**Annex B – Form of Tender**

Tender for the Procurement of New Collections Management System for the National Army Museum

To: The Council of the National Army Museum

Sirs,

I/We the undersigned, having examined the enclosed tender documents and Appendices, do hereby offer to execute and complete in accordance with the said documents the works described therein:

For the sum as listed in the attached document:

Tenderer Reference:

I/We hereby affirm our agreement to enter into a contract with the Council of the National Army Museum for the due performance of the Works in the form described by the above said documents.

I/We have completed the Certificate of Bona-Fide Tender included in this document

I/We understand that the Trustees are not bound to accept the lowest or any tender which may be received nor or responsible for any cost incurred in the preparation of any tender

I/We declare that this offer is to remain open for acceptance for a period of thirty days from the date fixed for the receipt of tenders

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of

Duly authorised to sign the tender on behalf of:

Date:

**Annex c – CERTIFICATE OF BONA-FIDE TENDER**

Tender for the Procurement of New Collections Management System for the National Army Museum

I/We certify that this is a bona-fide tender and that I/we have not fixed or adjusted the amount thereof by or under in accordance with any agreement or arrangement with any other person.

I/We also certify that I/We have not done and I/We undertake that I/we will not do at any time any of the following acts:

* 1. Communicate to a person other than the person calling for these tenders the amount or approximate amount of the proposed tender except where the disclosure, in confidence, of such amount(s) was necessary to obtain insurance premium quotations required for the preparation of the tender.
  2. Enter into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any tender to be submitted;
  3. Offer or pay or give or agree to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or have caused to be done in relation to any other tender or proposed tender for the said work any act or thing of the sort described above.

In this certificate the word “person” includes any person and any body, association, corporate or un-incorporated; and “any agreement” includes such transaction, formal or informal, and whether legally binding or not.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of

Duly authorised to sign the tender on behalf of:

Date:

**Annex D: - CONTRACTOR QUALIFICATION QUESTIONNAIRE**

Tender for the Procurement of New Collections Management System for the National Army Museum

Please answer **all** questions, and sign the declaration at end of the questionnaire.

1. If there is insufficient space for your response, please attach and sign any additional pages.
2. Please answer the questions specifically for your business **NOT** for the group if you are part of a group of companies.
3. Please note the term business refers to: Sole proprietor, partnership, limited liability partnership, incorporated company, co-operative, or voluntary organisation as appropriate.
4. This document is confidential and all information provided will be for the purpose of supplier management only and kept solely within the National Army Museum. The information supplied by the contractor/supplier will be used to assess the contractor’s fitness for any work being tendered.

**Supply of this document to an applicant does not imply or guarantee that the recipient will be awarded works on a project.**

**A ADMINISTRATIVE INFORMATION**

A1 Trading Name of Business

A2 Registered Name of Business (if different from A1)

A3 How long has the business been trading?

A4 Main address for correspondence

A5 Registered Office address (if different from above)

A6 Name of person applying on behalf of the business.

A7 Position or title in the business of the person named in A6

A8 Telephone Number of the person named in A6

A9 Facsimile Number of the person named in A6

A10 E-Mail address of the person named in A6

A11 Is the business a sole trader, partnership, private limited company, public limited company, limited liability partnership, co-operative, voluntary organisation or other? (Please specify)

A12 Please provide the business’ VAT Registration Number

A13 If applicable, please state the number and date, and provide a copy of the Certificate of Incorporation or Registration (and Change of Name) under the Companies Acts or Industrial and Provident Societies Acts in the UK or the professional or trade register of the EU member state in which the company is established.

Applicable/Not applicable:

Certificate Number:

Date:

A14 Is the business part of a group?

Yes/No:

A15 If part of a group, please describe the group structure, (please provide an organisation chart if appropriate) and give names of the other Divisions or Subsidiary Companies in the Group.

Attached/Not Attached:

**B BUSINESS PROBITY**

B1 a) Being a company, no resolution has been passed or Order of the Court made for the company’s winding up otherwise than for the purposes of *bona fide* reconstruction or amalgamation, or receiver, or manager, or administrator on behalf of a creditor appointed in respect of the company’s business or any part thereof, or is not the subject or proceedings for any of the above procedures, or is not the subject of similar procedures under the law of any other state.

Not applicable / confirmed / not confirmed:

Details:

b) Being an individual, you are not bankrupt, you have not had a receiving order or administration order made against you, or made a composition or arrangement or trust deed with or for the benefit of your creditors, or made any conveyance or assignment for sequestration of your estate or appear to be unable to pay or to have no reasonable prospect of being able to pay a debt within the meaning of the Insolvency Act or any similar procedure under the law of any EU member state.

