DISTRICT COUNCIL OF STREAKY BAY

Request for Tender for

|  |
| --- |
| Cleaning Services  RFT No: 24 004 |

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# Section E – Form of Tender & Schedules

**Instructions to Respondents**

These forms have been designed to collect information needed to evaluate Tenders in accordance with the criteria stated in clause 11.11.1 - Section B – Tender Conditions.

1. Use these forms to provide information that demonstrates your compliance to those criteria.
2. All forms must be completed.
3. All information as set out in the forms must be provided.
4. Schedule 1 must be signed in the appropriate signature block.
5. Do not mark a form ‘Not applicable’ nor leave a form blank.
6. If the information required on a form is provided elsewhere in your Tender, then please provide a reference as to the location of the information on the relevant form.
7. If you are providing information that does not meet specified requirements, then you will need to indicate how you intend to meet those requirements.
8. If in doubt regarding use of any form or information required, then please contact the Nominated Contact Person in accordance with clause 2.2.3 - Section B – Tender Conditions.

# Schedule 1 – Tender Form - Formal Offer

I, having read, understood, and fully informed myself of the contents, requirements and obligations of the Request for Tender, do hereby Tender to provide and complete the Services described in the Specifications, as per RFT, in accordance with the Agreement for the amounts set out in the Tender Return Schedules attached.

The Respondent:

1. is subject to the terms and conditions set out in the Conditions of Tender;
2. irrevocably offers to perform the Services on the terms of the Agreement and the Specifications, as per RFT, which form part of the Tender Documents subject only to the variations set out in Schedule **15**;
3. confirms that this Tender has been prepared without any consultation, communication, agreement, or other arrangement with any competitor regarding:
   1. prices or methods, factors or formulae used to calculate prices;
   2. the intention or decision to submit a Tender, or the terms of the Tender;
   3. the submission of a Non-Conforming Tender; and
   4. the quality, quantity, specifications, or particulars of the Services; and
   5. holds this offer open and capable of acceptance by the Council for a period of 90 days from the closing date.
4. Has sufficient resources to provide the Services required in the context of any other current and anticipated work commitments.
5. Confirms that its Tender considers conditions such as a pandemic which is declared by a Government Agency and measures are implemented by the Government Agency to address the pandemic, and the Tenderer has had regard to the knowledge of existence and impact of the Existing Conditions when entering into this RFT and
6. Confirms that any Addendums provided with this Tender have been reviewed and included in the Response.

The undersigned undertakes that if selected as the successful Respondent, I will execute and be bound by the Agreement in accordance with the Conditions of Tender.

|  |  |
| --- | --- |
| **Authorised Person Signature:** |  |
| **Authorised Person Name:** |  |
| **Authorised Title/Position:** |  |
| **Name of Organisation:** |  |
| **Date:** |  |

# Schedule 2 – Respondent’s Details

|  |  |
| --- | --- |
| **Name of Respondent** | |
| Entity Name (as listed on ABR and ASIC): **(mandatory)** |  |
| State in full the name(s) of the person(s) listed in any Trust(s) or Partnership(s) |  |
| State in full the registered business name(s) of the company(s) |  |
| State in full the trading name(s) of the business |  |
| Australian Company Name (ACN): |  |
| Australian Business Name (ABN): |  |
| Registered Address: |  |
| Postal Address: |  |
| Telephone: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Contact Person** *Nominate a contact person for this Tender to deal with any questions or queries that may arise* | |
| Name: |  |
| Position: |  |
| Telephone (mobile): |  |
| Email: |  |

Should the Request for Tender provided be successful, the Agreement will be executed in accordance with the following:

|  |
| --- |
| Director/Company Secretary (Sec 127 Corp Act)  Name of Director/Company Secretary: insert name of director/company secretary  Email of Director/Company Secretary: insert email for director/company secretary  And  Name of Director/Company Secretary: insert name of director/company secretary  Email of Director/Company Secretary: insert email for director/company secretary  Sole Company Director & Sole Company Secretary (Sec 127 Corp Act)  Name of Sole Director/Company Secretary: insert name sole director/company secretary  Email of Sole Director/Company Secretary: insert email sole director/company secretary |

|  |  |
| --- | --- |
| **Contractors Representative** *Nominate the Contractor’s Representative for Execution of an Agreement* | |
| Name: |  |
| Position: |  |
| Telephone (mobile): |  |
| Email: |  |

