**SECTION 1 ASSESSMENT QUESTIONS**

|  |
| --- |
| **Describe your understanding of the context, goals and desired outcomes of this work – highlighting any challenges and opportunities.** (Max. 1,000 words). This response will be scored out of 20. |
| **Describe your expertise and knowledge about food industry skills and training needs – including examples of any relevant work or projects in this area.** (Max. 1,000 words). This response will be scored out of 20. |
| **Describe how you will approach the research, including a detailed methodology that responds to the brief and explains how you will engage local academic and training partners, and the London-wide food industry, to develop the recommended approach, priorities and activities.** (Max. 1,000 words). This response will be scored out of 20. |
| **Describe how you will work with the council to ensure the project meets its objectives within the timescale, including who will oversee and conduct the work, the support and information you would need from the council to best enable you to carry out this work and the proposed timeline for the research.** (Max. 500 words). This response will be scored out of 10. |
| */70* |

**SECTION 2 BUDGET**

|  |
| --- |
| Budget Breakdown  |
| **Description of Service to be supplied.** | **Industry links and course development for Barking Food School** |
| **Breakdown of Cost (please expand if necessary)** |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
|  | £ |
| Total Cost (before VAT) | £ |
| Total Cost (after VAT) | £ |

**SECTION 3 BIDDER INFORMATION**

**A Bidder Organisation / Company Information**

|  |  |  |
| --- | --- | --- |
| **Question** **No.** | **Questions to the Bidder:** | **Insert your response below:** |
| **1.1** | **General Information** |
| **a.** | Registered Name(as shown on Your Accounts) |       |
| **b.** | Trading Name(if different from above) |       |
| **c.** | Please state the type of your Organisation? | [ ] Sole Trader [ ] Partnership [ ] LTD [ ]  PLC [ ] CO-op [ ]  Registered Charity[ ]  Voluntary, Community or Faith Sector |
| **d.** | Is your company part of a group? | [ ] Yes[ ] No |
| **e.** | If ‘yes’ to 1.d. what is the Group name?  |       |
| **1.2.** | **Contact Details** |
| **a.** | **Registered Office Address** |
| Address |                                          |
| Address  |
| Address  |
| Town |
| City (if applicable) |
| County (if applicable) |
| Postcode |
| Country |
| **b.** | **Contact Address**(if different) |
| Address |                                          |
| Address  |
| Address  |
| Town |
| City (if applicable) |
| County (if applicable) |
| Postcode |
| Country |
| **c.** | **Contact Name** |
| Title  |       |
| Forename (s) |       |
| Surname |       |
| Position |       |
| Direct Dial Telephone No. |       |
| Mobile No. |       |
|  |  |
| E-mail Address (if applicable) |       |

**B Insurance**

*Organisation Note:* ***If the Bidder does not have the required insurance, it must be clearly stated as part of your quotation alongside the commitment to undertake to purchase the required insurance if successful, following the award of the contract and prior to the date for the commencement of the contract. Failure to do so will result in the Bidder being excluded from the process.***

Please provide proof of insurance levels as defined within the Terms and Conditions; namely:

a) **Public Liability of £5,000,000** any one occurrence on a non-aggregated basis;

b) **Employers Liability of £10,000,000** any one occurrence on a non-aggregated basis; and

c) **Products Liability of £5,000,000** which specifically includes medical equipment.

**C** **Health & Safety**

*Organisations note*:The Declaration of Intent must be signed and returned alongside your quotation. **Failure to do so will result in your quotation being eliminated from the procurement exercise.**

**C1** Declaration of Intent

**THIS IS MY ORGANISATION’S COMMITMENT TO HEALTH AND SAFETY**

* To provide adequate control of the health, safety and welfare risks arising from our work activities which may affect workforce or others
* To consult with our workforce on matters affecting health and safety
* To provide and maintain safe plant and equipment
* To ensure safe handling and use of substances
* To provide information, instruction and supervision for workforce
* To ensure all workforce are competent to do their tasks, and to give them adequate training
* To prevent accidents and cases of work-related ill health
* To maintain safe and healthy working conditions
* To ensure sufficient funds are available to implement this statement; and
* To review and revise this statement as necessary at regular intervals not exceeding 12 months
* Have a written Health and Safety Policy (covering General Policy, Organisation and Arrangement) as required by Section 2(3) of the Health and Safety at Work etc. Act 1974.

You agree to ensure that your entire workforce will comply with all relevant health and safety legislation, as well as any instructions from the Council’s Supervising/Safety Officers, whilst your organisation undertakes any work on behalf of the Council.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D Form of Quote**

**I/We offer to supply, deliver and (if required) [A] install the Goods and/or [B] perform the Service for the Contract Price and/or at the Rates stated below in accordance with the Contract Documents.**

|  |  |
| --- | --- |
| Name of Bidder | xxxxxxxxx |

|  |
| --- |
|  |
| **Description of Service to be supplied.** |  |
| Box A - Fixed Fee for Deliverables (exclusive of VAT) | £  |
| Box B – Fixed Fee for Deliverables (inclusive of VAT)  |  |

|  |  |
| --- | --- |
| Name of Bidder |  |
| Signed | Authorised Signatory 1 | Authorised Signatory 2 |
|  |  |
| Print Name |  |  |
| Job Title of Authorised Signatory |  |  |
| Date  |  |  |
| Contact Number |  |  |
| e-mail  |  |  |

**E Non-Collusive Declaration**

I/We certify that we have submitted a bona fide quote and that we will not fix or adjust the amount of any quote by or under or in accordance with any agreement or arrangement with any other person. We also certify that we will not at any time before the hour and date specified for the return of the quotes;

1. communicate to any person the amount of the proposed quote, except where the disclosure, in confidence, of the approximate amount of the quote is necessary to obtain insurance premium quotations required for the preparation of the tender.
2. enter into any agreement or arrangement with any other person, whether that s/he shall refrain from tendering on this or any other contract, or as to the amount of any quote to be submitted or any other reason amounting to price-fixing or membership of a cartel.
3. offer to pay or give or agree to pay or give any sum of money or any consideration directly or indirectly to any person for doing or having done or causing or having caused to be done in relation to any other quote or proposed quote for this or any other contract or any act or thing of the sort described above.
4. In this declaration, the word ‘person’ includes any persons or any body or association, corporate or incorporate, and any agreement or arrangement includes any such transaction, formal or informal, whether legally binding or not.

I/We the undersigned have read and agreed to the aforementioned declarations and agreements directly associated with the requirements contained within this quote document.

|  |
| --- |
| **SIGNED BY THE TENDERER [Authorised Person]** |
| SIGNATURE: |  |
| DATE: |  / / |
| FULL NAME: | [Please print clearly] |
| POSITION IN COMPANY: |  |
| ADDRESS: |  |

|  |  |
| --- | --- |
| **WITNESS** |  |
| SIGNATURE: |  |
| DATE: |  |
| FULL NAME: | [Please print clearly] |
| OCCUPATION: |  |
| ADDRESS: |  |

**F Declaration of Interest**

|  |  |
| --- | --- |
| **QUESTION** | **YOUR ANSWER** |
| Please state whether yourself, other Directors, Partners or any other staff have been or are currently employed by the London Borough of Barking and Dagenham |  |
| Please state whether you have been or are currently a Councillor at the London Borough of Barking and Dagenham |  |
| Please state details of any actual or perceived conflict of interest that may arise as a result of participating in this procurement process |  |

You may answer on a separate sheet if you require more space. If not applicable, please write N/A for the above 3 questions.