Schedule 1: Form of Tender

*TO BE COMPLETED BY THE TENDERER*

To: The Chief Executive, Council of the Isles of Scilly

Date: *[Tenderer to insert date]*

PROVISION OF: Porthmellon Waste Management Site Redevelopment

REFERENCE NUMBER: PWMSR1

From: ***[Tenderer to insert name of organisation submitting Tender ]***

Having examined the Invitation to Tender (ITT) and all other Schedules, and being fully satisfied in all respects with the requirements of the ITT (including the Conditions of Tender), I/we hereby offer to provide the Services as specified in the ITT and other tender documents.

If this offer is accepted I/we will execute documents in the form of the Contract within 30 days of being called upon to do so.

I/We confirm that I/we agree with the Authority in legally binding terms to comply with the provisions relating to confidentiality set out in paragraphs C9 to C12 of the Invitation to Tender.

**I/We agree that the insertion by me/us of any conditions qualifying this Tender or any unauthorised alteration to any of the Tender documents shall not affect the Contract and may cause the Tender to be rejected.**

In compliance with your requirements as set out in your ITT I/we have completed and enclose the following documents:

|  |
| --- |
| **RESPONSES TO SECTIONS D1 TO D4 OF THE ITT (Quality Section)** |
| **RESPONSES TO SECTIONS D5 OF THE ITT/ Section 4 of Household Waste Recovery Centre Contract Document (Pricee Section)** |
| SCHEDULE 1: **FORM OF TENDER** *(this document)* |
| SCHEDULE 2: **COLLUSIVE TENDERING** |
| SCHEDULE 3: **CANVASSING** |
| SCHEDULE 4: Company and Financial Details |
| SCHEDULE 5: **statement relating to good standing** |
| Schedule 6: **Documents not for disclosure to a third party** |
| SCHEDULE 7: **REFERENCES** |
| schedule 8: **proposed amendments to agreement** |

This Tender shall remain open for acceptance by the Authority for a period of 90 days after the due date for return of tenders specified in the Invitation to Tender (as per section C.17 of the ITT)

I warrant that I have all the requisite corporate authority to sign this Tender and confirm that I have complied with all the requirements set out in Section D of the ITT.

|  |  |
| --- | --- |
| Signed for and on behalf of ***[Tenderer to insert name of organisation submitting Tender ]*** | |
| Signature: | ......................................................................................................…............ |
| Position: | ......................................................................................................…............. |
| Signature: | ......................................................................................................…............. |
| Position: | ......................................................................................................….............. |
| Date: | ......................................................................................................…............... |

Schedule 2: Collusive Tendering

TENDER FOR Porthmellon Waste Management Site Redevelopment

The essence of the public procurement process is that the Authority shall receive bona fide competitive Tenders from all Tenderers. In recognition of this principle I/we warrant this is a bona fide Tender, intended to be competitive and that I/we have not fixed or adjusted the amount of the Tender or the rates and prices quoted by or under or in accordance with any agreement or arrangement with any other party.

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

Communicate to a party other than the Authority the amount or approximate amount of my/our proposed Tender (other than in confidence in order to obtain quotations necessary for the preparation of the Tender and/or insurance), enter into any agreement or arrangement with any other party that he shall refrain from tendering or as to the amount of any Tender to be submitted, or offer or agree to pay or give or pay or give any sum of money inducement or valuable consideration directly or indirectly to any person for doing or having done or causing or having caused any act or omission to be done in relation to any other tender or the proposed Tender.

|  |  |
| --- | --- |
| Signed for and on behalf of ***[Tenderer to insert name of organisation submitting Tender ]*** | |
| Signature: | ......................................................................................................…............ |
| Position: | ......................................................................................................…............. |
| Signature: | ......................................................................................................…............. |
| Position: | ......................................................................................................….............. |
| Date: | ......................................................................................................…............... |

In this Schedule:

the word “person” includes any person, body or association, corporate or incorporate

the phrase “any agreement or arrangement” includes any transaction, formal or informal whether legally binding or not.

Schedule 3: Canvassing

TENDER FOR Porthmellon Waste Management Site Redevelopment

I/We hereby confirm that I/we have not canvassed any member, officer, employee, or agent of the Authority or Other Contracting Body in connection with the award of the Contract for the works and that no person employed by me/us or acting on my/our behalf has done any such act.

