

Parish Clerk/RFO: Rebecca Turner, The Old Police House, Nesscliffe, SY4 1DB Telephone: 01743 741611, email: fordparishcouncil@outlook.com Website: <a href="www.fordparishcouncil.org.uk">www.fordparishcouncil.org.uk</a>

### **Tenderer Questionnaire**

## INSTALLATION OF NEW PLAY EQUIPMENT AT FORD RECREATION GROUND

A hard copy must be returned as part of the tender offer to:

Ford Parish Council The Old Police House Nesscliffe Shrewsbury SY4 1DB

Email: fordparishcouncil@outlook.com

#### **Section A:**

This document must be completed in its entirety.

### **Section B**:

### **Applicant Organisation Details**

The questions in this section are designed to ensure that the Contracting Authority know exactly with whom they may be entering into a contract

B1	Details of Applicant		
1.1	Details of contracting organisation		
	State if sole trader, partnership, private limited company, public limited company or if other, please specify		
	Registered name		
	Registered office		
	Registration number		
1.2	VAT Registration		
	VAT Registration number		
1.3	Contact details of individual completing this application with whom we may correspond		
	Name		
	Firm		
	Position in firm		
	Telephone number		
	E-mail address		
	Address for correspondence		

1.4	Consortium				
	Is the Potential Provider an in	acorporated consortium or joint venture?	Yes/No		
	If you answer Yes please pro	If you answer Yes please provide details of partnership agreements you intend to work with.			
		Details enclosed?	Yes/No		
B2	Company Background				
2.1 Ownership structure Please provide a one-page chart illustrating the ownership structure of the Poten including relations to any parent or other group or holding companies.			ntial Provider		
		Attached?	Yes/No		
	Full legal name and address	Full legal name and address of Parent Company if applicable:			
	Registered name				
	Registered office				
	Registration number				
2.3 Full legal name and address of (ultimate) Parent Company		s of (ultimate) Parent Company if applicable:			
	Registered name				
	Registered office				
	Registration number				
2.4	Parent Company Guarante	e			
		ary, please confirm that Group or the Ultimate be prepared to guarantee the firm's contract.	Yes/No		

# **Section C:** Financial & Insurance Information

<b>C</b> 1	Insurance Details		
1.1	Public Liability Insurance		
	Please confirm that you hold Insurance on a per occurrence	a minimum of £10,000,000 Public Liability e/event basis.	Yes/No
	Insurance Company		-
	Date policy taken out		
	Expiry date of the policy		
	Policy number/reference		
	Conditions/Exceptions that apply to the policy		
	Copy of Public Liability Insu	rance certificate enclosed	Yes/No
1.2	Employer's Liability Insurance		
	Please confirm that you hold Liability Insurance on a per o	a minimum of £10,000,000 Employer's occurrence/event basis.	Yes/No
	Name of Insurance Company		
	Date policy taken out		
	Expiry date of the policy		
	Policy number/reference		
	Conditions/Exceptions that apply to the policy		
	Copy of Employer's Liability	Insurance certificate and schedule enclosed	Yes/No

C2.	Financial Deta	ils			
2.1	Accounts				
	Please provide details of Annual Turnover and Profit or (Loss) in the last 3 years.  Also provide copies of your last 3 years audited accounts.  If audited accounts are not available please provide copies of your management accounts (If exact figures are not available please provide your best estimate of the figures required)  Please provide copies of the accounts enclosed				
	Accounting Year ending	Turnover	Gross Profit (Loss)	Net Surplus (Deficit)	Net Assets

# $\frac{Section\ D}{Claims\ \&\ Contract\ Terminations/Deductions}$

Outstanding Claims / County Court Judgements	
Do you have any outstanding claims, litigations or judgements against your organisation?	Yes/No
If YES please provide further details.	
Response:	
	Tyes please provide further details.

D2	Contract Terminations/Deductions
2.1	Please give details of all similar contracts in the last 3 years which have been terminated early giving the name of the client company/authority, the date of termination and the reasons for termination.
	Response:

# $\underline{Section\;E}\text{:}$ Health & Safety and Equal Opportunities

<b>E</b> 1	Health & Safety at Work		
1.1	Please provide a copy of your AP	(Association of Play Industries) certification	Yes/No
	Certification Number:		
1.2	Does your organisation have a formal health and safety policy or statement?		
	Please enclose a copy (this will be	evaluated)	Yes/No
1.3	Do you currently hold any of the following,  1. external health and safety accreditations, such as CHAS (Contractors Health and Safety Assessment Scheme), or EU equivalent  Yes/No		
1.4	If YES to 1.3 please supply the fo	llowing details as well as a copy of any certificate	es.
	Accrediting Organisation:		
	Reference No:		
	Date accreditation expires or is to be renewed:		
	Please enclose a copy	Copy enclosed	Yes/No
1.5	Has your company been served with an enforcement notice or been prosecuted in the past 3 years for breaches of health and safety legislation?		Yes/No
1.6	If YES to 1.5 please give details of the prosecution or notice (and what measures you ha taken to ensure the issue(s) will not re-occur).		
	Response:		
1.7	Do you routinely carry out Risk A	ssessments?	Yes/No
1.8	If YES to 1.7 please state what will be assessed for this project. (At certain times, the Contracting Authority may request copies of risk assessments, safe working procedure, or safety method statements.)		
	Response:		