Not applicable / confirmed / not confirmed:

Details:

B2 Please confirm that no Directors, Partners, Associates or the Company Secretary have been involved in any company, which has been liquidated or gone into receivership.

Confirmed / not confirmed:

Details:

B3 Please confirm that none of the Directors, Partners, Associates or the Company Secretary has been convicted of a criminal offence relating to the conduct of their business or profession.

Confirmed / not confirmed:

Details:

B4 Please confirm that neither the company nor any of the Directors, Partners, Associates or Company Secretary has committed an act of grave misconduct in the course of their business or profession.

Confirmed / not confirmed:

Details:

B5 List the full names of every Director, Partner, Associate and the Company Secretary and indicate their title.

Attached / Not Attached:

B6 Please confirm that all obligations relating to the payment of taxes under the law of any part of the United Kingdom or the EU member state in which the company is established have been fulfilled.

Confirmed / not confirmed:

Details:

B7 Please confirm that all obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or EU member state in which the company is established have been fulfilled.

Confirmed / not confirmed:

Details:

B8 Please confirm that you understand that serious misrepresentation in the provision of information will be grounds for disqualification from the tender process.

Confirmed / not confirmed:

**C ECONOMIC AND FINANCIAL STANDING**

C1 If the business is a member of a group of companies, please give the name and address of the ultimate holding company.

C2 Would the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?

Yes / No:

C3 Please state the name and title of the person in the business responsible for financial matters:

C4 Please confirm that we may obtain references from your bankers and provide their name and address:

Confirmed / not confirmed:

Details:

C5 Have you been trading for 3 years or more? **If no go to C7**, if yes, please attach copies of your audited Accounts for the past **three** years, to include:

* Balance sheet
* Profit and Loss Account
* Full notes to the Accounts
* Director’s Report
* Auditor’s Report
* Statement of Turnover in respect of the services to be provided under this contract.

NB: Where no accounts are audited, signed copies of the Partnerships accountant should be submitted.

Details attached – Yes / No:

C6 If the Accounts you are submitting are for a year ended more than 10 months, ago. Please confirm that the business is still trading and provide a statement of turnover since the last set of published accounts:

Not applicable / applicable:

Details attached – Yes / No:

C7 Has your business ever had a contract terminated for breach under the terms of the contract? (If yes, please provide details)

Not applicable / applicable:

Details attached – Yes / No:

C10 Has your business ever not had a contract renewed for failure to perform to the terms of the contract? (If yes, please provide details)

Not applicable / applicable:

Details attached – Yes / No:

C11 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Employer’s Liability Insurance Policy or other evidence that you have such insurance.

C12 Please give the Name of the Insurer, Policy Number, extent of cover, expiry date and provide a copy of your Employers/Public/Product Liability (Third Party) Insurance Policy or other evidence that you have such insurance.

C13 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Professional Indemnity Insurance Policy or other evidence that you have such insurance

**D COMPLIANCE WITH EQUAL OPPORTUNITIES LEGISLATION**

D1 Is it your policy as an employer to comply with your statutory obligations under the Equality Act 2010 or similar legislation of the EU member state in which applicant is established) and, accordingly, your practice not to treat one group of people less favourably than others because of their sex, colour, race, nationality or ethnic origins or disability in relation to decisions to recruit, train or promote employees?

Yes/No:

D2 In the last three years has any finding of unlawful racial, sexual or, disabilities discrimination been made against your organisation by any court or Employment tribunal?

Yes/No:

D3 In the last three years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission or other equalities body (or similar organisation in an EU member state) on grounds of alleged unlawful discrimination?

Yes/No:

D4 If yes, what steps did you take in consequence of that finding?

D5 Is your policy on equal opportunities set out:

a) in instructions to those concerned with recruitment, training and promotion?

Yes/No:

b) in documents available to employees, recognised trade unions or other representative groups of employees?

Yes/No:

c) in recruitment advertisement or other literature?

Yes/No:

d) in service delivery guidance notes/procedures or your quality manual?

Yes/No:

**E SUPPLIER STATEMENT**

We certify that the information supplied is accurate to the best of our knowledge and that we accept the conditions and undertakings requested in the assessment. We understand that false information could result in our exclusion from the Tender process or the Approved Suppliers List at any time, even after initial inclusion. We also understand that it is a criminal offence to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower such body to cancel any contract currently in force and will result in exclusion from the Tender and / or the Approved Suppliers List.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (in BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form should be signed by a Director, Partner or other authorised signatory of the organisation and returned as part of the Tender Response

the National Army Museum

To: The Council of the National Army Museum

Sirs,

I/We the undersigned, having examined the enclosed tender documents and Appendices, do hereby offer to execute and complete in accordance with the said documents the works described therein:

For the sum as listed in the attached document:

Tenderer Reference:

I/We hereby affirm our agreement to enter into a contract with the Council of the National Army Museum for the due performance of the Works in the form described by the above said documents.

