**Section 3 - Applicants Tender Submission**

|  |  |  |
| --- | --- | --- |
| **Part 1 - Supplier Selection Criteria** | | |
| **Section 1.1 - Potential Applicants Information**  *Note - To be completed by all Applicants* | | |
| **No** | **Question** | **Applicant Response** |
| 1.1(a) | Full name of potential Applicant |  |
| 1.1(b) | Registered Office Address (if applicable) |  |
| 1.1(c) | Registered website (if applicable) |  |
| 1.1(d) | Trading status   1. public limited company 2. limited company 3. limited liability partnership 4. other partnership 5. sole trader 6. third sector 7. other (please specify your trading status) |  |
| 1.1(e) | Company registration number (if applicable) |  |
| 1.1(f) | Charity registration number (if applicable) |  |
| 1.1(g) | Registered VAT number (if applicable) |  |
| 1.1(h) | Relevant classifications (state whether you fall within one of these, and if so which one)   1. Voluntary Community Social Enterprise (VCSE) 2. Sheltered Workshop 3. Public service mutual |  |
| 1.1(i) | Are you a Small, Medium or Micro Enterprise (SME)?  See EU definition of SME <https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en> |  |
| 1.1(j) | Details of immediate parent company (Full name, registration number and registered office address if applicable) |  |
| 1.1(k) | Details of ultimate parent company  (Full name, registration number and registered office address if applicable) |  |

|  |  |  |
| --- | --- | --- |
| **Section 1.2 – Bidding Model**  *Note - To be completed by all Applicants* | | |
| **No** | **Question** | **Applicant Response** |
| 1.2(a) – (i) | Are you bidding as the lead contact for a group of economic operators? | Yes/No  If yes, please provide details listed in questions 1.2(a) (ii), (a) (iii) and to 1.2(b) (i), (b) (ii), 1.3, Section 2 and 3.  If no, and you are a supporting bidder please provide the name of your group at 1.2(a) (ii) for reference purposes, and complete 1.3, Section 2 and 3. |
| 1.2(a) – (ii) | Name of group of economic operators (if applicable) |  |
| 1.2(a) – (iii) | Proposed legal structure if the group of economic operators intends to form a named single legal entity prior to signing a contract, if awarded. If you do not propose to form a single legal entity, please explain the legal structure |  |
| 1.2(b) – (i) | Are you or, if applicable, the group of economic operators proposing to use sub-contractors? | Yes/No |
| 1.2(b) – (i) | If you responded yes to 1.2(b)-(i) please provide additional details for each sub-contractor in the following table:   |  |  |  |  | | --- | --- | --- | --- | | Name |  |  |  | | Registered address |  |  |  | | Trading status |  |  |  | | Company registration number |  |  |  | | Registered VAT number |  |  |  | | Type of organisation |  |  |  | | SME (Yes/No) |  |  |  | | The role each Subcontractor will take in providing the works and /or supplies e.g., key deliverables |  |  |  | | The approximate % of contractual obligations assigned to each subcontractor |  |  |  | | |

|  |
| --- |
| **Section 1.3 - Contact Details and Declaration**  *Note - To be completed by all Applicants* |
| I declare that to the best of my knowledge the answers submitted, and information contained in this Tender are correct and accurate.  I declare that, upon request and without delay I will provide the certificates or documentary evidence referred to in this document.  I understand that the information will be used to assess my organisation’s suitability to be appoint to the Council’s Contract.  I understand that the Council may reject this Tender in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.  I am aware of the consequences of serious misrepresentation.   |  |  |  | | --- | --- | --- | | **No** | **Question** | **Applicant Response** | | 1.3(a) | Contact name |  | | 1.3(b) | Name of organisation |  | | 1.3(c) | Role in organisation |  | | 1.3(d) | Phone number |  | | 1.3(e) | E-mail address |  | | 1.3(f) | Postal address |  | | 1.3(g) | Signature (electronic is acceptable) |  | | 1.3(h) | Date |  | |

|  |  |  |
| --- | --- | --- |
| **Section 2 –Required Certification and Minimum Standards**  *Note - To be completed by all Applicants* | | |
| **No** | **Question** | **Applicant Response** |
| 2.2(a) | Please self-certify that you can commit to the minimum standards set out in Quality Standards, in Appendix 3 of the ITT. | Yes / No |
| 2.2(b) | Please self-certify that you can commit to signing the Council’s Approved Provider Contract, Appendix 4 of the ITT. | Yes/No |
| 2.2(c) | Please self-certify that you can commit to maintaining an Ofsted registration (if delivering 15 hours or more education to an individual student) for the duration Council’s Contract and can provide evidence on (an annual basis) as requested by Cornwall. | Yes/No/Not applicable |

