# 3 RESPONDENT’S OFFER

## OFFER FORM

I/We

**(BLOCK LETTERS)**

of

**(ADDRESS**)

ABN/GST Status: ACN (if any):

Telephone No:

Facsimile No:

E-mail (if any):

**In response to RFQ 20180514 Wheatbelt NRM Eucalypt Woodlands of the Western Australian Wheatbelt Assessment Tool**

I/We agree that I am/We are bound by, and will comply with this Request and its associated schedules, Attachments, all in accordance with the Conditions of Responding contained in this Request signed and completed.

The quoted price is valid up to three (3) months from the date of the Request closing unless extended on mutual agreement between the Principal and the Respondent in writing.

I/We agree that there shall be no cost payable by the Principal towards the preparation or submission of this Response irrespective of its outcome.

The quoted consideration is as provided under the schedule of rates of prices in the prescribed format and submitted with this Response.

Dated this day of 20\_

Signature of authorised signatory of Respondent:

Name of authorised signatory (BLOCK LETTERS):

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:

Name of witness: (BLOCK LETTERS): Address:

## RESPONSE

The following checklist has been provided to assist you with your submission. Where it is necessary to provide additional information please ensure that all documents are clearly marked with the relevant Attachment title to assist the evaluation panel with their assessment.

**NOTE**: All pages within Part 3 are to be completed and returned to the Principal as they form part of your Response.

### ORGANISATION PROFILE

|  |  |
| --- | --- |
| Attach a copy of your organisation structure and provide background information on your company and label it “Organisation Structure”. | **“Organisation Structure” Attachment 1**  Tick if attached   |

### REFEREES

|  |  |
| --- | --- |
| Attach details of your referees, and label it “Referees”. You should give examples of similar work provided for your referees where possible. | **“Referees”**  **Attachment 2**  Tick if attached |

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### AGENTS

|  |  |
| --- | --- |
| Are you acting as an agent for another party? | Yes / No |
| If Yes, attach details (including name and address) of your principal and label it “Agents”. | **“Agents” Attachment 3**  Tick if attached   |

### TRUSTS

|  |  |
| --- | --- |
| Are you acting as a trustee of a trust? | Yes / No |
| If Yes, in an attachment labeled **“**Trusts”:  (a) give the name of the trust and include a copy of the trust deed (and any related documents); and  (b) if there is no trust deed, provide the names and addresses of beneficiaries. | **“Trusts” Attachment 4**  Tick if attached   |

### SUBCONTRACTORS

|  |  |
| --- | --- |
| Do you intend to subcontract any of the Requirements? | Yes / No |
| If Yes, in an attachment labeled “Subcontractors” provide details of the subcontractor(s) including:  (a) the name, address and the number of people employed; and  (b) the Requirements that will be subcontracted. | **“Subcontractors” Attachment 5**  Tick if attached   |

### CONFLICTS OF INTEREST

|  |  |
| --- | --- |
| Will any actual or potential conflict of interest in the performance of your obligations under the Contract exist if you are awarded the Contract, or are any such conflicts of interest likely to arise during the Contract? | Yes / No |
| If Yes, please supply in an attachment details of any actual or potential conflict of interest and the way in which any conflict will be dealt with and label it “Conflicts of Interest”. | **“Conflicts of Interest” Attachment 6**  Tick if attached if attached  |

### FINANCIAL POSITION

|  |  |
| --- | --- |
| Are you presently able to pay all your debts in full as and when they fall due? | Yes / No |
| Are you currently engaged in litigation as a result of which you may be liable for $50,000 or more? | Yes / No |
| If you are awarded the Contract, will you be able to fulfill the Requirements from your own resources or from resources readily available to you and remain able to pay all of your debts in full as and when they fall due? | Yes / No |

### INSURANCE COVERAGE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The insurance requirements for this Request are stipulated in the General Conditions. Respondents are to supply evidence of their insurance coverage in a format as outlined below or in an attachment labeled “Insurance Coverage”. A copy of the Certificate of Currency is to be provided to the Principal with this Response. | | | | **“Insurance Coverage” Attachment 7**  Tick if attached  | |
| **Type** | **Insurer – Broker** | **Policy Number** | **Value (Aust$)** | | **Expiry Date** |
| Public Liability |  |  |  | |  |
| Professional  Indemnity |  |  |  | |  |
| Workers Compensation/ Personal Accident |  |  |  | |  |