I/We further hereby undertake that I/we will not prior to the conclusion of the Provider selection process canvass or solicit any member, employee, agent or provider of the Authority or Other Contracting Body in connection with the award of the Contract for the services and that no person employed by me/us or acting on my/our behalf will do any such act.

I/We further acknowledge that, should I/we be appointed as the Provider to the Contract following the conclusion of the Provider selection process, the Authority will permit me/us to approach the Authority and/or Other Contracting Body directly in order the promote the Contract.

|  |  |
| --- | --- |
| Signed for and on behalf of ***[Tenderer to insert name of organisation submitting Tender ]*** | |
| Signature: | ......................................................................................................…............ |
| Position: | ......................................................................................................…............. |
| Signature: | ......................................................................................................…............. |
| Position: | ......................................................................................................….............. |
| Date: | ......................................................................................................…............... |

# Schedule 4: Company & Financial Details

*TO BE COMPLETED BY THE TENDERER*

# PART A – GENERAL INFORMATION

|  |  |
| --- | --- |
| **INFORMATION REQUIRED** | **RESPONSE** |
| **Registered Company Name** |  |
| **Registered Company Address** |  |
| **Registered Number** |  |
| **Contact Name for Enquiries related to your tender** |  |
| **Contacts company position** |  |
| **Contacts email address** |  |
| **Contacts landline telephone number** |  |
| **Contacts mobile telephone number** |  |
| Date of formation |  |
| **Place of formation** |  |
| **Date of registration** |  |
| **Registration number** |  |
| **Certificates enclosed** | **YES / NO**  *(please delete as appropriate)* |
| **Registered Office** |  |

|  |  |
| --- | --- |
| **Brief Description** of the Potential Provider’s primary business and main products and services. |  |
| **Brief history** of the Potential Provider’s organisation in no more than 400 words. Anything after 400 words will not be read and, therefore, not carry any weight. Include details of any parent and associated companies and any changes of ownership over the last 5 years including details of significant pending developments, changes in financial structure or ownership, prospective take-over bids, buy-outs and closures etc which are currently in the public domain. |  |

|  |  |
| --- | --- |
| Is your company a Consortium joint venture or other arrangement? | **YES / NO**  *(please delete as appropriate)* |
| If yes please complete the table below | |

|  |  |
| --- | --- |
| **Organisation** | **Percentage shareholding** |
|  |  |

Please provide a one-page chart illustrating the ownership structure of the Potential Provider including relations to any parent or other group or holding companies.

|  |  |
| --- | --- |
| **Ownership structure enclosed (please √)** |  |

**Registration with professional body (where applicable)**

|  |
| --- |
| Evidence of registration with appropriate professional/trade bodyEither insert required details or state ‘None’ |
|  |

Please indicate by ticking the appropriate box what type of Potential Provider you are:

|  |
| --- |
| Please(tick one box) |
| Type A Potential Provider A Potential Provider able to provide the requirements itself or, if unable to do so, is bidding in the role of prime contractor and has the complete supply chain (sub-contractors) already in place to deliver those requirements. |  |
| Type B Potential ProviderA Potential Provider able to provide the requirements as prime contractor but is unable to confirm all sub-contractors (complete supply chain) at this stage. This Potential Provider will need to demonstrate a satisfactory methodology and track record of delivering a supply chain. |  |

**To be completed by Type A Potential Providers** **only:** Please indicate in the table below (by inserting the relevant company/organisation name) the composition of the supply chain, indicating which member of the supply chain (which may include the Potential Provider itself or solely be the Potential Provider) will be responsible for which element of the requirement.

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Company / Organisation** | **How much of the requirement and what will they directly deliver (%)** |
|  |  |  |
|  |  |  |
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|  |  |  |

**To be completed by Type B Potential Providers** **only:** Please complete the following table to indicate whether or not a supply chain member (sub-contractor) is already identified as providing part of the requirement. If identified, please insert the relevant company/organisation name (which may include the Potential Provider itself).

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Company / Organisation** | **How much of the requirement (%) and what will be directly delivered by them** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Methodology for procuring supply chain (300 words or fewer) | | |
|  | | |

**To be completed by Type A and B Potential Providers:** If details are available then please list any other identified members of your supply chain (sub-contractor).

