.3 | Legal or administrative finding of commission of an act of grave misconduct in the course of business | | | | | Yes / No | |
| 6.4 | Failure to fulfil obligations related to payment of social security contributions | | | | | Yes / No | |
| 6.5 | Failure to fulfil obligations related to the payment of taxes | | | | | Yes / No | |
| 6.6 | Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | | | | | Yes / No | |
| 6.7 | Failure to obtain and maintain relevant licences or membership of an appropriate trading or professional organisation where required by law | | | | | Yes / No | |
| 6.8 | If the answer to any of the above questions is “**Yes**” please give brief details below, including what has been done to put things right. | | | | | | |
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| **7** | **HEALTH AND SAFETY** | | | | | | |
| 7.1 | Does your organisation have a written health and safety at work policy | | | | | Yes / No | |
| 7.2 | Does your organisation have a health and safety at work system**\***  **\*** “system” means processes and procedures to ensure that the subject is properly managed. This includes making sure that legal requirements are met | | | | | Yes / No | |
| 7.3 | If “**No**”, to either of the above please explain why | | | | | | |
|  |  | | | | | | |
| **8** | **QUALITY ASSURANCE** | | | | | | |
| 8.1 | Does your organisation hold a recognised quality management certification; for example BS/EN/ISO 900 or equivalent | | | | | Yes / No | |
| 8.2 | If not, does your organisation have a quality management system | | | | | Yes / No | |
| 8.3 | If you do not have quality certification or a quality management system**\***, please explain why  **\*** “system” means processes and procedures to ensure that the quality is properly managed. This includes making sure that legal requirements are met | | | | | | |
| **9** | **EQUALITIES** | | | | | | |
| 9.1 | Is it your policy as an employer to comply with anti-discrimination legislation, and to treat all people fairly and equally so that no one group of people is treated less favourably than others | | | | | Yes / No | |
| 9.2 | In the last three years has any find of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body | | | | | Yes / No | |
| 9.3 | In the last three years has your organisation been the subject of a formal investigation by the Equality and Human rights Commission or an equivalent body on grounds of alleged unlawful discrimination | | | | | Yes / No | |
| 9.4 | If the answer to question 2 and / or 3 is “**Yes**”, what steps did your organisation take as a result of that finding or investigation | | | | | | |
|  |  | | | | | | |
| 9.5 | What does your organisation do to ensure that equality and diversity is embedded within your organisation | | | | | | |
|  |  | | | | | | |
| **10** | **COMPLETION OF FORM** | | | | | | |
|  | I declare that to the best of my knowledge the answers submitted in this BED 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 Council’s requirement. I understand that the Council may reject this BED if there is a failure to answer all relevant questions full or if I provide false / misleading information | | | | | | |
|  | **FORM COMPLETED BY** | | | | | | |
| 10.1 | Name | |  | | | | |
| 10.2 | Position (Job Title) | |  | | | | |
| 10.3 | Date | |  | | | | |
| 10.4 | Telephone Number | |  | | | | |
| 10.5 | Signature (for electronic submissions, please type name or provide and e-signature | |  | | | | |