# Schedule 3 – Certification

|  |
| --- |
| 1. **Licences**   **List details of any licences, accreditations, or membership to relevant Industry Peak Body, currently held by the Respondent that would be required or relevant to undertake to provide the Services of this Tender. Respondents must provide copies of all relevant licences for all stages engaged under the Agreement in your response.** |
|  |
| **(please tick √ *where applicable*)** |
| **Certificate of Competency**  WorkZone Traffic Management  Confined Space  Working at Heights  Certificate of Competency & White Card |
| **Others (please specify)**  DHS Working with Children Check – Certificates must be provided prior to award  Details:  National Police Check DRAFTING  Details:  National Heavy Vehicle Accreditation (applicable for all vehicles over 4.5 GVM) – Provide Accreditation Certificate or procedure.  Details: e.g. Mass and Dimension Management, Fatigue Management, Speed Compliance, Loading and Load Restraint and/or Maintenance and Vehicle Standards |

**Please include and attach any other relevant licences or accreditations you may have.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Insurance**   Respondents **must** provide copies of Certificate of Currency documentation with their response.  **PLEASE NOTE: Certificate of Currency documents MUST be in the name of the Entity Name listed on the ABN.** | | | | | |
| **Insurance type** | **Policy no** | **Extent of cover** | | **Expiry date** | **Name of insurer** |
|  |  | **Per incident**  **$A** | **In aggregate**  **$A** |  |  |
| Public and products liability (min $20 million) per occurrence |  |  |  |  |  |
| Professional indemnity (min insert $ eg $5 million if applicable) |  |  |  |  |  |
| Contents |  |  |  |  |  |
| Vehicles plant  & equipment |  |  |  |  |  |
| Directors and officers (if applicable) |  |  |  |  |  |
| Return to Work SA Registration No |  |  |  |  |  |
| Return to Work SA Registration expiry Date |  |  |  |  |  |
| OR |  |  |  |  |  |
| Personal Accident/Injury Insurance (sole Trader) |  |  |  |  |  |

# Schedule 4 – Work Health & Safety and Risk Management

Respondents shall complete the following Work Health and Safety (WHS) Questionnaire. The intent of the questionnaire is to assess the Respondent’s capability to meet the Principal’s WHS requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Detail** | **Yes** | **No** |
| **1** | **WHS Policy and Management System** |  |  |
| 1.1 | Is there a written company WHS Policy?  If yes, please attach a brief outline of the WHS Policy.  Please ensure that the WHS Policy identifies its compliance to legal obligations under the Work Health and Safety Act 2012, is signed, dated, and includes a review date. |  |  |
| 1.2 | Do you have a WHS Management System in place?  If no, you will need to ensure you have appropriate safety systems in place to manage the Health and Safety of employees and members of the public, in line with the WHS Act and Regulations 2012. Please provide further details in the form of an index or extract of your system.  If yes, and it has been accredited, please attach a copy of the accreditation certificate.  If yes, and it is not accredited, please provide further details, and answer the following questions below. |  |  |
| 1.3 | Has the respondent identified any WHS risks in the provision of the services and if so, determined measures to ensure so far as is reasonably practicable, the health and safety of personnel involved in the provision of the services? |  |  |
| 1.4 | Has the respondent made personnel aware of their WHS obligations and WHS risks in the provision of the services? |  |  |
| **2** | **Safe Work Practices/Written Procedures** |  |  |
| 2.1 | Has the company prepared Safe Operating Procedures (SOP)/Safe Work Procedures (SWP) specific to its operations? |  |  |
| 2.2 | Has the company prepared Safe Work Method Statements (SWMS)/Job Safety Analysis (JSA) or Task Risk Assessment (TSA) specific to its operations?  Please provide a copy.  Has the company captured COVID-19 pandemic within these documents? If yes, please provide a copy. If no, please provide reason why:  ………………………………………………………………………………. |  |  |
| 2.3 | Is there a documented incident investigation procedure? |  |  |
| 2.4 | Is there a procedure by which employees can report hazards at workplaces? |  |  |
| 2.6 | Does the company keep records of hazards, incidents, and lost time injuries? |  |  |
| **3** | **WHS Induction and Training** |  |  |
| 3.1 | Does the company have an induction and training program in place? |  |  |
| 3.2 | Are records maintained of all induction and training programs? |  |  |
| **4** | **WHS Inspections** |  |  |
| 4.1 | Are regular safety inspections undertaken at worksites? |  |  |
| **5** | **Has the respondent been investigated regarding a WHS incident and, if so, provide the circumstances of the incident and outcome of the investigation.** |  |  |
| **6** | **Has the respondent been convicted of a work health and safety offence and if so, what were the circumstances?** |  |  |
| **7** | **Has the company assessed its proposed subcontractors in relation to WHS compliance?** |  |  |