I/We have completed the Certificate of Bona-Fide Tender included in this document

I/We understand that the Trustees are not bound to accept the lowest or any tender which may be received nor or responsible for any cost incurred in the preparation of any tender

I/We declare that this offer is to remain open for acceptance for a period of thirty days from the date fixed for the receipt of tenders

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of

Duly authorised to sign the tender on behalf of:

Date:

**Annex B – CERTIFICATE OF BONA-FIDE TENDER**

Tender for: xxxxxxxxx for the National Army Museum

I/We certify that this is a bona-fide tender and that I/we have not fixed or adjusted the amount thereof by or under in accordance with any agreement or arrangement with any other person.

I/We also certify that I/We have not done and I/We undertake that I/we will not do at any time any of the following acts:

* 1. Communicate to a person other than the person calling for these tenders the amount or approximate amount of the proposed tender except where the disclosure, in confidence, of such amount(s) was necessary to obtain insurance premium quotations required for the preparation of the tender.
  2. Enter into any agreement or arrangement with any other person that he shall refrain from tendering or as to the amount of any tender to be submitted;
  3. Offer or pay or give or agree to pay or give any sum of money or valuable consideration directly or indirectly to any person for doing or having done or causing or have caused to be done in relation to any other tender or proposed tender for the said work any act or thing of the sort described above.

In this certificate the word “person” includes any person and any body, association, corporate or un-incorporated; and “any agreement” includes such transaction, formal or informal, and whether legally binding or not.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the capacity of

Duly authorised to sign the tender on behalf of:

Date:

**Annex C: - CONTRACTOR QUALIFICATION QUESTIONNAIRE**

Please answer **all** questions, and sign the declaration at end of the questionnaire.

1. If there is insufficient space for your response, please attach and sign any additional pages.
2. Please answer the questions specifically for your business **NOT** for the group if you are part of a group of companies.
3. Please note the term business refers to: Sole proprietor, partnership, limited liability partnership, incorporated company, co-operative, or voluntary organisation as appropriate.
4. This document is confidential and all information provided will be for the purpose of supplier management only and kept solely within the National Army Museum. The information supplied by the contractor/supplier will be used to assess the contractor’s fitness for any work being tendered.

**Supply of this document to an applicant does not imply or guarantee that the recipient will be awarded works on a project.**

**A ADMINISTRATIVE INFORMATION**

A1 Trading Name of Business

A2 Registered Name of Business (if different from A1)

A3 How long has the business been trading?

A4 Main address for correspondence

A5 Registered Office address (if different from above)

A6 Name of person applying on behalf of the business.

A7 Position or title in the business of the person named in A6

A8 Telephone Number of the person named in A6

A9 Facsimile Number of the person named in A6

A10 E-Mail address of the person named in A6

A11 Is the business a sole trader, partnership, private limited company, public limited company, limited liability partnership, co-operative, voluntary organisation or other? (Please specify)

A12 Please provide the business’ VAT Registration Number

A13 If applicable, please state the number and date, and provide a copy of the Certificate of Incorporation or Registration (and Change of Name) under the Companies Acts or Industrial and Provident Societies Acts in the UK or the professional or trade register of the EU member state in which the company is established.

Applicable/Not applicable:

Certificate Number:

Date:

A14 Is the business part of a group?

Yes/No:

A15 If part of a group, please describe the group structure, (please provide an organisation chart if appropriate) and give names of the other Divisions or Subsidiary Companies in the Group.

Attached/Not Attached:

**B BUSINESS PROBITY**

B1 a) Being a company, no resolution has been passed or Order of the Court made for the company’s winding up otherwise than for the purposes of *bona fide* reconstruction or amalgamation, or receiver, or manager, or administrator on behalf of a creditor appointed in respect of the company’s business or any part thereof, or is not the subject or proceedings for any of the above procedures, or is not the subject of similar procedures under the law of any other state.

Not applicable / confirmed / not confirmed:

Details:

b) Being an individual, you are not bankrupt, you have not had a receiving order or administration order made against you, or made a composition or arrangement or trust deed with or for the benefit of your creditors, or made any conveyance or assignment for sequestration of your estate or appear to be unable to pay or to have no reasonable prospect of being able to pay a debt within the meaning of the Insolvency Act or any similar procedure under the law of any EU member state.

Not applicable / confirmed / not confirmed:

Details:

B2 Please confirm that no Directors, Partners, Associates or the Company Secretary have been involved in any company, which has been liquidated or gone into receivership.

