**SUITABILITY ASSESSMENT QUESTIONNAIRE**

The purpose of this questionnaire is to assist Gosport Borough Council ('the Council') in deciding which suppliers to short-list and invite to tender for:

**Title:** ALVER VALLEY COUNTRY PARK-WESTERN GATEWAY – Café with indoor/outside table space & associated Public Conveniences incorporating Changing Places Facility

Gosport Borough Council wishes to construct a new Café Concession and Public Conveniences with Changing Places Male/Female Facility at the Western Gateway to the Alver Valley from Cherque Way adjacent to the new play grounds serving Alver Valley West. The works will include (but not limited to) the provision of:

* The construction of an oval shaped building with curved awning to the southern end;
* The construction of vehicular staff access to suit the café and toilet configuration;
* The provision of a bin store area;
* The resurfacing of the existing 45 space carpark to mirror the new south carpark;
* The provision of infrastructure and drainage, and defibrillation unit;
* The installation of landscaping and furniture and paving to the perimeter
* Associated design and build of the electrical installations to suit the new building

The works will be to a standard JCT intermediate works form of contract and will be undertaken in a single phase.

**OJEU Contract Notice: N/A**

**SAQ Submission Deadline: 18th April 2019**

SAQ's submitted after the deadline stated or not completed properly will not be accepted.

Completed SAQs should be returned to:

Adrian Parker FRICS, Chartered Surveyor

Parker Torrington Ltd

on behalf of Gosport Borough Council

137 High Street

Gosport

PO12 1EA

[adrian@parker](mailto:adrian@parker)torrington.com

**Restricted Tender Process:**

The Council operates a Restricted Tender process to minimise production and evaluation workload for Tenderers and Council officers respectively. The number of companies to be invited to tender as a result of this opportunity notice will be restricted to a maximum of 6 suppliers.

**SAQ Completion**

This SAQ must be completed by and should only contain (except where specifically requested) information about, the organisation/party named in Question 1 which, if successful, would be the organisation/party which will contract with the Council.

In order to simplify this process please do not provide supporting documents when submitting this SAQ (e.g. accounts, certificates, corporate flyers/marketing, statements or policies.

Please insert ALL answers in the space provided in the SAQ and do not refer to attached documents in your answers as these will not be reviewed or scored by the evaluation panel.

The Council may ask to see policies / certificates at a later stage, so please ensure they can be made available upon request.

Applicants may also be asked to clarify their answers or provide more details about certain issues.

Please note - in order to keep the SAQ concise do not exceed 500 words per answer. Any words exceeding this number will not be read and therefore will be disregarded from the evaluation.

The Questionnaire will be evaluated/scored as detailed below.

A negative answer to a Pass/fail questions may result in an application being rejected, although the Council reserves the right to request clarification to demonstrate how a particular requirement can be achieved.

1.1 to 1.13 For Information

2.1 to 2.5 Pass/Fail

3.1 For Information

4.1 25%

4.2 5%

4.3 5%

4.4 25%

4.5 Pass/Fail

4.6 Pass/Fail

5.1 Pass/Fail

5.2 Pass/Fail

5.3 Pass/Fail

5.4 Pass/Fail

6.1 20%

6.2 20%

7.1to 7.4 For Information

7.5 Pass/Fail

**SUITABILITY ASSESSMENT QUESTIONNAIRE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **BASIC DETAILS OF YOUR BUSINESS** | | | | | | |
|  | Name of Organisation: |  | | | | | |
|  | Contact name for enquiries about this Questionnaire: |  | | | | | |
|  | Job Title of Contact: |  | | | | | |
|  | Company Address:  Post Code: |  | | | | | |
|  | Telephone number: |  | | | | | |
|  | Fax number: |  | | | | | |
|  | E-mail address: |  | | | | | |
|  | Website address: |  | | | | | |
|  | Company Registration number: |  | | | | | |
|  | Date of Registration: |  | | | | | |
|  | Registered address, if different from the above:  Post Code: |  | | | | | |
|  | Are you registered for VAT?  If so, please provide Registration number: |  | | | | | |
|  | Is your organisation: | i) a public limited company? | | | |  | |
| ii) a limited company? | | | |  | |
| iii) a partnership | | | |  | |
| iv) other (please specify) | | | |  | |
| **2.** | **INSURANCE** | | | | | | |
|  | Please confirm whether or not you have the appropriate levels of insurance cover as set out below. | | | | | | |
| 2.1 | Employer's Liability | | £10 million | | | | Yes / No |
| 2.2 | Public Liability | | £5 million | | | | Yes / No |
| 2.3 | Product Liability | | £5 million | | | | Yes / No |
| 2.4 | If you have answered 'No' to any of the above, please confirm you are able to obtain the required levels of insurance. | | | | | | Yes / No |
| 2.5 | Please provide your Insurance Policy Number and Name of Underwriter | | |  | | | |
| **3.** | **FINANCIAL INFORMATION** | | | | | | |
| 3.1 | What was your turnover in each of the last two financial years | £…………  for year ended --/--/-- | | | £……… f  or year ended --/--/---- | | |

