**Appendix B –** **Minimum Standards**

**This section together with any further documentation requested must be submitted with your final tender submission before the closing date and time.**

**Part 1 –Mandatory Requirements**

As part of the tender process the Authority must fully identify the Provider or those person(s) that are applying on behalf of a Company who are duly authorised to sign.

Please provide:

1. **\*Confirmation of Identity**

(One of the following: full passport or full UK driving licence)

1. **\*Proof of Current Home Address**

(One of the following: Gas, Electric or Water Bill which is less than 3 months old or Current Year Council Tax Bill)

\*Copies are acceptable at this stage but sight of original documents may be requested.

**Part 2 – Grounds for Mandatory Rejection**

In some circumstances the Authority is required by law to exclude you from participating further in procurement. If you cannot answer “No” to every question in this section it is very unlikely that your bid will be accepted, and you should contact us for advice before completing this form.

|  |  |
| --- | --- |
| **Has your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences:** | **Answer “Yes” or “No”** |
| Please answer “Yes” if your organisation or any directors or partner or any other person who has powers of representation, decision or control been convicted of any offences (criminal and/or civil). The following is not an exhaustive list, however, offences might include but are not limited to:  Common law offence of bribery  the offence of conspiracy to defraud;  the offence of cheating the Revenue;  an offence under section 59A of the Sexual Offences Act 2003;  in section 41 of the Counter Terrorism Act 2008; or  Please provide further details with regard to the nature of the offence(s) and the name of the person(s) convicted if you have answered “Yes” to the above.  Please answer “No” if your organisation or any directors or partners or any other person who has powers of representation, decision or control has not been subject to committing any of the offences as mentioned above. |  |

**Part 3 – Grounds for Discretionary Rejection**

The Authority is entitled to exclude you from consideration if any of the following apply but may decide to allow you to proceed further. If you cannot answer “No” to every question it is possible that your bid might not be accepted.

In the event that any of the following do apply, please set out (in a separate Annex) full details of the relevant incident and any remedial action taken subsequently. The information provided will be taken into account by the Authority in considering whether or not you will be able to proceed any further in respect of this opportunity.

|  |  |
| --- | --- |
| **Is any of the following true of your organisation?** | **Answer “Yes” or “No”** |
| Please answer “Yes” if you as an individual, company, partnership or any other entity , has faced bankruptcy or has had a receiving order or administration order or bankruptcy restrictions order made against him or has made any composition or arrangement with or has passed a resolution or is the subject of an order by the court for the company’s winding up or for the benefit of his creditors or appears unable to pay or to have no reasonable prospect of being able to pay or is facing insolvency or has become insolvent.  Please answer “No” if you as an individual, company, partnership or any other entity have not been subject to the offences mentioned above or offences of a similar nature. |  |

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| --- | --- |
| **Within the past three years, please indicate if any of the following situations have applied, or currently apply, to your organisation** | **Answer “Yes” or “No”** |
| Please answer “Yes” if your organisation has violated or breached applicable obligations referred to in the Public Contracts Regulations 2015 in the fields of environmental, social and labour law established by EU law, national law, collective agreements or by the international environmental, social and labour law provisions listed in Annex X to the Public Contracts Directive as amended from time to time; Competition law, Procurement Regulations or any forms of misconduct or negligence or inappropriate business relations. |  |

**Part 4 – Financial Information**

|  |  |
| --- | --- |
| **Please provide one of the following to demonstrate your economic/financial standing;**  **Please indicate your answer with an ‘X’ in the relevant box what you will provide and ensure that it is submitted with your final bid submission.** | |
| 1. If you are a company, partnership or sole trader, please provide a copy of the audited accounts for the most recent 2 years |  |
| 1. If you unable to provide audited accounts as per above, please provide the following: A statement from you accountant detailing turnover, profit & loss, current liabilities, assets, and cash flow for the most recent year of trading for your organisation. |  |
| 1. If you are unable to provide either of the above, please submit the following details for individuals who will sign and have responsibility for the lease:  * Proof of current address (one of the following is acceptable – current year Authority Tax Bill, Gas, Electric or Water bill less than 3 months old). * Addresses details (all addresses occupied within the last three years including dates from and to) * One full year of bank statements (till present) from account where direct debit mandate will be paid.   Please note that, by providing this information, you are giving permission to the Authority to undertake credit reference checks for the purpose of evaluating your financial standing for this bid submission.  **(The Authority reserves the right to ask for further information if that provided is not considered acceptable).** |  |
| If you are part of a wider group (e.g. a subsidiary of a holding/parent company), please provide the name below:   |  |  | | --- | --- | | Name of the organisation |  | | Relationship to the Provider completing the Invitation to Tender |  |     If yes, please provide Ultimate / parent company accounts if available.  If yes, would the Ultimate / parent company be willing to provide a guarantee if necessary?  If no, would you be able to obtain a guarantee elsewhere (e.g from a bank?) | |

**Part 5 – Equalities**

|  |  |
| --- | --- |
| Is any of the following true of your organisation? | **Answer “Yes” or “No”** |
| In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in any jurisdiction other than the UK)? |  |
| In the last three years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds of alleged unlawful discrimination?    If you have answered “yes” to the question above, please provide a summary of the nature of the investigation and what was concluded.    If you have answered “Yes” to the above, do you have the appropriate safeguards in place to prevent unlawful discrimination from reoccurring. |  |

**Part 6 – Environmental information**

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| --- | --- |
|  | **Answer “Yes” or “No”** |
| Have you or your organisation been convicted of breaching environmental legislation, or had any notice served upon it, in the last three years by any environmental regulator or Authority (including local Authority)?    Please provide further details if you have answered “Yes” to the above. |  |