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation name** | **Organisation address and contact details** | **Responsibility / Role and percentage of overall project they will be responsible for** | **Length of time as a sub-contractor to the prime contractor.** |
|  |  |  |  |
|  |  |  |  |
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***Note*** *-* ***If a supply chain member (sub-contractor) is to be responsible for more than 25% of the delivery of the overall requirement then the sub-contractor should complete and submit, as part of the overall ITT documentation, a questionnaire giving full details about their organisation.***

**Does the Potential Provider** and/or any of its named supply chain members (sub-contractors) have any potential conflicts of interest that may arise if selected to deliver this project/service as outlined in the specification?

|  |  |
| --- | --- |
| Potential conflicts of interest | **YES / NO**  *(please delete as appropriate)* |
| If ‘Yes’ please give details: | |

# PART B - FINANCIAL DETAILS

|  |  |
| --- | --- |
| Bank Name |  |
| **Address** |  |
| **Town/City** |  |
| **Postcode** |  |

**Accounts information** — please provide a copy of the full report and audited accounts for the last ***2*** financial years. If the accounts you are submitting are for a year ended more than 10 months ago please also enclose the latest set of management accounts.

|  |
| --- |
| Please √ or state ‘N/A’ |
| Profit and Loss Accounts |  |
| **Balance Sheet** |  |
| **Full accompanying notes** |  |
| **Director’s/Managing Partner’s Report** (if available) |  |
| Auditor’s Report |  |

Please supply the following information for the financial years requested:

|  |  |
| --- | --- |
| Amount(£K) 2012/2013 | Amount(£K) 2013/14 |
| Overall turnover for last 2 year |  |  |
| Turnover in relevant services |  |  |
| Operating Profit |  |  |
| Profit in relevant services |  |  |
| Current Assets |  |  |
| Current Liabilities |  |  |
| Long Term Liabilities |  |  |
| Net Assets |  |  |
| Numbers of Staff working in relevant services |  |  |

*If the information you are submitting is for a financial year-end more than 10 months ago, please submit the latest available information or a statement signed by the Finance Director detailing any major changes in the current financial position since the date of the latest information provided.*

*Potential Providers who do not have 2 years of audited accounts should provide whatever audited accounts they may have. Newly formed Potential Providers should provide a statement of the Potential Provider’s turnover, profit & loss account and cash flow for the most recent year of trading and / or a statement of the Potential Provider’s cash flow forecast for the current year and a letter from the Potential Provider’s bank outlining the current cash and credit position.*

**Insurances** - Please provide evidence of the employers' liability, public liability insurance and professional liability or indemnity insurance and product liability insurance held by the Potential Provider.  The evidence should include the name of the insurers, policy numbers, expiry dates and limits for any one incident and annual aggregate caps and the excesses under the policies.

|  |  |
| --- | --- |
| Name of insurer |  |
| **Address** |  |
| **Type of insurance** |  |
| **Policy numbers** |  |
| **Expiry date** |  |
| **Limits of indemnity** *(per occurrence and aggregate)* |  |
| **Excess** *(if any)* |  |

Please provide a statement of any material pending or threatened litigation or other legal proceedings where the claim is of a value in excess of £50,000.

|  |
| --- |
| Disclosure of legal proceedings (300 words or fewer)Either insert required details or state ‘None’ |
|  |

# Part C - CONTRACTUAL MATTERS

|  |  |
| --- | --- |
| Has the Potential Provider or any of its named supply chain members ever suffered deductions for liquidated and/or ascertained damages in respect of any contract within the last two years? | Yes/No |
| If yes to the above question, please answer the following two bullet points:   * Did the deduction exceed [£50,000]? * Was the deduction greater than [10%] of the whole life value of the contract? |  |
| Has the Potential Provider or any of its named supply chain members (sub-contractors) ever had a contract terminated or its employment determined under the terms of the contract in the last three years? |  |
| Has the Potential Provider or any of its named supply chain members (sub-contractors) ever failed to receive a contract renewal on the basis of unsatisfactory performance in the last three years? |  |
| Is there any material pending or threatened litigation or other legal proceedings connected with similar projects against the Potential Provider and/or any of its named supply chain members (sub-contractors) that may affect delivery of this project? |  |
| If you have answered ‘Yes’ to any of the contractual questions above please give an explanatory statement: Brief statement (300 words or fewer) *Either insert required details or state ‘None’* | |
|  | |