Please check this box to confirm you acknowledge your obligations as ‘principal contractor’ under Regulation 293 of the *Work Health and Safety Regulations 2012 (SA)*.

| **Injuries** | |
| --- | --- |
| Please provide details of any injuries and the outcome of any investigations or prosecutions | |
| **Detail of Injury** | **Outcome of any Investigation/Prosecution** |
|  |  |
|  |  |

**Please note**: Council is committed to ensuring the safety of all workers and visitors. This commitment extends to ensuring services acquired meet or exceed all safety requirements and will not, in normal use, pose any or unexpected risks.

**The successful Respondent will be required to undertake individual Inductions on site for each body of works to be undertaken.**

The successful Respondent must acknowledge that it will, when on any Council premises, comply with all reasonable directions of the Council, including but not limited to documented procedures relating to WHS, and any security requirements. This obligation extends to all procedures which are notified to the successful Respondent by the Council, or which might reasonably be inferred by the successful Respondent in all circumstances. The successful Respondent must comply with all requirements under statutory WHS legislations.

**Hazard Identification**

|  |  |
| --- | --- |
| **Hazard Identification** | |
| Asbestos / lead | Remote / isolated work |
| Chemical exposure | Restricted access |
| Compressed air / pressure / vacuum | Site access / security |
| Confined Space / hazardous atmosphere | Soil contamination |
| Demolition | Traffic / pedestrians |
| Diving | Underground / overhead services |
| Electrical | Uneven / slippery surfaces |
| Excavation / trenching | Untrained / unlicensed workers |
| Falling objects | UV exposure |
| Fire / explosion | Welding |
| Gas / fumes | Working at heights |
| Heat sources | Working on or near live electricity |
| Inclement weather | Working over a pit hole |
| Lack of first aid / emergency plan | **Other** (add to monitoring checklist)**:** |
| Lighting | |  | | --- | |  | |
| Manual handling / ergonomics |  |
| Noise |  |
| Open bodies of water |  |
| Others Working in the vicinity |  |
| Plant / equipment / machinery |  |
| Powered mobile plant |  |

|  |  |  |
| --- | --- | --- |
| **Controls or precautions in relation to this Agreement** | | |
| **Physical isolations** | **Plant & Equipment** | **Personal Protective Equipment** |
| Barricading | Elevating work platform | Clothing *(long sleeved shirt, trousers, overalls)* |
| Electrical | Forklift | Eye wear *(sunglasses, safety glasses, goggles, face shield)* |
| Gas | Ladder | Gloves *(safety, chemical, heavy duty, riggers)* |
| Hydraulic | Safety data sheet | Head wear *(broad brimmed hat, hard hat, welding helmet)* |
| Traffic | **Permits to Work:** | Hearing protection |
| Pneumatic | Confined space | High visibility vest or clothing |
| Water | Hot work | Respirator/mask |
| Other: | Working at heights | Safety boots |
|  | Other: | Safety harness |
|  |  | Spill containment kit |
|  |  | Wet weather gear |

# Schedule 5 – Environmental Management System and Quality Systems

|  |  |  |
| --- | --- | --- |
| 1. **Environmental Management System** | Yes | No |
| Do you hold current ISO 14001 Environmental Management (EMS) certification or an alternative Third Party Certification? |  |  |
| *If yes, please advise which Certification and provide a copy.* | | |
|  | | |
|  | | |

|  |
| --- |
| **If you hold the above third party certification, you have finished completing Schedule 6. If you do not hold third party certificate, please complete the following sections:** |

|  |
| --- |
| 1. **Environmental Management System** |
| * 1. Has the Respondent: * Considered any environmental risks in the provision of the Services; and * Identified practicable measures to remove or substantially mitigate these risks? |
| *If yes, please provide overview of mitigation strategy.* |
|  |
|  |
| * 1. Respondents are to provide details of their environmental management system and where possible, examples of: * Reports on environmental performance; * Incident reports including actions taken to address the incident and improvements to processes to reduce risk of occurring again; and * Environmental management plans established for other agreements. |
|  |
|  |

# Schedule 6 – Local Economic Benefit & Social Inclusion

In assessing responses, Council considers economic and social inclusion elements such as employment creation and training opportunities, specifically within the District Council of Streaky Bay.

