**GOSPORT BOROUGH COUNCIL**

**QUOTATION RESPONSE DOCUMENT**

**LONE WORKER DEVICES**

**Response deadline: 12:00pm, 9th April 2024**

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# 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)? |  |

|  |  |
| --- | --- |
| 1.1.12 | 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 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 Supplier confirms their device is capable of all features stated in section 2 of the ITQ document  | YES(PASS) |  |
| NO(FAIL) |  |
| MR 2 | The Supplier confirms that their device and organisation meets all of the standards and accreditations in section 2 of the ITQ document | YES(PASS) |  |
| NO(FAIL) |  |
| MR 3 | The Supplier confirms that their device meets or exceeds all of the Insurance requirements in the section 3 of the ITQ document  | YES(PASS) |  |
| NO(FAIL) |  |
| MR 4 | The Supplier confirms that they operate a 24 / 7 monitoring centre | YES(PASS) |  |
| NO(FAIL) |  |

# Quality (40%)

* 1. Device Demonstration 16th April 2024

|  |  |
| --- | --- |
| Demonstration fully illustrates device capability to fulfil all specification and requirements. Device is simple and efficient  | Weighting: 10% |

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

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

* 1. Operations

|  |  |
| --- | --- |
| Provide a full statement of how the device monitoring centre operates, with particular reference GDPR and cyber security, and outline your business continuity plan | Weighting: 15% |
|  |

* 1. Experience and Management

|  |  |
| --- | --- |
| How do Public Sector organisations in particular benefit from using your products and services? Please reference value for money and provide a case study of a similar provision/requirement | Weighting: 15% |
|  |

# Costs (60%)

Price will be awarded on the basis of the total price. The lowest priced response will receive the maximum available score for price. Respondents are required to provide a clear indication of the unit cost, total cost and any assumptions made.

|  |  |
| --- | --- |
| **Lone Working Device Unit Cost (per month)** | **£** |
| **Total monthly cost for 55 lone working devices**  | **£** |
| **Cost of an additional device per month** **(if added during the contract period)** | **£** |

|  |
| --- |
| **Please provide details of any assumptions made or additional costs that the Council may need to be aware of** |
|  |

# 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:  |  |

# FORM OF QUOTE

Respondents are to complete and include the Form of quote as part of their completed submission.

UNCONDITIONAL AND IRREVOCABLE OFFER TO GOSPORT BOROUGH COUNCIL

Re: Invitation to Quote dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for:

**LONE WORKER DEVICES**

Gosport Borough Council

Town Hall

Gosport

Hampshire

PO12 1EB

Having carefully examined and considered the Invitation to Quote including without limitation the Instructions to Respondents, Form of Quote, Contract Documents and Employers requirements for the Consultancy Services included in the Invitation to Quote and in consideration of you considering this Quote:

1. We offer to supply and carry out the ancillary services specified and to complete the contract in accordance with the Contract Documents and our Quote; we offer to execute and complete in accordance with the conditions of contract described for the sum of:

£………………………………. (……………………………………………..) plus VAT

2. We confirm we are able to carry out the works specified.

3. We agree that if errors in pricing or arithmetic are discovered in the Schedules etc. before this offer is accepted they will be dealt with in in writing between the two parties. This Quote remains open for consideration for 6 weeks from the date fixed for submitting Quotes.

4. We confirm that this offer is made in good faith and that the we have not fixed or adjusted the amount of the Quote by or in accordance with any agreement or arrangement with any other person. We certify that we have not and will not:

a) Communicate to any person other than the person inviting these offers the amount or approximate amount of the offer, except where the disclosure, in confidence, of the amount or approximate amount of the offer was necessary to obtain professional advice and/or quotations required for the preparation of the offer or for insurance purposes; and

b) Enter into any arrangement or agreement with any other person that the other person shall refrain from making an offer or as to the amount of any offer to be submitted.

5. We understand that the paragraph below will be a term of the contract:

“The Council may terminate this contract and recover all its loss if the Contractor, its employees or anyone action on the Contractor’s behalf do or collude in any of the following things:

(a) offer, give or agree to give to anyone any inducement or reward in respect of this or any Council contract (even if the Contractor does not know what has been done), or

(b) commit an offence under the Prevention of Corruption Acts 1889 to 1916 or Section 117(2) Local Government Act 1972, or

(c) commit any fraud in connection with this or any other Council contract, whether alone or in conjunction with the Council members, contractors or employees. Any clause limiting the Contractor’s liability shall not apply to this clause.”

6. We agree that in delivering the services under the Contract we shall at all times assist and co-operate with the Council in the compliance of its corporate requirements and statutory obligations namely: equality and diversity; and the processing of information pursuant to The Freedom of Information Act 2005, Environmental Information Regulations 2004, and Data Protection Act 1998.

7. We confirm that if our Quote is accepted we will, upon demand:

a) produce evidence that all relevant insurances and compliance certificates with relevant legislation and policy are held and in force; and

b) sign the Contract / formal documentation if required.

8. We acknowledge that given the tight timescales for gaining planning permission we will be required to enter into a design licence as set out in the ITT.

9. We confirm that the prices and charges offered are firm for the period of the Contract.

10. We agree that this Quote shall constitute an irrevocable, unconditional offer which may not be withdrawn for a period of 90 days from this date.

11. Unless and until a formal Contract is prepared and executed this Quote, together with your written acceptance thereof, shall constitute a binding contract between us. We understand the Council is not required to accept any Quote it receives.

Authorised Signatory: ………………………

Date: ……………………………

Name: …………………………………………………………………. (Capitals)

Position in Firm or Company: ………………………………………………………...

Name and Address of Firm or Company:

…………………………………………………………………………………………...

…………………………………………………………………………………………...

# Checklist

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

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 | **[ ]**  |
| Checked your availability to demonstrate your Lone Worker Device on 16th April 2024 | **[ ]**  |
| Provided all necessary documentation to support the answers given to the quality questions | **[ ]**  |
| Completed the ‘Costs’ section of this quotation response document | **[ ]**  |
| Completed the Commercially Sensitive Information section (as necessary) | **[ ]**  |
| Completed the Form of Quote | **[ ]**  |