**PREQUALIFICATION QUESTIONNAIRE FOR THE REPAIR AND PART REBUILDING OF THE CHURCHYARD WASS TO ST PETER’S CHURCH, KEGWORTH AND FRONTING NOTTINGHAM ROAD**

**INSTRUCTIONS FOR COMPLETION**

Please send the completed PQQ by the deadline of noon on 7 November 2022 to The Clerk of the Council.

**Kegworth Parish Council, 1 London Rd, Kegworth. Mark the envelope PQQ Nottingham Rd Wall.**

**Return Date Noon, 7 November 2022.**

**This must be received in hard copy – E-mailed copies will not be accepted. This requirement is to ensure that all returned PQQ’s are opened and examined by the Council and their Architect at the same time.**

Please answer all questions as accurately and concisely as possible in the same order as the questions are presented.

Where a question is not relevant to your organisation, this should be indicated, with an explanation.

Questions should be answered in English.

***Completeness and further information***

The information supplied will be checked for completeness and compliance with the instructions before responses are evaluated.

Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the specified timescale, may mean that you are not invited to participate further. In the event that none of the responses are deemed satisfactory, Kegworth Parish Council (“The Employer”) reserves the right to terminate the procurement and where appropriate re-advertise the procurement.

You should be explicit and comprehensive in your responses to this PQQ as this will be the single source of information on which responses will be scored and ranked. You are advised neither to make any assumptions about any past or current supplier relationships with the Employer nor to assume that such prior business relationships will be taken into account in the evaluation procedure.

The Employer expressly reserves the right to request you to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this PQQ. The Employer may seek independent financial and market advice to validate information declared, or to assist in the evaluation.

***Disqualification and selection***

The Employer may disqualify you if you fail to:

1. Provide a satisfactory response to any questions in the PQQ or inadequately or incorrectly complete any question or have not provided the required information;
2. Submit your completed PQQ before the deadline
3. Confirm your availability to start on site within 21 working days of your tender return.
4. Confirm your project completion date verified by submitting a programme of works.

The potential providers who are not disqualified in accordance with the above grounds shall be evaluated on the qualification criteria which take into account the economic and financial standing and the technical or professional ability of each.

The qualification criteria are:

**Section 1 - general information**

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| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **1.1** | Name of organization in whose name Tender would be submitted |  | No Score |  |
| **1.2** | Business Address/Head Office |  | No Score |  |
| **1.3** | Telephone and Fax Numbers |  | No Score |  |
| **1.4** | Registered Office |  | No Score |  |
| **1.5** | VAT Registration Number |  | No Score |  |
| **1.6** | Type of Business (i.e. Sole Proprietor, Partnership, Private Company, PLC, Local Authority)  Company Registration Number (if applicable) |  | No Score |  |
| **1.7** | Name of Parent or Holding (if applicable) |  | No Score |  |
| **1.8** | Name of Ultimate Parent or Holding Company (if applicable) |  | No Score |  |
| **1.9** | Please provide a one-page chart illustrating the ownership structure of your organisation including relations to any parent or other group or holding companies |  | No Score |  |
| **1.10** | Main/Principal areas of business activity |  | 10 points | If conservation/ repair of historic structures is the company’s MAIN activity – 10 points  If conservation/ repair of historic structures is the company’s SECONDARY activity – 6 points  If conservation/ repair of historic structures is the company’s MINOR activity – 3 points  If conservation/ repair of historic structures is NONE of the company’s activity – 0 points |
| **1.11** | Website address (if any) |  | No Score |  |
| **1.12** | Name, position, telephone number and e-mail address of main contact |  | No Score |  |

**SECTION 2 – FINANCIAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **2.1** | Organisation turnover for the previous three years , or for the period the organisation has been trading (if less than three years) | 1) £  Year 2019  2) £  Year 2020  3) £  Year 2021 | 3 points | Constant growth = 3 points  Stable = 2 points  Decline = 0 |
| **2.2** | Organisation’s net profit for previous three years | 1) £  Year 2019  2) £  Year 2020  3) £  Year 2021 | 2 points | Constant growth = 2  Stable = 1  Decline = 0 |
| 2.4 | Please provide copies of one of the following for previous two years |  | Pass /Fail |  |
|  | Audited Accounts | Enclosed Yes/No |  |  |
|  | A statement of your turnover, profit & loss account and cash flow | Enclosed Yes/No |  |  |
|  | A banker’s letter confirming your cash flow is suitable for this project | Enclosed Yes/No |  |  |
| 2.5 | Name and address of your bank |  |  |  |
| 2.6 | Parent company guarantees of performance and financial standing may be required if considered appropriate as well as confirmation of your organisation’s willingness to arrange for a guarantee or a performance bond  Please confirm whether a parent company guarantee would be available if requested |  |  |  |

**Section 3 – insurance/professional indemnity insurance**

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| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **3.1** | Please give details of Insurances/Professional Indemnity Insurance held  (Please attach copies of certificates) | Contractors all risk Insurance  Employers Insurance  Professional Indemnity Insurance  Other (please state) | Pass /Fail | If your contractors all risk insurance you hold is less than the amount stated in 3.2 and you are not willing to increase then this is a FAIL |
| **3.2** | Would you be prepared to increase your contractors all risk insurance cover to £10,000,000 if required? | Yes/No |  |  |