|  |  |  |
| --- | --- | --- |
| **Section 3 - Economic and Financial Standing**  *Note - To be completed by all Applicants* | | |
| **No** | **Question** | **Applicant Response** |
| 3.1 | Are you able to provide a copy of your statutory accounts for the last two years? | Yes/No |
| 3.2 | If you have answered “Yes” to question 3.1 please attach your statutory accounts for the last two years to this question.  If you have answered No to question 3.1, please proceed to the next question. | Supply information here if applicable |
| 3.3 | If you have answered No to question 3.1, please provide one of the following:   * A statement of the turnover, Profit and Loss Account/Income Statement, * Balance Sheet/Statement of Financial Position * Statement of Cash Flow for the most recent year of trading for this organisation, or * A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position, or * Alternative means of demonstrating financial status if any of the above are not available (e.g., forecast of turnover for the current year and a statement of funding provided by the owners and/or the bank, charity accruals accounts or an alternative means of demonstrating financial status). | Supply information here if applicable |

|  |  |  |
| --- | --- | --- |
| **Section 4 - Grounds for Mandatory Exclusion**  *Note - To be completed by all Applicants* | | |
| **No** | **Question** | **Applicant Response** |
| 4.1 (a) | Regulations 57(1) and (2) of PCR2015.  The detailed grounds for mandatory exclusion of an organisation are set out on in this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf) which should be referred to before completing this question.  Please self-certify if, within the past five years you, your organisation or any other person who has powers of representation decision or control in the organisation has been convicted anywhere in the world of any of the offences listed on this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf) | Yes/No |
| 4.1(b) | If you have answered Yes to question 4.1(a), please provide further details to confirm:   * The date of conviction, specify which of the grounds listed the conviction was for, and reasons for conviction, * The identity of who has been convicted, * If the relevant documentation is available electronically, please provide the web address, issuing authority, precise reference of the documents. | Supply information here if applicable |
| 4.2(a) | If you have answered Yes to question 4.1(a) have measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusion? (Self-cleaning). | Yes/No |
| 4.2(b) | If you have answered Yes to question 4.2(a), please provide full details and the self-cleaning measures taken here if applicable. | Supply information here if applicable |
| 4.3(a) | Regulation 57(3) of PCR2015.  Has it been established, for your organisation by a judicial or administrative decision having final and binding effect in accordance with the legal provisions of any part of the United Kingdom or the legal provisions of the country in which the organisation is established (if outside the UK), that the organisation is in breach of obligations related to the payment of tax or social security contributions? | Yes/No |
| 4.3(b) | If you have answered Yes to question 4.3(a), please provide further details. Please also confirm you have paid or have entered into a binding arrangement with a view to paying, the outstanding sum including where applicable any accrued interest and/or fines. | Supply information here if applicable |
| Please note: The Council reserves the right to use its discretion to exclude an Applicant where it can demonstrate by any appropriate means that the Applicant is in breach of its obligations to the non-payment of taxes of social security contributions. | | |

|  |  |  |
| --- | --- | --- |
| **Section 5 - Grounds for Discretionary Exclusion** | | |
| **No** | **Question** | **Applicant Response** |
| 5.1 | Regulation 57 (8) of PCR2015.  The detailed grounds for discretionary exclusion of an organisation are set out on in this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf) which should be referred to before completing this question.  Please self-certify if, within the past three years, anywhere in the world if any of the grounds for discretionary exclusion set out in this [webpage](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/551130/List_of_Mandatory_and_Discretionary_Exclusions.pdf) have applied to you, your organisation or any other person who has powers of representation, decision or control in the organisation. | Yes/No |
| 5.2 | If you have answered Yes to question 5.1, explain what measures been taken to demonstrate the reliability of the organisation despite the existence of a relevant ground for exclusions (Self-cleaning). | Supply information here if applicable |

|  |  |  |
| --- | --- | --- |
| **Section 6 – Insurance** | | |
| **No** | **Question** | **Applicant Response** |
| 6.1 | Please self-certify that you have, or can commit to obtain, prior to the commencement of the Contract, the following minimum levels of insurance in 6.1(a) and 6.1(b): | |
| 6.1(a) | Employer’s liability insurance – a minimum of £5,000,000 (ten million pounds) per individual claim. | Yes/No |
| 6.1(b) | Public liability insurance – a minimum of £5,000,000 (ten million pounds) per individual claim. | Yes/No |
| 6.1 (c) | Professional Indemnity insurance – a minimum of £500,000 (five hundred thousand pounds) per individual claim. | Yes/No |
| 6.2 | Vehicle Insurance Cover- the Service Provider and  its Staff have, or shall have in place motor vehicle insurance commensurate with the potential liabilities of the Service Provider relating to the operation of vehicles used for the transport of Children and young people attending their provision. | Yes/No |
| 6.3 | Where your organisation already has insurance cover to the minimum levels indicated in 6.1(a), 6.1(b) and 6.1 (c), please provide a copy of your organisations insurance certificate/schedule with your Application Form. | Supply information here if applicable: |