In support of this commitment, Respondents are requested to provide evidence regarding where staff, subcontractors, equipment, and material supplies are sourced.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment** | | | | |
| The Council is seeking the numbers of labour hours your business will employ directly to deliver the Services from within the Council area, should you be successful. | | | | |
| **How many hours of labour will be used to perform the Services within your business?** | | **Number of Hours Assigned** | **Number of employment labour hours sourced from (e.g. town)**: | |
| e.g. 200 hours | | 150  50 | e.g. District Council of Streaky Bay  e.g. Adelaide | |
|  | |  |  | |
|  | |  |  | |
| **Subcontractors** | | | | |
| **Subcontractor’s name** | | **Number of Hours Assigned** | **Number of subcontractor labour hours sourced from (e.g. town):** | |
| e.g. 200 hours | | 150  50 | e.g. District Council of Streaky Bay  e.g. Adelaide | |
|  | |  |  | |
|  | |  |  | |
| **Supply Inputs (e.g. equipment, machinery, merchandise, products, food & beverage, supplies and raw materials)** | | | | |
| **Name of supplier and location (head office)** | **Location of product manufacturer for materials/equipment required to deliver the Services** | | | **Estimated $ value of materials/equipment** |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
| **Training / Social Inclusion** | | | | |
| Please provide details of traineeships, apprenticeships and support programs offered by your organisation to disadvantaged groups or vulnerable jobseekers such as long-term unemployed, people with disabilities, etc. | | | | |
|  | | | | |
|  | | | | |
| **Supplier Diversity** | | | | |
| Please provide details of employment by your organisation to Aboriginal and Torres Strait Islander people and businesses. | | | | |
|  | | | | |
|  | | | | |

# Schedule 7 – Referees

|  |  |  |  |
| --- | --- | --- | --- |
| **Referees** | | | |
| The Registrant is required to provide information on past agreements, including referees. Referees may be contacted regarding the provision of Services offered in the Registrant’s response. The Registrant must provide the information requested in the tables below for three (3) agreements for the provision of Services of a similar nature to those detailed in the Specifications undertaken in the last three (3) years or current. The Referees are **not** to be current employees of the Council or the Council itself. | | | |
| **Referee #1** |  | | |
| Client Name: |  | | |
| Address: |  | | |
| Contact Name & Position Title: |  | | |
| Telephone: |  | Email: |  |
| Period of Service Delivery: |  | Value of Services (ex GST) | $ |
| Relevance to Project Tendered: |  | | |
| **Referee #2** |  | | |
| Client Name: |  | | |
| Address: |  | | |
| Contact Name & Position Title: |  | | |
| Telephone: |  | Email: |  |
| Period of Service Delivery: |  | Value of Services (ex GST) | $ |
| Relevance to Project Tendered: |  | | |
| **Referee #3** |  | | |
| Client Name: |  | | |
| Address: |  | | |
| Contact Name & Position Title: |  | | |
| Telephone: |  | Email: |  |
| Period of Service Delivery: |  | Value of Services (ex GST) | $ |
| Relevance to Project Tendered: |  | | |
|  |  | | |

# 

# Schedule 8 – Organisation Structure, Facilities and Resources

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| --- |
| 1. **Organisation structure** |
| Provide details of the staff and the organisation structure proposed to be used for the performance of the Services. Details **must** include, but not be limited to, company and organisation structure, including size and location of office/s. |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Fair Work Act** | Yes | No |
| The Respondent confirms that staff are paid all statutory entitlements, are remunerated in line with the current awards or any other future relevant award (new, updated or amalgamated) and in accordance with the Fair Work Act 2009? |  |  |
| *If no, please provide brief details/reasons of why not* | | |
|  | | |
|  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Other details** (e.g. specific plant & equipment, vehicles) – Provide details | | | |
| Item | Make | Capacity/No | Part of Works to be Utilised for |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Proposed Subcontractors:** | | | |
| Provide details in the table below the proposed major sub-contractors or other representatives to be employed or engaged by the Respondent. The Respondent must specify and define the Services to be provided by sub-contractors.  **NOTE: Council reserves the right to reject any of the subcontractors listed by the Respondent in this schedule and request the name(s) of alternative subcontractors** | | | |
| **Subcontractors name and address** | **Services to be provided** | **Value of Services $** | **Relevant Experience in similar Services** |
|  |  |  |  |
|  |  |  |  |

Licences/insurance adequate and current for all listed subcontractors.