|  |  |  |
| --- | --- | --- |
| **4.** | **BUSINESS ACTIVITIES & STAFFING** | |
| 4.1 | Please provide details of any previous or existing contracts similar to the proposed project giving details of the referee in section 6 below and confirm that you have received their agreement to be contacted by the employer’s representative. | |
| 4.2 | What relevant quality accreditations or membership of professional bodies does your company hold. i.e. ISO9001 | |
| 4.3 | What Health & Safety accreditations does your company have i.e. CHAS, ISO18001. | |
| 4.4 | Please provide information on the skills, knowledge and experience of the staff and specialist sub-contractors who will be employed in the design and management of this project. | |
| 4.5 | Equalities  The Council has an ethos to reduce its carbon footprint, proactively manage and reduce its impact on the environment and its use of natural resources and to develop its Corporate Social Responsibility. Is this an approach you agree with and are willing to support? | Yes / No |
| 4.6 | Sustainability  Is it your policy as an employer to comply with anti-discrimination legislation, and to treat all people fairly and equally so that no one group of people is treated less favourably than others? | Yes / No |
| **5.** | **PROFESSIONAL AND BUSINESS STANDING**  Do any of the following apply to your organisation, or to (any of) the director(s) / partners / proprietor(s)? | |
| 5.1 | Bankruptcy, insolvency, compulsory winding up, receivership, composition with creditors, or subject to relevant proceedings | Yes / No |
| 5.2 | A conviction (or convictions ) for a criminal offence related to business or professional conduct | Yes / No |
| 5.3 | Legal or administrative finding of commission of an act of grave misconduct in the course of business | Yes / No |
| 5.4 | Failure to provide information required or providing inaccurate/misleading information when participating in a procurement exercise | Yes / No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **6.** | **REFERENCES**  Please provide details of three referees for previous projects undertaken of a similar nature during the past 5 years who could vouch for your professionalism, quality and reputation. (Please ensure the referee is prepared to provide a reference or speak to the Council if we wish to contact them). | | | | |
|  |  | Referee One | | Referee Two | Referee Three |
| 6.1 | Referee Name: |  | |  |  |
|  | Organization: |  | |  |  |
| 6.2 | Referee phone number |  | |  |  |
|  | Referee email |  | |  |  |
| 6.3 | Suppliers are informed that if neither referee fails to respond to a request for information within the period of one week following a request for information this will have a negative impact upon their selection.  Suppliers are also informed that if selected for tendering with just two reference and if a third referee has not presented a reference for a particular supplier by the end of the tender period this will impact the quality score applied to their tender.  Suppliers should provide a completed company reference questionnaire applicable to each of the 3 Case Study projects selected to present to the appropriate referee | | | | |
|  |  | | | |  |
| **7.** | ***I declare that to the best of my knowledge the answers submitted in this Questionnaire are correct. I understand that the information will be used in the process to assess my organisation’s suitability to tender.***  ***I understand that the Council may reject this Questionnaire if there is a failure to answer all relevant questions fully or if I provide false/misleading information*** | | | | |
| **FORM COMPLETED BY** | | | | |
| 7.1 | Name: | |  | | |
| 7.2 | Position (Job Title): | |  | | |
| 7.3 | Date: | |  | | |
| 7.4 | Telephone number: | |  | | |
| 7.5 | Signature(s) and Status | |  | | |
|  |  | |  | | |