

Parish Clerk/RFO: Rebecca Turner, The Old Police House, Nesscliffe, SY4 1DB Telephone: 01743 741611, email: parishclerkgnln@gmail.com Website: <u>http://www.greatnessandlittlenessparishcouncil.org</u>

Quotation Questionnaire

INSTALLATION OF NEW OUTDOOR FITNESS EQUIPMENT AT NESSCLIFFE

A hard copy must be returned as part of the tender offer to:

Great Ness & Little Ness Parish Council The Old Police House Nesscliffe Shrewsbury SY4 1DB Email: greatnesslittlenesspc.tenders@gmail.com

Section A:

| Name of Applicant: | |
|--------------------|--|
| (please insert) | |

This document must be completed in its entirety.

Section B:

Applicant Organisation Details

The questions in this section are designed to ensure that the Contracting Authority know exactly with whom they may be entering into a contract

| B1 | Details of Applicant | | |
|-----|--|--|--|
| 1.1 | Details of contracting organisation | | |
| | State if sole trader, partnership, private limited company, public limited company or if other, please specify | | |
| | Registered name | | |
| | Registered office | | |
| | Registration number | | |
| 1.2 | VAT Registration | | |
| | VAT Registration number | | |
| 1.3 | Contact details of individual completing this application with whom we may correspond | | |
| | Name | | |
| | Firm | | |
| | Position in firm | | |
| | Telephone number | | |
| | E-mail address | | |
| | Address for correspondence | | |

| 1.4 | Consortium | |
|-----|--|---------------|
| | Is the Potential Provider an incorporated consortium or joint venture? | Yes/No |
| | If you answer Yes please provide details of partnership agreements you intend to | to work with. |
| | | |
| | Details enclosed? | Yes/No |

| B2 | Company Background | | |
|-----|---|--|--------|
| 2.1 | Ownership structure 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. | | |
| | | Attached? | Yes/No |
| | Full legal name and address | of Parent Company if applicable: | |
| | Registered name | | |
| | Registered office | | |
| | | | |
| | | | |
| | | | |
| | Registration number | | |
| 2.3 | Full legal name and address | of (ultimate) Parent Company if applicable: | |
| | Registered name | | |
| | Registered office | | |
| | | | |
| | | | |
| | Registration number | | |
| 2.4 | Parent Company Guarantee | 2 | |
| | | ary, please confirm that Group or the Ultimate be prepared to guarantee the firm's contract | Yes/No |

| C1 | Insurance Details | | | |
|-----|--|--------|--|--|
| 1.1 | Public Liability Insurance | | | |
| | Please confirm that you hold a minimum of £10,000,000 Public Liability Insurance on a per occurrence/event basis. | Yes/No | | |
| | Insurance Company | | | |
| | Date policy taken out | | | |
| | Expiry date of the policy | | | |
| | Policy number/reference | | | |
| | Conditions/Exceptions that apply to the policy | | | |
| | Copy of Public Liability Insurance certificate enclosed | Yes/No | | |
| 1.2 | Employer's Liability Insurance | | | |
| | Please confirm that you hold a minimum of £10,000,000 Employer's Liability Insurance on a per occurrence/event basis.Yes/No | | | |
| | Name of Insurance Company | | | |
| | Date policy taken out | | | |
| | Expiry date of the policy | | | |
| | Policy number/reference | | | |
| | Conditions/Exceptions that apply to the policy | | | |
| | Copy of Employer's Liability Insurance certificate and schedule enclosed | Yes/No | | |

<u>Section C</u>: Financial & Insurance Information

| C2. | Financial Detai | ls | | | |
|-----|--|---|---|--|-----------------|
| 2.1 | Accounts | | | | |
| | Also provide co If audited accou (If exact figures | pies of your last 3 nts are not availabl | years audited acco e please provide c lease provide you | t or (Loss) in the las ounts. copies of your mana r best estimate of th | gement accounts |
| | Accounting Year ending | Turnover | Gross Profit (Loss) | Net Surplus (Deficit) | Net Assets |
| | | | | | |