1.9	Does your company monitor:			
	(a) Accidents			Yes/No
	(b) Ill health caused by work			Yes/No
	(c) Health & Safety Performance			Yes/No
Please state how many accidents have been reported to your Enforcing Authority und RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulation equivalent) in the last 3 years for employees, sub-contractors (SC) and members of the (MoP).			ions) (or EU	
		Е	SC	MoP
	Number of accidents reported under RIDDOR from 1 April 2018 to 31 March 2019			
	Number of accidents reported under RIDDOR from 1 April 2019 to 31 March 2020			
	Number of accidents reported under RIDDOR from 1 April 2020 to 31 March 2021			
	Total number of accidents reported under RIDDOR in 3 years			
	Please indicate your Accident Incident Rate (AIR) for the following	ng periods	:	
	AIR = Number of Employee Accidents multiplied by 1000 Divided by the Number of Employees			
	1 April 2017 to 31 March 2019			
	1 April 2017 to 31 March 2020			
	1 April 2018 to 31 March 2022			
1.11	Do you use key sub contractors to undertake work on contracts of	this natur	e?	Yes/No
1.12	If YES to 1.11 please give details of who your key sub contractor they deliver and how do you ensure they are competent.	s are and v	vhat wo	rk areas
	Response:			

# **Section F Contract Specific Questions**

F1	Contract Experience Max 500 words for each of sections G1.1, G1.2 & G1.3
1.1	Requirement: Play Area Installation.
	<b>Please provide</b> an overview of your business' approach to providing a high standard play area for this site including:
	<ul> <li>Understanding and appreciation of the local area</li> <li>Ability to meet the expectations of both the client and the public at large</li> </ul>
	Response:
1.2	Requirement: Core business comprises contracts directly similar to the Authority's requirements
	<b>Please provide</b> details of up to 5 Reference Contracts, set out in the form of Table 1 at Appendix A.

F2	Contract Experience Max 1000 words for this section		
2.1	Requirement: Experience and proven capacity to deliver this type of contract and mobilise efficiently & effectively		
	Please provide a Case study of a relevant contract (one of the Reference Contracts) which includes demonstration of the following:  o Approach		

F2	Contract Experience
	Max 1000 words for this section
	<ul> <li>Mobilisation timeline</li> <li>Key processes</li> <li>Organisation &amp; management of the mobilisation team</li> <li>Resources deployed, including Head office specialists and the incoming contract management team</li> <li>The outcome of the mobilisation process and the benefits delivered for the client</li> <li>Lessons learnt</li> </ul>
	Response:
2.2	Please provide details of how you intend to address any concerns from residents regarding the project on the residents in the nearby area.
	Response:

F2	Contract Experience Max 1000 words for this section
2.3	Please provide timescale details for the delivery of this project
	Response:
2.4	After sales
	Please provide details of your after sales service including the level of guarantees/warranties on labour and equipment
	Response:

F2	Contract Experience Max 1000 words for this section			

E2	Managament Systems						
F3	Management Systems  Max 1000 words for this section						
2.1							
3.1	Requirement:						
	Please describe your organisation's typical arrangements for effective management of Health & Safety in construction contracts including:  O Management leadership and commitment						
	<ul><li>Hazard identification, assessment and control</li><li>Site inspection</li></ul>						
	Worker competency and training.						
	<ul><li>Worker engagement and involvement.</li><li>Incident reporting and Investigation</li></ul>						
	Setting performance targets and monitoring performance						
3.2	Pogniyaments Douting Health & Cafety						
3.2	Requirement: Routine Health & Safety						
	Please provide examples of the following						
	Method Statement for the construction of a similar project						
	General Risk Assessments						
	Health and Safety Policy (where it applies)						
	Certificate of Public Liability insurance						
	Project specific documents will be required in due course.						

F4	Public Reputation & Added Value					
	Max 1000 words for this section					
4.1	Requirement: Understanding of the importance of representing the Council to the public					
	Please provide examples of					
	<ul> <li>Steps the Applicant has taken to uphold the good reputation of the client and previous/existing clients in the eyes of the public</li> <li>How personnel are trained in customer contact</li> <li>Branding: avoiding issues being laid at the Client's door</li> <li>Localism: providing services that are responsive to community needs</li> <li>How complaints are dealt with</li> <li>How specific public interaction problems that have arisen have been dealt with</li> </ul>					
	Response:					
4.2	Requirement: Approach to Working in a public area.					
	Please provide details on your organisation's approach to working in public open spaces.					
	Response:					

**Documents included checklist** 

Required Document	Tick
Completed Questionnaire	
Method Statements	
Risk Assessments	
Health and Safety policy	
Certificate of Public Liability Insurance	
References	
Quotation Form	

#### **Declaration**

I understand that the responses I have given are to be used as a basis for selection of organisations in this tender process and verify that all the information provided is true and accurate.

Signed	Name
Designation	Date
Organisation	
Address	
Tel no	email
Fax no	Website

#### Appendix A

#### TABLE 1 REFERENCE CONTRACTS

<b>Contract Details</b>	Contract				
	1	2	3	4	5
Name of client authority/company and contact details					
Scope of works and services					
Contract value (£)					
Contract length (weeks)					