## SELECTION CRITERIA

### COMPLIANCE CRITERIA

Please select with a “Yes”/”No” whether you have complied with the following compliance criteria:

|  |  |
| --- | --- |
| **Description of Compliance Criteria** |  |
| (a) Compliance with the Specification contained in the Request. | Yes / No |
| (b) Compliance with the Conditions of Responding contained in this Request. | Yes / No |
| (c) Compliance with all necessary Licences and Registrations. | Yes / No |
| (d) Compliance with attendance at any mandatory briefing or site inspection. | Yes / No |
| (e) Compliance with the Quality Assurance requirement for this Request. | Yes / No |
| (f) Compliance with the Delivery Date. | Yes / No |
| (g) Compliance with and completion of the Price Schedule. | Yes / No |

### QUALITATIVE CRITERIA

Before responding to the following qualitative criteria, Respondents must note the following:

• All information relevant to your answers to each criterion are to be contained within your response;

• Respondents are to assume that the Evaluation Panel has no previous knowledge of your organisation, its activities or experience;

• Respondents are to provide full details for any claims, statements or examples used to address the qualitative criteria; and

• Respondents are to address each issue outlined within a qualitative criterion.

|  |  |
| --- | --- |
| **A) Relevant Experience**  Describe your experience in completing /supplying similar Requirements. Respondents must, as a minimum, address the following information in an attachment and label it **“Relevant Experience”**:  (a) Provide details of similar work;  (b) Provide the scope of the Respondent’s involvement including details of outcomes;  (c) Provide details of issues that arose during the project and how these were managed by the Respondent;  (d) Demonstrate sound judgement and discretion; and  (e) Demonstrate competency and proven track record of achieving outcomes. | **Weighting**  **30%** |
| **“Relevant Experience” Attachment 8**  Tick if attached |

|  |  |
| --- | --- |
| **B) Key Personnel skills and experience**  Respondents should provide as a minimum information of proposed personnel to be allocated to this project, such as:  (a) Their role in the performance of the Contract;  (b) Current curriculum vitae;  (c) Membership to any professional or business association;  (d) Qualifications, with particular emphasis on experience of personnel in projects of a similar requirement; and  (e) Any additional information.  Supply details in an attachment and label it **“Key Personnel”**. | **Weighting**  **30%** |
| **“Key Personnel” Attachment 9**  Tick if attached |

|  |  |
| --- | --- |
| **C) Respondent’s Resources**  Respondents should demonstrate their ability to supply and sustain the necessary:  (a) Documentation and other support materials; and  (b) Any contingency measures or back up of resources including personnel (where applicable).  As a minimum, Respondents should provide a current commitment schedule and plant/equipment schedule in an attachment and label it **“Respondent’s Resources”**. | **Weighting**  **10%** |
| **“Respondent’s**  **Resources” Attachment 10**  Tick if attached |

|  |  |
| --- | --- |
| **D) Demonstrated Understanding**  Respondents should detail the process they intend to use to achieve the Requirements of the Specification. Areas that you may wish to cover include:  (a) A project schedule/timeline (where applicable); (b) The process for the delivery of the services;  (c) A demonstrated understanding of the scope of work.  Supply details and provide an outline of your proposed methodology in an attachment labeled “Demonstrated Understanding”. | **Weighting**  **30%** |
| **“Demonstrated Understanding”**  **Attachment 11**  Tick if attached |

## PRICE INFORMATION

Respondents **must** complete the following “Price Schedule”. Before completing the Price Schedule, Respondents should ensure they have read this entire Request for Quotation.

### PRICE BASIS

|  |  |
| --- | --- |
| Are you prepared to offer a fixed price? | Yes / No |

### PRICE SCHEDULE

**LUMP SUM - SERVICES**

A schedule of services and prices is to be provided generally in accordance with the example below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service Description** | **Unit** | **Price Offered**  **(ex GST)** | **GST Component** | **Price Offered**  **(inc GST)** |
| **(a) Position** |  |  |  |  |
| Consultant | Per hour |  |  |  |
| Administration | Per hour |  |  |  |
| Cartographer | Per hour |  |  |  |
| **(b) Product** |  |  |  |  |
| Meetings/Presentations | Per meeting/presentation |  |  |  |
| Maps/Plans | Per map/plan |  |  |  |
| Data collection | Per data source |  |  |  |
| Community Consultant (e.g venue hire, equipment etc) |  |  |  |  |
| Draft and final strategy | Per report |  |  |  |
| **(c) Stage** |  |  |  |  |
| Stage 1 - Project Inputs | Per stage |  |  |  |
| Stage 2 - Project Inputs | Per stage |  |  |  |