Confirmed / not confirmed:

Details:

B3 Please confirm that none of the Directors, Partners, Associates or the Company Secretary has been convicted of a criminal offence relating to the conduct of their business or profession.

Confirmed / not confirmed:

Details:

B4 Please confirm that neither the company nor any of the Directors, Partners, Associates or Company Secretary has committed an act of grave misconduct in the course of their business or profession.

Confirmed / not confirmed:

Details:

B5 List the full names of every Director, Partner, Associate and the Company Secretary and indicate their title.

Attached / Not Attached:

B6 Please confirm that all obligations relating to the payment of taxes under the law of any part of the United Kingdom or the EU member state in which the company is established have been fulfilled.

Confirmed / not confirmed:

Details:

B7 Please confirm that all obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or EU member state in which the company is established have been fulfilled.

Confirmed / not confirmed:

Details:

B8 Please confirm that you understand that serious misrepresentation in the provision of information will be grounds for disqualification from the tender process.

Confirmed / not confirmed:

**C ECONOMIC AND FINANCIAL STANDING**

C1 If the business is a member of a group of companies, please give the name and address of the ultimate holding company.

C2 Would the ultimate holding company be prepared to guarantee your contract performance as its subsidiary?

Yes / No:

C3 Please state the name and title of the person in the business responsible for financial matters:

C4 Please confirm that we may obtain references from your bankers and provide their name and address:

Confirmed / not confirmed:

Details:

C5 Have you been trading for 3 years or more? **If no go to C7**, if yes, please attach copies of your audited Accounts for the past **three** years, to include:

* Balance sheet
* Profit and Loss Account
* Full notes to the Accounts
* Director’s Report
* Auditor’s Report
* Statement of Turnover in respect of the services to be provided under this contract.

NB: Where no accounts are audited, signed copies of the Partnerships accountant should be submitted.

Details attached – Yes / No:

C6 If the Accounts you are submitting are for a year ended more than 10 months, ago. Please confirm that the business is still trading and provide a statement of turnover since the last set of published accounts:

Not applicable / applicable:

Details attached – Yes / No:

C7 Has your business ever had a contract terminated for breach under the terms of the contract? (If yes, please provide details)

Not applicable / applicable:

Details attached – Yes / No:

C10 Has your business ever not had a contract renewed for failure to perform to the terms of the contract? (If yes, please provide details)

Not applicable / applicable:

Details attached – Yes / No:

C11 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Employer’s Liability Insurance Policy or other evidence that you have such insurance.

C12 Please give the Name of the Insurer, Policy Number, extent of cover, expiry date and provide a copy of your Employers/Public/Product Liability (Third Party) Insurance Policy or other evidence that you have such insurance.

C13 Please give the Name of the Insurer, Policy Number, extent of cover, Expiry date and provide a copy of your Professional Indemnity Insurance Policy or other evidence that you have such insurance

**D COMPLIANCE WITH EQUAL OPPORTUNITIES LEGISLATION**

D1 Is it your policy as an employer to comply with your statutory obligations under the Equality Act 2010 or similar legislation of the EU member state in which applicant is established) and, accordingly, your practice not to treat one group of people less favourably than others because of their sex, colour, race, nationality or ethnic origins or disability in relation to decisions to recruit, train or promote employees?

Yes/No:

D2 In the last three years has any finding of unlawful racial, sexual or, disabilities discrimination been made against your organisation by any court or Employment tribunal?

Yes/No:

D3 In the last three years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission or other equalities body (or similar organisation in an EU member state) on grounds of alleged unlawful discrimination?

Yes/No:

D4 If yes, what steps did you take in consequence of that finding?

D5 Is your policy on equal opportunities set out:

a) in instructions to those concerned with recruitment, training and promotion?

Yes/No:

b) in documents available to employees, recognised trade unions or other representative groups of employees?

Yes/No:

c) in recruitment advertisement or other literature?

Yes/No:

d) in service delivery guidance notes/procedures or your quality manual?

Yes/No:

**E SUPPLIER STATEMENT**

We certify that the information supplied is accurate to the best of our knowledge and that we accept the conditions and undertakings requested in the assessment. We understand that false information could result in our exclusion from the Tender process or the Approved Suppliers List at any time, even after initial inclusion. We also understand that it is a criminal offence to give or offer any gift or consideration whatsoever as an inducement or reward to any servant of a public body and that any such action will empower such body to cancel any contract currently in force and will result in exclusion from the Tender and / or the Approved Suppliers List.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: (in BLOCK LETTERS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This form should be signed by a Director, Partner or other authorised signatory of the organisation and returned as part of the Tender Response