[](https://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=2ahUKEwidjPXsgIrjAhUSCxoKHfmjB5oQjRx6BAgBEAU&url=https://www.lewishamlocal.com/about/about/council-logo/&psig=AOvVaw1yKlsLhbq3CN8-W3ZTaODP&ust=1561736693730750)Children and Young People’s Directorate

Children and Young People’s Advocacy Service

**Pricing Schedule**

Joint Commissioning Team

3rd Floor Laurence House

1 Catford Road

London

SE6 4RU

020 8314 7093

**Lewisham.Procurement@lewisham.gov.uk**

January 2020

This document is to be completed in accordance with the Invitation and Instructions for Tendering for receipt, via the London Tenders Portal, with all relevant documentation by no later than noon on Thursday 12th September 2019.

**SECTION 1 – CHARGES AND RATES**

1.1 The successful tenderer is expected to deliver the Children and Young People’s Advocacy Service for the next two years (2nd January 2020 to 31st December 2021) with the option to extend for an additional two years at the Council’s discretion.

1.2 The initial tender is asking for a rate for:

* A block contract to deliver 1,000 hours of advocacy support per annum
* An hourly rate for any advocacy hours purchased over this block contract

1.3 These costs must be exclusive of VAT, which is recoverable by the Council.

Block contract

1.4 **Indicate below the cost for providing the block-purchased 1000 hours of the service, in each year of the contract.**

1.5 All aspects of service delivery should be included in this cost, including preparation, travel, consultation, direct casework, training, attendance at meetings and hearings, administration and other overheads.

1.6 The price quoted by the provider should not include the cost of Independent Advocacy Qualifications which will be funded by the Council in addition to this, as set out in Section 12.6 of the Service Specification.

|  |  |  |
| --- | --- | --- |
| **Staffing Costs** | **Year 1** | **Year 2** |
| List position and cost |  |  |
| Other staffing costs |  |  |
| Sub-Total |  |  |

|  |  |  |
| --- | --- | --- |
| **Service Delivery** | **Year 1** | **Year 2** |
| Please describe |  |  |
| Sub-Total |  |  |

|  |  |  |
| --- | --- | --- |
| **Other Costs** | **Year 1** | **Year 2** |
| Please describe |  |  |
| Sub-Total |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL** | **Year 1** | **Year 2** |
| Total Contract Budget Required |  |  |
| Expressed as a cost per hour for 1000 hours |  |  |

Spot-purchased hours

1.8 **Indicate below the hourly rate for any hours spot-purchased over the block in each year of the contract. These hours are to be used at the Council’s discretion.**

1.9 All service costs listed above should also be included in this hourly rate, including preparation, travel, consultation, direct casework, training, attendance at meetings and hearings, administration and other overheads.

1.10 In relation to spot-purchased hours only, the provider is only permitted to invoice the Council for travel time of up to 25% of the total hours (advocacy support and travel) spent on each case. So for a total of 12 hours of support delivered, up to 3 hours of travel time will be paid within this. Once this limit has been reached, any additional hours of travel should not be charged to the Council.

|  |  |  |
| --- | --- | --- |
| **TOTAL** | **Year 1** | **Year 2** |
| Cost per hour |  |  |

**SECTION 2 – PAYMENT PROCEDURES**

Frequency of payments

2.1 Contract payments will be made quarterly in arrears. The successful tenderer will be required to provide consolidated electronic invoices on a quarterly basis, detailing the overall spend and number of advocacy hours this relates to.

2.2 The successful tenderer will also be required to accept payment by Government Procurement Card in those instances where supplies (under a monthly total of £5000) are made ancillary to the main contract. The Council has implemented an e-procurement system to allow it to trade electronically with suppliers. Further information can be obtained from [eproc@lewisham.gov.uk](mailto:eproc@lewisham.gov.uk).

Form to be used

2.3 Where appropriate, third party suppliers will receive system-generated purchase orders from the Council to provide the service. All invoices submitted by the provider must quote the Lewisham Purchase Order number or they will be returned. The invoice must be supported by an Account that must be in a form acceptable to the Council to substantiate the items in the invoice.

Justification

2.4 The Authorised Officer will require the provider to justify the Account by giving whatever further details the Authorised Officer thinks fit. The provider shall at its own expense supply the Council with all information and facilities required by the Authorised Officer for that purpose.

Deductions

2.5 Where it appears to the Authorised Officer that the amount claimed in the Account is greater than the value of the service performed, or where the service provided has not been provided in accordance with the provisions of the Agreement between the Service Provider and the Council, the Authorised Officer is entitled to decide on the value of the work for which payment is due under the Agreement.

2.6 If the Authorised Officer decides that the value of the work is less than that set out in the Account, s/he must write to the Service Provider setting out the figure which the Authorised Officer has decided is the correct figure and explaining why that figure is less than that set out in the Account.

VAT

2.7 Where any deduction is made from the Account under the previous provision, and where the Provider has issued a VAT invoice against the higher figure claimed in the Account, the Provider must cancel that VAT invoice and issue a fresh invoice in the sum decided on by the Authorised Officer.

Price increase

2.8 The fees, charges and rates contained in this pricing schedule shall be on a fixed price basis for the first two years of the contract. If legislation is passed by the UK Government that will have a material effect on the costs charged by the Service Provider, then the Council will review the fees, charges and rates applied and agree with the Provider new fees, charges and rates to be applied at the next anniversary of the contract.

Time for payment

2.9 The Council will pay within 30 days of receipt of the appropriate VAT invoice either:

* the amount set out in the Account or
* the amount which the Authorised Officer has decided on under paragraph 2.6 of this document (although that amount will only paid once the Provider has issued a VAT invoice in accordance with paragraph 2.7 of this document)

Disputes

2.10 Any disputes about the payment will be dealt with under the dispute procedure set out in the Agreement.

**Signed for Tenderer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Signature** | **Print name(s) in full** | **Position held by each signatory** (in the case of a company) |
|  |  |  |
|  |  |  |

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_

Full name of Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address for correspondence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State whether sole proprietor YES/NO\* (delete as appropriate)

In case of partnership the full names and address of each partner:

|  |  |
| --- | --- |
| **Name** | **Address** |
|  |  |
|  |  |
|  |  |
|  |  |