Community Services Directorate

Healthwatch

Pricing Schedule

Joint Commissioning Team

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SE6 4RU

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**September2019**

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 Monday 21 October 2019**

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# INTRODUCTION

This document contains 2 sections:

**SECTION 1 –** Where the tenderer is required to say how much they will charge.

**SECTION 2 –** Where the Council gives details of how payment is to be made.

# SECTION 1 – CHARGES AND RATES

1.1 It is expected that the successful tenderer will begin provision of the service(s) in April 2020. The contract is for an initial period of three years, with the possibility of extension of a further year, at the Council’s discretion.

1.2 Indicate the price you would charge the Council for the services, fixed over the term of the contract and broken down by the various elements. These costs must be exclusive of VAT, which is recoverable by the Council, but inclusive of all other costs and expenses referred to in the Contract.

Evaluation of Tenderer’s Financial Proposals will be undertaken based upon the total price over the contract period, in accordance with the Specification section - Funding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cost Breakdown**  | **Year 1**  | **Year 2**  | **Year 3**  | **Year1 + Year2 +****Year 3** |
| **1. Staffing / Staff Costs** |
| (list position and cost) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Totals:** | **£X** | **£X** | **£X** |  |
|  |
| **2. Technology/Equipment**  |
| Maintenance  |  |  |  |  |
| Other IT associated costs  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Totals:** | **£X** | **£X** | **£X** |  |
|  |
| **3. Operational Costs**  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Totals:** | **£X** | **£X** | **£X** |  |
|  |
| **4. Additional Costs**  |
| (list and cost) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Totals:** | **£X** | **£X** | **£X** |  |
|  |
| **Totals:** | **£?** | **£?** | **£?** |  |

**SECTION 2 – PAYMENT PROCEDURES**

2.1 **Frequency of payments**

Payments will be made in arrears. Successful tenderers will be required to provide consolidated electronic invoices on a weekly/monthly basis and in addition will 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.

2.2 **Form to be used**

Where appropriate, third party suppliers will receive system-generated purchase orders from LBL to provide goods, works and services to the Council. All invoices must quote the Lewisham Purchase Order Number or they will be returned to the supplier. 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.

2.3 **Justification**

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.

2.4 **Deductions**

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 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.

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 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.

2.5 **VAT**

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.

2.6 **Price Increase**

The fees, charges and rates contained in the Pricing Documents shall be on a fixed price basis for the three years of the contract. If legislation is passed by the UK Government that will have a material effect on the costs charged by the 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.

2.7 **Time for payment**

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 2.4 of this document (although that amount will only paid once the Provider has issued a VAT invoice in accordance with paragraph 2.5 of this document)

2.8 **Disputes**

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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |