**GOSPORT BOROUGH COUNCIL**

**TENDER RESPONSE DOCUMENT**

 **COMMUNITY SKIP PROVISION**

**PART B – TENDER RESPONSE**

1. **SUPPLIER INFORMATION**

Please answer the following questions in full.

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| --- | --- |
| 1.1.1 | Full name of the potential supplier submitting the information, insert response below |
|  |
| 1.1.2 | Registered office address (if applicable), insert response below |
|  |
| 1.1.3 | Registered website address (if applicable), insert response below |
|  |
| 1.1.4 | Trading status (please delete all classifications that are not applicable)1. public limited company
2. limited company
3. limited liability partnership
4. other partnership
5. sole trader
6. third sector
7. other (please provide information on your trading status below)
 |
|  |
| 1.1.5 | Date of registration in country of origin |  |
| 1.1.6 | Company registration number (if applicable) |  |
| 1.1.7 | Charity registration number (if applicable) |  |
| 1.1.8 | Head office DUNS number (if applicable) |  |
| 1.1.9 | Registered VAT number  |  |

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| 1.1.10 | Provide trading name(s) that will be used if successful in this procurement below. |
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| 1.1.11 | 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
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|  |
| 1.1.12 | Are you a Small, Medium or Micro Enterprise (SME)[[1]](#footnote-1)? |  |
| 1.1.13 | Provide details of immediate parent company below: - Full name of the immediate parent company- Registered office address (if applicable)- Company registration number (if applicable)(Please enter N/A if not applicable) |
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| 1.2 | Are you able to provide a copy of your audited accounts for the last full year, if requested?Suppliers are also required to provide the details set out in section A. Alternatively where suppliers cannot provide the details outlined in section A, the Council will require the information outlined in section B or C below - | Yes [ ] No [ ]   |
| (a) A statement of the turnover, Profit and Loss Account/Income Statement, Balance Sheet/Statement of Financial Position and Statement of Cash Flow for the most recent year of trading for this organisation. | Yes [ ]  No [ ]   |
| (b) A statement of the cash flow forecast for the current year and a bank letter outlining the current cash and credit position. | Yes [ ] No [ ]   |
| (c) 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). | Yes [ ] No [ ]   |
| 1.3 | Has your organisation or any of its directors or executive officers been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last three years?*If your answer to the this question is yes, please provide details in a separate appendix of* any enforcement/ remedial orders served and give details of any remedial action or changes to procedures you have made as a result.*The Authority will not select suppliers that have been in receipt of enforcement/remedial action orders unless the supplier can demonstrate to the council's satisfaction that appropriate remedial action has been taken to prevent future occurrences or breaches.* | Yes [ ] No [ ]   |

1. **MANDATORY REQUIREMENTS**

Minimum Mandatory Criteria – This must be completed by the bidder, failure to complete this will disqualify any bidder from the evaluation process and any submission will be struck out.

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| **Ref**  | **Requirement** | **Please confirm compliance and insert (x) into the appropriate box** |
| MR1 | The Bidder confirms acceptance of the Service Specification as set out in the Invitation to Tender document (Part A, Section 2 and 2.1) | YES(PASS) |  |
| NO(FAIL) |  |
| MR2 | The Bidder confirms acceptance of the Health and Safety requirements as set out in the Invitation to Tender document (Part A, Section 3 and 3.1) | YES(PASS) |  |
| NO(FAIL) |  |
| MR3 | The Bidder confirms that that will maintain the insurance cover specified in the Invitation to Tender document (Part A, Section 4) | YES(PASS) |  |
| NO(FAIL) |  |

1. **METHOD STATEMENT**

Describe the approach proposed for delivering the Specification (see Section 2 of Part A, ITT) including:

* + methods of working
	+ Details of your capacity and capability to carry out proposed works including:
		- access to staffing
		- Specialist vehicles
		- Equipment to carry out the work.
	+ Your hours of operation.

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Provide a list of items/waste not collected as part of your service.

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1. **PRICING TEMPLATE**

Please provide your full and final total price for the 6 month duration for 3 skips per week (including delivery, collection and waste disposal)

|  |
| --- |
| £ |

Please also provide your full and final price per skip for an additional skip per week (including delivery, collection and waste disposal)

|  |
| --- |
| £ |

Optional: Please use the box below to provide any relevant comments about your pricing.

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1. [↑](#footnote-ref-1)