**Section 4 – health and safety policy**

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| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **4.1** | Please enclose a copy of your Health and Safety Policy | Yes/No | Pass /Fail |  |
| **4.2** | Does your organisation train its staff in Health and Safety? | Yes/No | Pass /Fail |  |
| **4.3** | Please enclose a copy of your Health and safety record for the last 5 years, and details of any prohibition notice or improvement notice in that period. |  | 10 points | Improving = 10 points  Stable = 5 points  Decline = 0  Minus 10 points for every prohibition notice  Minus 5 points for every improvement notice |

**Section 5 – CAPABILITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **5.1** | Please provide an organisation chart detailing number of staff, their profession/trade and indicate the number of staff who would form part of the resourcing for this contract, and detailing any apprentices you might use on this contract. | Yes/No | 10 points | Is the number of staff and operatives sufficient to undertake the project, and of the right balance? (Max 10 points) |
| **5.2** | Please provide details of the average annual numbers of both staff and managerial staff over the previous 3 years |  |  |  |
| **5.3** | Please provide brief details of qualifications and experience of team members who would be working on the contract, enclosing CVs, copies of certification, registration, CSCS Heritage Cards held etc where appropriate | Yes/No | 10 points | Balance, qualification and experience of the team.  (Max 15 points) |
| **5.4** | Please provide details of your available technical facilities, tools, plant and technical equipment which you might use in relation to this contract. |  | 5 points | Is this appropriate for this project (Max 5 points) |

**SectION 6 – sub-contracting**

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| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **6.1** | Please give a brief outline of your policy regarding the use of sub-contractors and, if applicable, the extent to which you might envisage using them for this contract  Scaffolding Contractors are not point deductible |  | 5 points | No sub-contracting = 10  Sub-contracting of non-key elements = 8  Sub-contracting of some/major/key elements = 6  Sub-contracting of many major/key elements = 3  Sub-contracting of all major/key elements =0 |

**SECTION 7 - aBILITY TO SOURCE wALLING STONE TO MATCH EXISTING**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **7.1** | Please state your ability to provide walling stone to match the existing stone in texture, colour and size.  New stone to be a sandstone with a tumbled finish. |  | 10 points |  |

**Section 8 – previous experience/current clients**

Please provide details of relevant previous or current experience on projects over £ 60,000.00 in value in the last 3 full trading years within the categories given below. Please enclose information separately if necessary and indicate that you have done in this box.

The information should include the following as a minimum:

* Brief description (with photographs)
* Contract period (i.e. 2 months, 3 years etc)
* Value
* Contact Name, Address and Telephone Numbers

**Please note that we may approach any of the clients you name for a reference.   
Unless you indicate otherwise, it will be assumed that we have your permission to do so**.

\*Insert appropriate figures before sending out

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **8.1** | Historic Building Repair/Conservation |  | 15 points | More than 5 relevant and satisfactory projects = 25  3 relevant and satisfactory projects = 12  No relevant and satisfactory projects = 0 |
| **8.2**  **8.2.1**  **8.2.2**  **8.2.3** | Other types of work  Experience is semi dry stone walling  Experience in using bed reinforcement (helitie) or equivalent.  Experience in landscape reinforcement |  | 5 points  2 points  2 points  1 point | More than 5 satisfactory projects = 5  3 satisfactory projects = 3  No satisfactory projects = 0 |
| **8.3** | Working and excavation within consecrated ground. |  | 10 points | 10 points |

**Section 9 – membership of associations etc**

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| --- | --- | --- | --- | --- |
| **Item** |  | **Please complete or attach information requested** | **Maximum mark** | **Scoring Guidelines** |
| **9.1** | Please provide the names of any professional, trade or other associations, societies etc. to which you belong (please indicate whether this is as an organisation, or on an individual basis) |  | CITB Pass/Fail |  |

**Enclosures**

Please confirm that you have enclosed the following with your completed questionnaire, where necessary/appropriate:

|  |  |  |  |
| --- | --- | --- | --- |
| **Enclosure** | **Section of Form** | **Status** | **Tick to indicate documents have been included** |
| One-page chart illustrating ownership structure | Section 1.9 refers | Compulsory |  |
| Audited Accounts / A statement of your turnover, profit & loss account and cash flow for previous 2 years | Section 2.4 refers | Compulsory |  |
| Insurance Certificates | Section 3.1 refers | Compulsory |  |
| Health and Safety Policy | Section 4.1 refers | Where possible |  |
| Health and safety record for the last 5 years, and details of any prohibition notice or improvement notice | Section 4.3 refers | Compulsory |  |
| Organisation Chart | Section 5.1 refers | Compulsory |  |
| Details of Qualifications etc. | Section 5.3 refers | Where possible |  |

**Form completed by:**

|  |
| --- |
| Name |
| Position |
| Signature |
| Tel No |
| Date |

**Thank you for completing this questionnaire. The information it contains will be held in confidence by The Employer and used for the purpose of determining your suitability for meeting our general requirements for the provision of the particular service.**