

**Framework**

**AWARD FORM**

Framework Award Form

This Framework Award Form is crucial for the operation of the Framework Contract. It summarises the key features of the procurement and the appointment of the Supplier:

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|  | CCS  | the Minister for the Cabinet Office **("Cabinet Office")** as represented by Crown Commercial Service, which is an executive agency and operates as a trading fund of the Cabinet Office, whose offices are located at 9th Floor, The Capital, Old Hall Street, Liverpool L3 9PP, appoints: |
|  | Supplier |

|  |  |
| --- | --- |
| Name:  | [company name] |
| Registered address:  | [company address] |
| Registered number:  | [company number] |
|  |  |

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|  | Framework Contract | to a framework contract consisting of the Framework Incorporated Terms for the supply of facilities management services under which the Supplier can be considered for Call-Off Contracts as outlined in the Contract Notice in the Official Journal of the European Union reference 2018/S 005-007193 (OJEU Contract Notice) |
|  | Appointed Lots and Lot Specific Information  | The Supplier is appointed in respect of those Lots which are set out below. The corresponding information will apply to each Lot as applicable. Where a Lot is indicated as being Not Applicable then the Supplier is not appointed in respect of that Lot and the corresponding information is not applicable.

|  |
| --- |
|  |
|  | Sub lots |
|  | 1A | 1B | 1C |
| Appointed in respect of Lots | [√][N/A] | [√][N/A] | [√][N/A] |
| Supplier accreditations | [ISO 9001ISO 14001] | [ISO 9001ISO 14001] | [ISO 9001ISO 14001ISO 27001ISO 44001] |

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|  | GeographicalBoundary | Services to be available within the following Geographical Boundaries capability including UK11 Anglesey:

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|  |
|  | Sub lots |
|  | 1A | 1B | 1C |
| Geographical location  | <REDACTED> | <REDACTED> | <REDACTED> |

as varied from time to time by agreement with CCS in accordance with the process set out in Paragraph 9 of Framework Schedule 4 (Framework Management) |
|  | Deliverables  | See Framework Schedule 1 (Specification) for further details |
|  | Framework Start Date | 10th July 2018 |
|  | Framework Expiry Date | 10th July 2020 |
|  | FrameworkOptional Extension Period | Option for further 2 X 1 Year |
|  | Order Procedure | Direct Award or Further Competition (see Schedule F7 (Call-off Procedure and Award Criteria) for further details) |
|  | Framework Incorporated Terms  | The following documents are incorporated into the Framework Contract. If they conflict, the following order of precedence shall apply:1. This Framework Award Form
2. Joint Schedule 1 (Definitions) RM3830
3. Joint Schedule 11 (Processing Data) RM3830
4. The following Schedules RM3830 (each taking equal precedence):

Framework Schedule 1 (Specification)Framework Schedule 3 (Framework Prices)Framework Schedule 4 (Framework Management)Framework Schedule 5 (Management Charges and Information)Framework Schedule 6 (Order Form Template and template Call-off Schedules) including the following Call-off Schedules taking equal precedence:* Call-Off Schedule 1 (Transparency Reports)
* Call-Off Schedule 2 (Staff Transfer)
* Call-Off Schedule 3 (Continuous Improvement)
* Call-Off Schedule 4 (Facilities Management)
* Call-Off Schedule 5 (Call-Off Pricing)
* Call-Off Schedule 6 (TUPE Surcharge)
* Call Off Schedule 23 (Call Off Tender)
* Call-Off Schedule 7 (Key Staff)
* Call-Off Schedule 8 (Business Continuity and Disaster Recovery)
* Call-Off Schedule 9 (Security)
* Call-Off Schedule 10 (Exit Management)
* Call-Off Schedule 11 (Processing Data)
* Call-Off Schedule 12 (ICT Services Terms) -Optional
* Call-Off Schedule 13 (Mobilisation Plan and Testing) -Optional
* Call-Off Schedule 14 (Key Performance Indicators ) -Optional
* Call-Off Schedule 15 (Contract Management) -Optional
* Call-Off Schedule 16 (Benchmarking) -Optional
* Call-Off Schedule 17 (MoD Terms) -Optional
* Call-Off Schedule 18 (Concession Agreement) -Optional
* Call-Off Schedule 19 (Collateral Warranty Agreements) -Optional
* Call-Off Schedule 20 (Clustering) -Optional
* Call-Off Schedule 21 (Performance Bond) –Optional
* Call-Off Schedule 22 Call Off Tender – Optional
* Call Off Schedule 23. Redundancy Surcharge - Optional

Framework Schedule 7 (Call-off Procedure and Award Criteria)Framework Schedule 8 (Self Audit Certificate) Framework Schedule 9 (Cyber Essentials Scheme) -OptionalJoint Schedule 2 (Variation Form)Joint Schedule 3 (Insurance Requirements)Joint Schedule 4 (Commercially Sensitive Information)Joint Schedule 6 (Key Subcontractors)Joint Schedule 7 (Financial Distress)Joint Schedule 8 (Guarantee) -OptionalJoint Schedule 10 (Rectification Plan) Joint Schedule 11 (Processing Data)1. The CCS Core Terms (v3.0.2)
2. Joint Schedule 5 (Corporate Social Responsibility)
3. Framework Schedule 2 (Framework Tender) provided that any parts of the Framework Tender which offer a better commercial position for CCS or Buyers (as decided by CCS) will take precedence over the documents above

(together “the Framework Contract”) |
|  | Framework Special Terms | [None] |
|  | Framework Prices  | As set out in Schedule F3 (Framework Prices) |
|  | Cyber Essentials Certification | Cyber Essentials Scheme Basic Certificate for Lot 1a, 1bCyber Essentials Scheme Plus Certificate for Lot 1cSee Framework Schedule 9 (Cyber Essentials Scheme) for further details |
|  | Management Charge | **<REDACTED>** |
|  | Supplier Authorised Representative | Name: **<REDACTED>**Title: **<REDACTED>**Email : **<REDACTED>**Phone: **<REDACTED>** |
|  | Supplier Compliance Officer | Name: **<REDACTED>**Title: **<REDACTED>**Email : **<REDACTED>**Phone: **<REDACTED>** |
|  | Supplier Data Protection Officer | [same person indicated as Supplier Compliance Officer] orName: **<REDACTED>**Title: **<REDACTED>**Email : **<REDACTED>**Phone: **<REDACTED>** |
|  | Key Subcontractors |

|  |  |  |
| --- | --- | --- |
| Name | Register Number | Role |
| **<REDACTED>** | **<REDACTED>** | **<REDACTED>** |

 |
|  | Marketing Contact | Name: **<REDACTED>**Title: **<REDACTED>**Email : **<REDACTED>**Phone: **<REDACTED>** |
|  | CCS Authorised Representative | Name: **<REDACTED>**Title: **<REDACTED>**Email : **<REDACTED>**Phone: **<REDACTED>** |

|  |  |
| --- | --- |
| **For and on behalf of the Supplier:** | **For and on behalf of CCS:** |
| Signature: | **<REDACTED>** | Signature: | **<REDACTED>** |
| Name: | **<REDACTED>** | Name: | **<REDACTED>** |
| Role: | **<REDACTED>** | Role: | **<REDACTED>** |
| Date: | **<REDACTED>** | Date: | **<REDACTED>** |