<u>Section D</u>: Claims & Contract Terminations/Deductions

| Outstanding Claims / County Court Judgements | |
|--|--|
| Do you have any outstanding claims, litigations or judgements against your organisation? | Yes/No |
| If YES please provide further details. | |
| Response: | |
| | |
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| | |
| | Do you have any outstanding claims, litigations or judgements against your organisation? If YES please provide further details. |

| D2 | Contract Terminations/Deductions |
|-----|---|
| 2.1 | Please give details of all similar contracts in the last 3 years which have been terminated early giving the name of the client company/authority, the date of termination and the reasons for termination. |
| | Response: |

| E1 | Health & Safety at Work | | | | |
|-----|--|--|--------|--|--|
| 1.1 | Please provide a copy of your AP | PI (Association of Play Industries) certification | Yes/No | | |
| | Certification Number: | | | | |
| 1.2 | Does your organisation have a for | rmal health and safety policy or statement? | Yes/No | | |
| | Please enclose a copy (this will b | e evaluated) | Yes/No | | |
| 1.3 | - | following, accreditations, such as CHAS (Contractors sment Scheme), or EU equivalent | Yes/No | | |
| 1.4 | If YES to 1.3 please supply the fo | If YES to 1.3 please supply the following details as well as a copy of any certificates. | | | |
| | Accrediting Organisation: | | | | |
| | Reference No: | | | | |
| | Date accreditation expires or is to be renewed: | | | | |
| | Please enclose a copy | Copy enclosed | Yes/No | | |
| 1.5 | Has your company been served w the past 3 years for breaches of he | vith an enforcement notice or been prosecuted in ealth and safety legislation? | Yes/No | | |
| 1.6 | If YES to 1.5 please give details of the prosecution or notice (and what measures you have taken to ensure the issue(s) will not re-occur). | | | | |
| | Response: | | | | |
| 1.7 | Do you routinely carry out Risk A | | Yes/No | | |
| 1.8 | If YES to 1.7 please state what will be assessed for this project. (At certain times, the Contracting Authority may request copies of risk assessments, safe working procedure, or safety method statements.) | | | | |
| | Response: | | | | |

<u>Section E</u>: Health & Safety and Equal Opportunities

| RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurre equivalent) in the last 3 years for employees, sub-contractors (SC) and (MoP). E Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019 E Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 E Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 E Total number of accidents reported under RIDDOR in 3 years E | | Yes/No | | | |
|---|--|-----------|--|--|--|
| (c) Health & Safety Performance 1.10 Please state how many accidents have been reported to your Enforcing RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurre equivalent) in the last 3 years for employees, sub-contractors (SC) and (MoP). E Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019 Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021 Total number of accidents reported under RIDDOR in 3 years Please indicate your Accident Incident Rate (AIR) for the following perform 0 Divided by the Number of Employees 1 April 2016 to 31 March 2020 | | | | | |
| 1.10 Please state how many accidents have been reported to your Enforcing RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurre equivalent) in the last 3 years for employees, sub-contractors (SC) and (MoP). E Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019 Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021 Total number of accidents reported under RIDDOR in 3 years Please indicate your Accident Incident Rate (AIR) for the following per AIR = Number of Employee Accidents multiplied by 1000 Divided by the Number of Employees 1 April 2016 to 31 March 2019 1 April 2017 to 31 March 2020 | | Yes/No | | | |
| RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurre equivalent) in the last 3 years for employees, sub-contractors (SC) and (MoP). E Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019 E Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 E Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020 E Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2020 E Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021 E Total number of accidents reported under RIDDOR in 3 years P Please indicate your Accident Incident Rate (AIR) for the following per AIR = Number of Employee Accidents multiplied by 1000 Divided by the Number of Employees 1 April 2016 to 31 March 2019 1 April 2017 to 31 March 2020 | | Yes/No | | | |
| Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021Total number of accidents reported under RIDDOR in 3 yearsPlease indicate your Accident Incident Rate (AIR) for the following per AIR = Number of Employee Accidents multiplied by 1000 Divided by the Number of Employees1 April 2016 to 31 March 2019 1 April 2017 to 31 March 2020 | | | | | |
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| Divided by the Number of Employees 1 April 2016 to 31 March 2019 1 April 2017 to 31 March 2020 | Please indicate your Accident Incident Rate (AIR) for the following periods: | | | | |
| 1 April 2017 to 31 March 2020 | | | | | |
| | | | | | |
| 1 April 2018 to 31 March 2021 | | | | | |
| | | | | | |
| 1.11 Do you use key sub contractors to undertake work on contracts of this | nature? | Yes/No | | | |
| 1.12 If YES to 1.11 please give details of who your key sub contractors are they deliver and how do you ensure they are competent. | and what w | ork areas | | | |
| Response: | | | | | |
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<u>Section F</u> Contract Specific Questions