# PART D – ADDITIONAL PROJECT - SPECIFIC QUESTIONS

|  |
| --- |
| Please provide details of any Quality Assurance systems operated by the Potential Provider, both internally and externally through the supply chain (300 words or fewer). Where a formally recognized quality assurance is in place within the organisation please state the system used, for example ISO 9001, and identify how it will ensure that quality standards are maintained on this particular contract. Where a formal system is not in place, please describe how you intend to ensure that the contract is delivered to a high quality. |
|  |

|  |  |
| --- | --- |
| Is it the policy of the Potential Provider and/or any of its named supply chain members to require its staff to receive training on **health and safety**? | **YES / NO**  *(please delete as appropriate)* |
| Within the last five years, has the Potential Provider been subject to any **prosecutions, infringement notices or other actions by the Health and Safety Executive or Environment Agency** in respect of any breach or suspected breach by the Potential Provider of health and safety or environmental or equivalent legislation?  *If ’yes’, please enclose full details here of the nature of the notice or action (etc.) and of any remedial steps subsequently taken by the Potential Provider.* | |
|  | |
| Does the Potential Provider have an equal opportunities and/or race relations policy? If ‘yes’, please enclose a copy | **YES / NO** |
| Does the Potential Provider and/or its named supply chain members (sub-contractors) require its staff to receive training on equal opportunities? | **YES / NO** |
| Is it the policy of the Potential Provider and/or its named supply chain members (sub-contractors) as employers to comply with their statutory obligations under the Race Relations Act 1976, the Sex Discrimination Act 1975, the Equal Pay Act 1970, the Disability Discrimination Act 1995 and the Equality Act 2006? | **YES / NO** |
| In the last 2 years has any finding of unlawful discrimination in the employment field been made against the Potential Provider and/or its named supply chain members (sub-contractors) by the employment tribunal, the employment appeal tribunal, or any court or in comparable proceedings in any other jurisdiction? If so please provide details below. | **YES / NO** |
|  | |
| Do you operate a documented **environmental management system**? | **YES / NO** |
| If yes, please provide details of any environmental management certification that the Potential Provider and any envisaged supply chain member (sub-contractor) or consortium member holds e.g. IS0 14001 or equivalent standard. Please include a copy of applicable certificates.  Which of the following statements best describes your environmental management system? Please indicate. | |
| A) It has effective management processes and procedures to manage the significant environmental impacts of our business. |  |
| B) It defines the significant environmental impacts of our business but only has plans for the introduction of effective management processes and procedures. |  |
| C) It only identifies the environmental impacts of our business. |  |
| D) None of the above. |  |

# Part D - CHECKLIST OF ATTACHMENTS

Please ensure that, where applicable, the following attachments are included within your response:

|  |  |
| --- | --- |
| **Document relating to Schedule 4** | **Included** |
| Certificate of Incorporation | Y / N |
| Ownership Structure | Y / N |
| Accounts Information | Y / N |
| Insurances | Y / N |
| ISO 9001 Certificate or equivalent | Y / N |
| ISO 14001 Certificate or equivalent | Y / N |

# Schedule 5 — STATEMENT RELATING TO GOOD STANDING

STATEMENT RELATING TO GOOD STANDING — GROUNDS FOR OBLIGATORY EXCLUSION (IN ELIGIBILITY) AND CRITERIA FOR REJECTION OF CANDIDATES

###### **PROJECT TITLE:** Removal Porthmellon Waste Management Site Redevelopment

The Potential Provider ***[Company name]*** (or its directors or any other person who has powers of representation, decision or control of the named organisation) has not been convicted of any of the following offences:

1. conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Council Joint Action 98/733/JHA (as amended);
2. corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended);
3. the offence of bribery within the meaning of section 1 or 6 of the Bribery Act 2010
4. fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of:
   1. the offence of cheating the Revenue;
   2. the offence of conspiracy to defraud;
   3. fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978;
   4. fraudulent trading within the meaning of section 458 of the Companies Act 1985;
   5. defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994;
   6. an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or
   7. destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968;
5. money laundering within the meaning of the Money Laundering Regulations 2003; or
6. any other offence within the meaning of Article 45(1) of the Public Sector Directive as defined by the national law of any relevant State.