**Part 7 – Health and Safety**

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| ***NOTE TO ORGANISATION:***  ***This section will be evaluated on a pass/fail basis.*** |

**Responsibility & Structure**

Please state the name and position of the person with overall responsibility for health and safety in your organisation together with details of experience and any relevant qualifications.

|  |  |
| --- | --- |
| Name |  |
| Position in Organisation |  |
| Experience |  |
| Qualifications |  |

Please state the name and position of the person (if different to above) appointed to provide health and safety advice as required by Regulation 7 of the Management of Health & Safety Work Regulations 1999, together with details of experience and any relevant qualifications.

|  |  |
| --- | --- |
| Name |  |
| Position in Organisation |  |
| Experience |  |
| Qualifications |  |

How many persons does your organisation normally employ?

|  |
| --- |
|  |

Does your organisation (not individuals within it) have current membership of any trade associations, safety organisations, registration with or accreditation by any accrediting bodies, for example CHAS, Safety Schemes in Procurement (SSIP) or equivalent?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, provide details, using full names of associations, bodies and any applicable registration number. Please do not use abbreviations.

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| ***NOTES TO ORGANISATION:***   1. ***Organisations are informed that the Authority operates a policy that an organisation will pass the Authority’s Health and Safety requirements on the basis that they participate in* the relevant Contractor Health and Safety Assessment Scheme (SSIP)** 2. ***Organisations will therefore not have to complete the remainder of the Health and Safety section of this Commercial Questionnaire, if they participate in the Scheme. Organisations who do not participate in the Scheme are required to complete the remainder of the Health and Safety section of this Commercial Questionnaire.*** |

**Policies and Procedures**

Does your organisation have a written Health and Safety Policy (covering General Policy, Organisation and Arrangement) as required by Section 2(3) of the Health and Safety at Work etc Act 1974 and issue any codes of safe working practices to workforce?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes** please enclose a copy of the policy.

|  |
| --- |
|  |

Does your policy include your approach to complying with the Health and Safety at Work etc Act 1974, and, where appropriate, the Management of health and Safety at Work Regulations 1999, and other appropriate legislation? If yes, please give page or section number

**YES/NO** *(delete as appropriate)*

Please state how health and safety policies and procedures are communicated to your workforce and administered within your organisation

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| --- |
|  |

Does your organisation have a procedure for the reporting and recording of accidents and dangerous occurrences in accordance with RIDDOR?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

Have you enclosed a copy of your procedure for accident reporting, recording and investigation?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

Please complete the following table in respect of accidents and dangerous occurrences as set out below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year | **Fatal** | **Major Injury or “Over 3-Day”** | **Non-Reportable** | **Dangerous Occurrences** | **Reportable ill-health** | **Near Misses** |
| **This year** |  |  |  |  |  |  |
| **Last year** |  |  |  |  |  |  |
| **Year before last** |  |  |  |  |  |  |

During the last five years, has the organisation been subject to formal enforcement (e.g. Prosecution, Prohibition Notice or Improvement Notice) for contravention of the Health and Safety at Work etc Act 1974, or equivalent legislation arising from your conduct of activities similar to those covered by this contract?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, please provide full details and explain corrective action taken to prevent re-occurrence.

|  |
| --- |
|  |

How does your organisation reduce the risk of injury arising from the manual handling of materials and products?

Does your organisation have Risk Assessment Procedures in place for all work activities as required by the Management of Health and Safety at Work Regulations 1999 and associated legislation?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, please supply 2 examples of risk assessments and safety method statements for work activity undertaken within the last 12 months. This should include manual handling, COSHH or others that are relevant to your work activities.

|  |  |  |
| --- | --- | --- |
| Copy of above enclosed if appropriate | Yes | No |

Does your organisation have a health and safety training programme for your workforce to ensure that they are competent for their duties?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, please enclose brief details of training courses or programmes undertaken by managers and workforce.

|  |
| --- |
|  |

Does your organisation have arrangements in place for consultation with workforce on health and safety matters?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

Where appropriate, does your organisation undertake health monitoring of workforce?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, please provide details.

|  |
| --- |
|  |

If your organisation uses sub-contractors, do you have a system in place for assessing their competence and the ongoing monitoring and review of their Health and Safety performance?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, please provide details.

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| --- |
|  |

Do you have a system in place for monitoring your Health and Safety arrangements including auditing them at periodic intervals and for reviewing them on an ongoing basis?

|  |
| --- |
| **YES/NO** *(delete as appropriate)* |

If the answer is **yes**, please provide details including examples.

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|  |

**Part 8 – Insurance**

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| ***NOTE TO ORGANISATION:***  ***This section will be evaluated on a pass/fail basis. If you do not have the minimum levels of insurances indicated and you are not prepared to provide them if you are successful, then you will fail this section.*** |

Please provide confirmation that you have or, if successful, will provide the following minimum levels of insurance:

|  |  |  |
| --- | --- | --- |
|  | **Confirmed** | **Will Provide** |
| **Public liability £10 million** | **YES/NO** | **YES/NO** |
| **Employers liability £10 million** | **YES/NO** | **YES/NO** |

**Part 9 - Signature**

|  |  |
| --- | --- |
| **Signed:** | …………………………………………………………………………..... |
|  | (If applying on behalf of a Company, signatory must be duly authorised to sign) |
|  |  |
| **Full Name:**  **Position** | ……………………………………………………………………………… **Date:** ……..……………………  ……………………………………………………………………………… |
|  |  |