**GOSPORT BOROUGH COUNCIL**

**QUOTATION RESPONSE DOCUMENT**

**ENFORCEMENT AGENTS**

**Response deadline: Friday 5th July 2024 12:00pm**

Contents

[1. Supplier Information 2](#_Toc169267117)

[2. Mandatory Requirements 5](#_Toc169267118)

[3. Quality (100%) 6](#_Toc169267119)

[4. SCHEDULE 1 - COMMERCIALLY SENSITIVE INFORMATION 9](#_Toc169267120)

[5. Checklist 10](#_Toc169267121)

# Supplier Information

Please answer the following questions in full.

|  |  |
| --- | --- |
| 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  |  |
| 1.1.10 | Provide trading name(s) that will be used if successful in this procurement below. |
|  |
| 1.1.11 | Are you a Small, Medium or Micro Enterprise (SME)[[1]](#footnote-1)? |  |

|  |  |
| --- | --- |
| 1.1.12 | 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) |
|  |
| 1.2 | Are you able to provide a copy of your audited accounts for the last full year, if requested?Suppliers may also be 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 | Contact details (for communications, correspondence and enquiries relating to this Tender submission) |
| 1.3.1 | Please state the contact’s name and position within the organisation:  |
| Name: Position:  |
| 1.3.2 | Please state the contact’s address:  |
| Address: Postcode:  |
| 1.3.3 | Please state the contact’s telephone number:  |
|   |
| 1.3.4 | Please state the contact’s email address:  |
|   |

# Mandatory Requirements

The section below sets out the Mandatory criteria that Providers must pass in order to qualify for consideration in the procurement process. All providers must complete MR 1 to MR 4.

|  |
| --- |
| **General Mandatory Requirements** |
| **Ref** | **Requirement** | **Please confirm compliance and insert (x) into the appropriate box** |
| MR 1 | The contractor confirms their quote meets the scope and requirements specified in Section 2 of the ITQ document  | YES(PASS) |  |
| NO(FAIL) |  |
| MR 2 | The contractor confirms and provided proof that they meet or exceeds all of the Insurance requirements in the section 4 of the ITQ document  | YES(PASS) |  |
| NO(FAIL) |  |
| MR 3 | The Contractor Confirms they agree to the Contract Terms and conditions | YES(PASS) |  |
| NO(FAIL) |  |
| MR 4 | The contractor confirms they are registered as a Debt Collection Agency (DCA) | YES(PASS) |  |
| NO(FAIL) |  |

# Quality (100%)

Please use the boxes below (expand as required) to responses to all quality questions.

Please reference any additional documentation where applicable, and ensure you attach them to your submission.

* 1. Particulars of your organisation (25%)

|  |  |
| --- | --- |
| Please provide information on number of personnel and coverage. How many staff locally employed (Gosport area) Are staff Employed or contracted?. Please provide information on your Code of Conduct and Complaints Procedure | Weighting: 25% |
|  |

* 1. Accessibility to the Council (25%)

|  |  |
| --- | --- |
| What is your availability of point of contact in emergency situations? Do you provide an on-line portal with access to GBC staff in real time? How will performance reports be made available and how frequently will they be provided? | Weighting: 25% |
|  |

* 1. Instructions (25%)

|  |  |
| --- | --- |
| Will the council have the flexibility to withdraw a case in certain conditions? What is your performance level in respect of debtor tracing and debt recovery | Weighting: 25% |
|  |

* 1. Financial procedures (15%)

|  |  |
| --- | --- |
| Please provide information of your banking, accounting and invoicing. How will payments will be made to the Council. Will the suppliers IT systems interface with the council software provider (Chipside) to allow for payments and returns to be processed.Please provide proof of Indemnity and Insurance | Weighting: 15% |
|  |

* 1. Vulnerability (10%)

|  |  |
| --- | --- |
| Please provide information on how you deal with vulnerabilities, including medical conditions, learning disabilities, addiction, domestic violence and severe debt. Safeguarding and discrimination. How do you deal with breathing space notifications? | Weighting: 10% |
|  |

# SCHEDULE 1 - COMMERCIALLY SENSITIVE INFORMATION

Commercially sensitive information

I declare that I wish the following information to be designated as commercially sensitive

|  |
| --- |
|  |

The reason(s) it is considered that this information should be exempt under FOIA is:

|  |
| --- |
|  |

The period of time for which it is considered this information should be exempt is [until award of Contract OR during the period of the contract OR for a period of [NUMBER] years until [MONTH], [YEAR]].

|  |  |
| --- | --- |
| SIGNATURE:  |  |
| NAME (PRINT):  |  |
| POSITION:  |  |
| COMPANY:  |  |
| DATE:  |  |

# Checklist

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SUBMISSON**

To ensure your submission is evaluated properly, the Council needs to have a complete response from you.

**Before returning this document, please check you have answered all sections and ensure that you have enclosed any relevant documents by completing the checklist below.**

Please tick the appropriate box where you have completed the section.

|  |  |
| --- | --- |
| **CHECKLIST: Please also ensure that you have:** | **Tick Below** |
| Completed the ‘Supplier Information’ section of this quotation response document | **[ ]**  |
| Completed the ‘Mandatory Requirements’ section of this quotation response document | **[ ]**  |
| Provided answers to all quality questions | **[ ]**  |
| Provided all necessary documentation to support the answers given to the quality questions | **[ ]**  |
| Completed Schedule 1 (as necessary) | **[ ]**  |

1. [↑](#footnote-ref-1)