The Respondent must declare that all subcontractors have adequate licences and/or insurances, and that they have been signed to ensure they are current. Respondents must provide copies, if requested by the Council.

|  |
| --- |
| 1. **Contingency arrangements:** |
| Provide details of contingency arrangements should any of your facilities or sites required to facilitate the Services become unavailable in the short and long term or any key personnel resign or breakdown in critical plant and equipment. |
|  |
|  |

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| --- |
| 1. **Industrial Relations Record** |
| Provide a summary of the Respondent’s industrial relations record over the last three (3) years. |
|  |
|  |

|  |
| --- |
| 1. **Conflict of Interest** |
| Provide details of any interest, relationship or clients which may or do give rise to a conflict of interest and the issue about which that conflict or potential conflict does or may arise and how the disclosed conflict will be managed. |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Current agreements** | | | | |
| Provide details of current agreements in a local government, state government and/or private organisation environment including the range of Services provided, contact names and details for reference purposes.  **Note: The Council may contact all or any organisations during the evaluation process to confirm respondents claims.** | | | | |
| **Organisation** | **Project** | **Contact Name/Number** | **$’s** | **Completion Date** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Other Commitments** | | | | |
| Provide details of other work commitments expected to continue during the term of the Agreement.  **Note: The Council may contact all or any organisations during the evaluation process to confirm respondents claims.** | | | | |
| **Organisation** | **Project** | **Contact Name/Number** | **$’s** | **Completion Date** |
|  |  |  |  |  |
|  |  |  |  |  |

# Schedule 9 – Experience

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| --- |
| 1. **Past Performance** |
| * 1. For how many years has the Respondent engaged in the work required by the Agreement? |
|  |
|  |
| * 1. Has the Respondent had an appointment terminated on a project in the last (5) five years. If yes, please provide brief details. |
|  |
|  |
| * 1. Has the Respondent terminated on a project in the last (5) five years. If yes, please provide brief dates. |
|  |
|  |
| * 1. Has the Respondent refused to continue providing Services under an Agreement in the last (5) five years unless the terms or payments were changed from those which were originally agreed. If yes, please provide brief details. |
|  |
|  |
| * 1. For the last three (3) years, please provide details of any breaches and/or findings against your organisation in relation to, tax compliance, employment law, privacy legislation, other relevant legislation. |
|  |
|  |

# Schedule 10 – Implementation and Project Program

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| --- |
| 1. **Implementation Schedule** |
| Respondents must provide a brief plan that encompasses all activities as outlined under Section C – Specifications, including timelines for each activity. |
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|  |
|  |
|  |

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| --- |
| 1. **Project Programme** |
| Respondents must provide a comprehensive project programme that encompasses all activities required (including contingencies) and timelines for each activity from Agreement execution to the Agreement completion date (with the critical path clearly highlighted).  Programme to include working days and hours of work. |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Timeframe** | Yes | No |
| Services are required to be delivered/installed by Insert response below. Please confirm whether this timeframe is achievable? |  |  |
| *If no, please provide brief details.*  *(Provide details/reasons why the timeframe for the provision of the Services cannot be achieved and any alternative timeframe)* | | |
|  | | |
|  | | |

# Schedule 11 – Value Added Services and Improvement & Innovation

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| --- |
| 1. **Value added services** |
| Provide details of any other benefits you can offer to improve the level of service or value of your Tender. |
|  |
|  |

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| --- |
| 1. **Improvement and innovation** |
| Respondents are encouraged to detail suggestions and/or alternate proposals that are innovative and offer increased benefits to the Council. Below are some suggested categories:   * Cost Savings (must be stated in $ terms); * Improvements to Work Health and Safety; * Improved Quality; * Reduction in Environmental Impacts; * Improved Customer Service; * Reduction of Inconvenience to the Public; * Reduction of Risk.   Respondents are also encouraged to suggest other categories.  **NOTE:** Cost Savings offers may be considered as alternatives when finalising the contracted price. |
|  |
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|  |

# Schedule 12 – Warranty

In addition to any defect’s liability period stated in the Draft Conditions of Agreement, Respondents must detail below any extended warranty/s offered, including any conditions and/or exclusions.

|  |  |  |
| --- | --- | --- |
| **Warranty/s** | Yes | No |
| Please indicate if there are any warranties, including any conditions and/or exclusions **outside** of the standard twelve (12) month warranty? |  |  |
| *If yes, please provide brief details.*  *(Provide evidence of any warranties)* | | |
|  | | |
|  | | |
|  | | |
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# Schedule 13 – Risk Plan

The Risk Plan outlines anticipated risks of the project and allocation between parties involved in the project. The Risk Plan is useful for building strong relationships between Council and its Contractors by ensuring that expectations and roles are clear upfront.

