**Section F – Quote Response Schedules**

**N.B. – all Quotes should be aware that blank returns will be considered as a Non-Conforming Quote Response.**

**It is the best interest of all Quotes to make an entry in all available cells.**

**Refer to 2.6.2: SCORE SHEET for examples of what the Evaluation Panel will score against.**

**To help with this process Council have included a Quoters Self-help Check Sheet.**

**This check sheet is for Quotes reference only.**

**QUOTE SELF HELP CHECKLIST**

|  |  |
| --- | --- |
| **Schedule description** | **Sign off to check that you**  **have completed this form.** |
| Schedule 1 - Form of Quote & Schedules |  |
| Schedule 2 - Price Schedule |  |
| Schedule 3 - Timeframe. |  |
| Schedule 4 - Experience and Referees |  |
| Schedule 5 - Statement of Conformity |  |
| Schedule 6 - Value Added Services |  |
| Schedule 7 – Improvement & Innovation |  |
| Schedule 8 – Conflict of Interest |  |
| Schedule 9 - Insurance |  |
| Did you attached copies of;   * Copies of insurances |  |

**\*\*SUBMISSIONS FAILING TO COMPLETE ALL THE RETURN SCHEDULES WILL BE CONSIDERED NON-CONFORMING, AND MAY NOT BE CONSIDERED FOR EVALUATION\*\***

1. **Form of Quote**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Respondent**) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Quote’s Name) (Date)*

having read, understood and fully informed myself/ourselves/itself of the contents, requirements and obligations of this RFQ, hereby provide a Quote for the Services.

|  |  |
| --- | --- |
| 1. **Name of Respondent**  State in full the name(s) of the  Respondent(s) and trading names  ABN |  |
| 2. **Contact Person** |  |
| 3. **Registered Address** |  |
| 4. **Postal Address** |  |
| 5. **Telephone** |  |
| 6. **Fax** |  |
| 7. **Email** |  |

1. **Price Schedule**

**Prices must be listed exclusive of GST unless shown otherwise**

Provide a breakdown of the costs for the Services and/or each type of Service (if applicable) and/or breakdown of fixed and variable costs (if applicable).

|  |  |
| --- | --- |
| **Price Schedule**  **for**  **Eudunda Public Amenities & Street Bin Cleaning Services**  **2023** | |
| **CONTRACT SUM** | |
| TOTAL CONTRACT SUM – (excluding gst)  **Eudunda Amenities Cleaning (12 month costing)**. | $ |
| TOTAL CONTRACT SUM – (excluding gst)  **Eudunda Street Bin Cleaning Services (12 month costing)** | $ |
| GOODS & SERVICES TAX (gst) | $ |
| TOTAL CONTRACT SUM (including gst) | $ |

**Quote name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Time Schedule**

Please indicate when you would be available to start the contract.

|  |
| --- |
| **Time Frame** |
| Please indicate your time frame. |
|  |
|  |
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|  |

1. **Experience and Referees**

|  |  |
| --- | --- |
| **Referees** | |
| Details of at least (3) three references for similar work and information on the approximate date when work was completed and the approximate value of work undertaken. | |
| **Referee #1** |  |
| Client Name: |  |
| Address: |  |
| Contact Name: |  |
| Telephone: |  |
| Date of Work: |  |
| Value of Work: |  |
| Particular Projects: |  |
| **Referee #2** |  |
| Client Name: |  |
| Address: |  |
| Contact Name: |  |
| Telephone: |  |
| Date of Work: |  |
| Value of Work: |  |
| Particular Projects: |  |
| **Referee #3** |  |
| Client Name: |  |
| Address: |  |
| Contact Name: |  |
| Telephone: |  |
| Date of Work: |  |
| Value of Work: |  |
| Particular Projects: |  |

1. **Statement of Conformity**

If the Quote does not comply with all the requirements of the Quote Documents, the Quote must list below all areas of non-conformity, partial conformity or alternative offer and the reasons therefore.

The Quote must be read to disregard and render void any area of the Quote which is non-conforming, partially conforming or an alternative offer except to the extent detailed in this Schedule.

If any non-compliance is determined to be unacceptable, the Quote may not be further considered.

NC = Non-conforming

PC = Partial conforming

AO = Alternate offer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statement of Conformity Yes No** | | | | |
| Does the Quote conform to the requirements of the Quote Documents? | |  | |  |
| If your tender does not conform, please identify the areas of non-conformity below:- | | | | |
| **Area of non-conformity** | **Reason** | | **NC/PC/AO** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
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|  |  | |  | |
|  |  | |  | |

1. **Value Added Services**

Provide details of any other benefits you can offer to improve the level of service or value of your Quote.

Add additional sheets of paper as required.

1. **Improvements and Innovation**

Provide details of ideas and systems that are proposed for improved performance.

Add additional sheets of paper as required.

1. **Conflict of Interest**

|  |
| --- |
| **Conflict of Interest** |
| Provide details of any interest, relationship or clients which may or do give rise to a conflict of interest and the issue about which that conflict or potential conflict does or may arise. |
|  |
|  |
|  |
|  |

1. **Insurance**

Provide details of insurance currently held by you that would be extended to provide cover for the Services.

Include a copy of each insurance cover with submission.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insurance type** | **Policy no** | **Extent of cover** | | **Expiry date** | **Name of insurer** |
|  |  | **Per incident**  **$A** | **In aggregate**  **$A** |  |  |
| Public and products liability |  |  |  |  |  |
| Professional indemnity (if applicable) |  |  |  |  |  |
| Vehicles plant & equipment |  |  |  |  |  |
| Return to Work |  |  |  |  |  |
| Other |  |  |  |  |  |

**Car License**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of holder** | **License Number** | **Expiry** | **Class** |
|  |  |  |  |
|  |  |  |  |

The undersigned undertakes that if selected as the successful Respondent, I/we/it will be bound by the conditions provided.

**If the Respondent is a company**, the Quote must be executed as follows:

|  |  |
| --- | --- |
| **Executed** by [Insert Company name] ……………………...……………………………………………………….. pursuant to section 127 of the *Corporations Act 2001* | |
| Signature of Director | Signature of Director/Company Secretary (*Please delete as applicable)* |
| Name of Director (print) | Name of Director/Company Secretary (print) |
| **OR**  Signature of Sole Director and Sole Company Secretary |  |
| Name of Sole Director and Sole Company Secretary (print) |  |
| **OR**  **Signed** for [Insert Representative’s name] ………………………………………………………………………… by an authorised representative in the presence of: | |
| Signature of witness | Signature of authorised representative |
| Name of witness (print) | Name of authorised representative (print) |
|  | Position of authorised representative (print) |

**If the Respondent is an individual**, the Quote must be executed as follows:

|  |  |
| --- | --- |
| **Signed** by [insert name] ………………………………..…………………………………………………………….. in the presence of: | |
| Signature of witness | Respondent |
| Name of witness (print) |  |

**If the Respondent is a partnership**, the Quote must be executed as follows:

**Partner 1:**

|  |  |
| --- | --- |
| **Signed sealed and delivered** by [insert name] ……………………..……………………………………………. in the presence of: | |
| Signature of witness | Signature of partner |
| Name of witness (print) |  |
| Address of witness (print) |  |

**Partner 2:**

|  |  |
| --- | --- |
| **Signed sealed and delivered** by [insert name] …………………………………………………………………. in the presence of: | |
| Signature of witness | Signature of partner |
| Name of witness (print) |  |
| Address of witness (print) |  |