| F1 | Contract Experience Max 500 words for each of sections G1.1, G1.2 & G1.3 |
|-----|--|
| 1.1 | Requirement: Play Area Installation. Please provide an overview of your business' approach to providing a high standard play area for this site including: Understanding and appreciation of the local area Ability to meet the expectations of both the client and the public at large |
| | Response: |
| 1.2 | Requirement: Core business comprises contracts directly similar to the Authority's requirements Please provide details of up to 5 Reference Contracts, set out in the form of Table 1 at Appendix A. |

| F2 | Contract Experience Max 1000 words for this section |
|-----|---|
| 2.1 | Requirement: Experience and proven capacity to deliver this type of contract and mobilise efficiently & effectively |
| | Please provide a Case study of a relevant contract (one of the Reference Contracts) which includes demonstration of the following: |
| | • Approach |

| F2 | Contract Experience Max 1000 words for this section | | | | |
|-----|--|--|--|--|--|
| | Mobilisation timeline Key processes Organisation & management of the mobilisation team Resources deployed, including Head office specialists and the incoming contract management team The outcome of the mobilisation process and the benefits delivered for the client Lessons learnt | | | | |
| | Response: | | | | |
| 2.2 | Please provide details of how you intend to address any concerns from residents regarding the project on the residents in the nearby area. | | | | |
| | Response: | | | | |

| F2 | Contract Experience Max 1000 words for this section | | | | |
|-----|---|--|--|--|--|
| 2.3 | Please provide timescale details for the delivery of this project | | | | |
| 2.5 | Thease provide timescale details for the derivery of this project | | | | |
| | Decremental | | | | |
| | Response: | | | | |
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| 2.4 | After sales | | | | |
| 2.7 | Please provide details of your after sales service including the level of guarantees/warranties | | | | |
| | on labour and equipment | | | | |
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| | Response: | | | | |
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| F2 | Contract Experience | | | | |
|----|---------------------------------|--|--|--|--|
| | Max 1000 words for this section | | | | |
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| F3 | Management Systems Max 1000 words for this section | | | | | |
|-----|--|--|--|--|--|--|
| | | | | | | |
| 3.1 | Requirement: | | | | | |
| | Please describe your organisation's typical arrangements for effective management of Health & Safety in construction contracts including: Management leadership and commitment Hazard identification, assessment and control Site inspection Worker competency and training. Worker engagement and involvement. Incident reporting and Investigation Setting performance targets and monitoring performance | | | | | |
| | Response: | | | | | |
| 3.2 | Requirement: Routine Health & Safety | | | | | |
| | Please provide examples of the following | | | | | |
| | • Method Statement for the construction of a similar project | | | | | |
| | General Risk Assessments | | | | | |
| | • Health and Safety Policy (where it applies) | | | | | |
| | Certificate of Public Liability insurance | | | | | |
| | Project specific documents will be required in due course. | | | | | |

| F4 | Public Reputation & Added Value | | | |
|-----|---|--|--|--|
| 11 | Max 1000 words for this section | | | |
| 4.1 | Requirement: Understanding of the importance of representing the Council to the public | | | |
| | Please provide examples of | | | |
| | Steps the Applicant has taken to uphold the good reputation of the client and previous/existing clients in the eyes of the public How personnel are trained in customer contact Branding: avoiding issues being laid at the Client's door Localism: providing services that are responsive to community needs How complaints are dealt with How specific public interaction problems that have arisen have been dealt with | | | |
| | Response: | | | |
| 4.2 | Requirement: Approach to Working in a public area. | | | |
| | Please provide details on your organisation's approach to working in public open spaces. | | | |
| | Response: | | | |

| Documents included checklist | | |
|---|------|--|
| Required Document | Tick | |
| Completed Questionnaire | | |
| Method Statements | | |
| Risk Assessments | | |
| Health and Safety policy | | |
| Certificate of Public Liability Insurance | | |
| References | | |
| Quotation Form | | |

Declaration

I understand that the responses I have given are to be used as a basis for selection of organisations in this tender process and verify that all the information provided is true and accurate.

| Signed | Name |
|--------------|---------|
| Designation | Date |
| Organisation | |
| Address | |
| | |
| Tel no | email |
| Fax no | Website |

Appendix A

TABLE 1REFERENCE CONTRACTS

| Contract Details | Contract | | | | |
|--|----------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Name of client authority/company and contact details | | | | | |
| Scope of works and services | | | | | |
| Contract value (£) | | | | | |
| Contract length (weeks) | | | | | |