Respondent is required to complete the table and provide comment. Consideration should be given, but not limited to, Emergency Management Directions, WHS, quality, design, construction, site conditions, environment, traffic management and community engagement.

Should any item have commercial implications, the proposal must estimate these costs and identify all mitigation measures available to manage these costs. Further, if alternative risk allocations would impact on pricing, Respondents should clearly identify those alternatives and their associated impact on pricing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Template Ref No** | **Key Risk Description** | **Responsible Party (Designer/Construction/Council)** | **Summary Risk Treatment Strategies/commercial costs** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

# Schedule 14 – Pricing

**RESPONDENTS MAY TENDER FOR ALL (OR PART) OF THE ITEMISED COMPONENTS BELOW**

**All prices must be listed exclusive of GST**

This pricing:

* Will not be subject to variation except where provided in the Conditions of Agreement.
* Must be inclusive of all administrative costs and associated overheads and conforms to the requirements of the Proposal.
* Will be used for the purpose of assessing progress claims and as the basis for negotiation of variations under the agreement.
* Must be in Australian Currency.
* Pricing that has not been included in the Tendered price may not be approved for payment by the Council without full justification, and final approval, at the discretion of the Council. It is therefore essential that all possible charges are listed within the fixed price below.

**PRICE SCHEDULE**

***C(A) 1-5; All items marked C(A) must be tendered for as one group***

***Ba; All items marked Ba must be tendered for as one group***

***All other items may be tendered for individually***

***If not tendering for an item please record in that item line “Not Tendered”***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **Unit** | **Item Total (ex GST)** |
| C (A) 1 | Principal Office | Week |  |
| C (A) 2 | Visitor Centre | Week |  |
| C (A) 3 | Infrastructure Depot | Week |  |
| C (A) 4 | Resource Recovery Centre | Week |  |
| C (A) 5 | Hall and Supper Room | Week |  |
| Ba | Youth Precinct | Week |  |
| Ba | Pioneer Park | Week |  |
| Ba | CBD | Week |  |
| Ba | Doctors Beach | Week |  |
| Ba | RV Park | Week |  |
| Ba | Moore’s Boat Ramp | Week |  |
| Ba | Whistling Rocks | Week |  |
| Bc | Tractor Beach Campground | Week |  |
| Bd | Perlubie Beach | Week |  |
| Be | Haslam Foreshore/Fees | Week |  |
| Bf | Baird Bay | Week |  |
| Bg | Baird Bay Campground/BBQ/Fees | Week |  |
| Bh | Sceales Bay Foreshore | Week |  |
| Bi | Wirrulla Chapman Terrace | Week |  |

**Tender Inclusions/Exclusions**

Respondent to provide details of all inclusions/exclusions in the tables below:

|  |
| --- |
| **Inclusions:** |

|  |
| --- |
| **Exclusions:** |

# Schedule 15 – Statement of Conformity

If the Respondent does not comply with all the requirements of the Tender Documents, the Respondent must list below all areas of non-conformity, partial conformity or alternative offer and the reasons therefore.

The Tender must be read to disregard and render void any area of the Tender which is non-conforming, partially conforming or an alternative offer except to the extent detailed in this Schedule.

If any non-compliance is determined to be unacceptable, the Tender may not be further considered.

NC = Non-conforming

PC = Partial conforming

AO = Alternate offer

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement of Conformity** | | Yes | No |
| * Does the Tender conform to the requirements of the Tender Documents? | |  |  |
| * Respondent to confirm any requested changes to the Draft Agreement provided as part of this Tender. | |  |  |
| **PLEASE NOTE:** Changes will **not** be considered to the Draft Agreement after the Tender period has concluded should your Tender be successful.  If your Tender does not conform, or you request changes to the Draft Agreement, please identify the areas of non-conformity/changes below: | | | |
| **Area/Clause/Schedule of non-conformity** | **Reason/Alternative Wording for Consideration by Council** | **NC/PC/AO** | |
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