|  |  |
| --- | --- |
| **Organisation’s Name** |  |
| **Signed** |  |
| **Position** |  |
| **Date** |  |

### 

The Potential Provider ***[Company name]*** (or its directors or any other person who has powers of representation, decision or control of the named organisation) confirms that it:

1. being an individual is not bankrupt or has not had a receiving order or administration order or bankruptcy restrictions order made against him or has not made any composition or arrangement with or for the benefit of his creditors or has not made any conveyance or assignment for the benefit of his creditors or does not appear unable to pay or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989, or in Scotland has not granted a trust deed for creditors or become otherwise apparently insolvent, or is not the subject of a petition presented for sequestration of his estate, or is not the subject of any similar procedure under the law of any other state;
2. being a partnership constituted under Scots law has not granted a trust deed or become otherwise apparently insolvent, or is not the subject of a petition presented for sequestration of its estate;
3. being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002 has not passed a resolution or is not the subject of an order by the court for the company’s winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, nor had a receiver, 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 of similar procedures under the law of any other state;
4. has not been convicted of a criminal offence relating to the conduct of his business or profession;
5. has not committed an act of grave misconduct in the course of his business or profession;
6. has fulfilled obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which the organisation is established;
7. has fulfilled obligations relating to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established;
8. is not guilty of serious misrepresentation in providing any information required of him under this regulation;
9. in relation to procedures for the award of a public services contract, is licensed in the relevant State in which he is established or is a member of an organisation in that relevant State when the law of that relevant State prohibits the provision of the services to be provided under the contract by a person who is not so licensed or who is not such a member;

|  |  |
| --- | --- |
| **Organisation’s name** |  |
| **Signed** |  |
| **Position** |  |
| **Date** |  |

# Schedule 6: — Documents not for disclosure to third party

**Schedule of DOCUMENTS NOT FOR DISCLOSURE TO THIRD PARTIES UNDER THE FREEDOM OF INFORMATION ACT 2000 OR ENVIRONMENTAL INFORMATION REGULATIONS 2004**

To: The Freedom of Information Officer

Council of the Isles of Scilly

Town Hall

St Mary’s

Isles of Scilly

TR21 0LW

|  |
| --- |
|  |

Contract Reference Number

|  |
| --- |
|  |

Name of Organisation

|  |  |  |
| --- | --- | --- |
| Question No. | Page No. | Reasons for Non-Disclosure (cite exemption(s) to be considered) |
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Schedule 7: References

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| **REFERENCE 1** | |
| **INFORMATION REQUIRED** | **RESPONSE** |
| **Name and Address of Company** |  |
| **Contact Name and Telephone Number** |  |
| **Details of Service Provided** |  |
| **Value of Contract** |  |
| **Duration of Contract** |  |
| **Duration of Service Provided** |  |

|  |  |
| --- | --- |
| **REFERENCE 2** | |
| **INFORMATION REQUIRED** | **RESPONSE** |
| **Name and Address of Company** |  |
| **Contact Name and Telephone Number** |  |
| **Details of Service Provided** |  |
| **Value of Contract** |  |
| **Duration of Contract** |  |
| **Duration of Service Provided** |  |

|  |  |
| --- | --- |
| **REFERENCE 3** | |
| **INFORMATION REQUIRED** | **RESPONSE** |
| **Name and Address of Company** |  |
| **Contact Name and Telephone Number** |  |
| **Details of Service Provided** |  |
| **Value of Contract** |  |
| **Duration of Contract** |  |
| **Duration of Service Provided** |  |

Approval will be obtained from the Tenderers prior to the Authority contacting any of the references provided.

Schedule 8: Proposed Amendments to the Contract Agreement

|  |  |  |
| --- | --- | --- |
| **Clause Number/Schedule ref** | **Proposed Amendment With Revised Wording** | **Cost Adjustment** |
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Other than those provisions identified above, [Tenderer to insert name] confirms that it has reviewed the terms and conditions of the proposed Contract Agreement and is content with each of their provisions.