|  |  |  |
| --- | --- | --- |
| **Part 2 - Award Criteria** | | |
| **Section 7 – Activity and Fee proposal**  **Method of assessment – Non Scored**  *Note - To be completed by all Applicants* | | |
| **Activity and Fee Proposal for current students and new students (IPAs**  **Activity Proposal**  Please describe the activities, educational provision, or therapeutic support you offer to children and young people, including the following:  • The kind and range of activities you offer.  • Any areas of specialist support, knowledge or experience (LD, ASC, SEMH) etc.  • The age range you can provide for.  • The geographic location of your activities- peripatetic/online/location based.  • How many CYP/individuals you have potential capacity to work with.  Your response should be no more than 500 words.  **Fee proposal**  The Applicant acknowledges that:   * The information submitted on provider’s offer and fees, may be referenced and used during any subsequent call-off process. * All fees submitted are sufficient to allow the Applicant to fully comply with the Contract, Specification and pay staff employed in the provision Services no less than the Living Wage Foundation Rate. * The Council reserves the right to clarify and/or negotiate the Applicant’s sessional fee. | | |
| **Applicant Response:**  The Applicant is required to supply their fee proposal be completing the table below:   |  |  |  |  | | --- | --- | --- | --- | | **Student description** | **Session description** | **Session length in hours** | **Applicants fee proposal per session (£ ex VAT)** | | Pre 16, 1:1 | Morning/afternoon |  | £ | | Pre 16, 1:1 | Whole day |  | £ | | Pre 16, 1:1 | Per hour if applicable |  | £ | | Pre 16, 2:1 | Morning/afternoon |  | £ | | Pre 16, 2:1 | Whole day |  | £ | | Pre 16, 2:1 | Per hour if applicable |  | £ | | Pre 16, group work | Morning/afternoon |  | £ | | Pre 16, group work | Whole day |  | £ | | Pre 16, group work | Per hour if applicable |  | £ | | | |
| **Please add information regarding provision hours and costing here if your model doesn’t fit in the above boxes:** | | |
| **Section 8 – Method statements 100%**  **Method of assessment – All questions in Section 8 are scored with a threshold.**  *Note - To be completed by all Applicants* | | |
| 8.1 | **Safeguarding – 45%**  Please describe how will you ensure high quality safeguarding practice in your service. As a minimum your response should confirm:   * How your organisation, will fully comply with all aspects of Keeping Children Safe in Education, as revised 2019 and any subsequent Department for Education legislation and guidance related to safeguarding,   <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>   * How your organisation will fully comply with the processes and procedures of the Cornwall and the Isles of Scilly Safeguarding Children Partnership,   [Cornwall and the Isles of Scilly Safeguarding Children Partnership - (ciossafeguarding.org.uk)](https://ciossafeguarding.org.uk/scp/p/professionals/reporting-concerns)  <https://sgp.trixonline.co.uk/>   * Your response should include, but not be limited to, providing information about and examples of:   + Adult recruitment and training,   + Safeguarding audits,   + Ensuring learners remain safe when taking part in off-site activities,   + How you effectively engage and communicate with young people, their families and other agencies to ensure learners are safe,   + Arrangements for learners who go missing from your site, and   + Arrangements to ensure, record and report attendance.   Your response should be no more than 700 words fully inclusive to any diagrams, charts or tables. Any words over the limit will not be evaluated.  Key policies, as required of education providers, may be appended with clear referencing within your response. These will not be included in the word limit. | |
| **Applicant Response:**  The Applicant is required to supply their response here: | |
| 8.2 | **Outcomes – 55%**  Please describe how you would ensure the achievement of positive outcomes for the young people placed with you?  As a minimum your response should confirm:   * How you will demonstrate that the education you provide is meeting each Learner’s needs and fulfilling their individual outcomes as detailed in their EHC Plan or agreed Education Plan, * The evidence bases for the different approaches you will employ, * The range of your curriculum and delivery methods, * Examples of the success you have had in improving outcomes for different Learners from their individual starting points, * How you ensure your workforce is appropriately qualified, trained and developed, * How your approaches will be integrated and coordinated around the individual needs of the child or young person, * How you will monitor and record progress against individual outcomes, and * Information about your engagement with outside agencies and the impact this has.   Your response should be no more than 800 words, fully inclusive to any diagrams, charts or tables. Any words over the limit will not be evaluated.  Key policies, as required of education providers, may be appended with clear referencing within your response. These will not be included in the word limit. | |
| **Applicant Response:**  The Applicant is required to supply their response here: | |
| **Section 9 – Form of Tender and Declarations**  **Method of assessment – Not scored but must be completed**  *Note - To be completed by all Applicants* | | |
| We, the undersigned, having examined the Specification and Contract, do hereby Tender and undertake to provide the Services in accordance with this Tender. We hereby certify that:  We fully accept the terms and conditions as contained in the Contract.  This Tender shall remain open to be accepted or not by the Council and shall not be withdrawn for a period of 120 days from the Return Date for the receipt of Tenders.  We acknowledge that in the event the procurement process is terminated or amended by the Council then we will not be eligible for any bid costs, expenditure work or effort incurred.  I warrant that I have all requisite authority to sign this Tender and confirm that I have complied with all the requirements of the Tender. | | |
| Signature | |  |
| Name | |  |
| Position | |  |