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| PART – 6: RESPONSE SCHEDULES |
|  |
|  |
| Mowing, Whipper Snipping and Poisoning Services within Moura (Preferred Supplier Arrangement) |
| CONTRACT NO: T2526.13 |

| **Response Overview and Checklist** | | |
| --- | --- | --- |
| The Respondent is to attach this checklist and all of the documents and information stated in the table below, to its Response. Except where a Response Schedule provides otherwise, a Response which does not include this checklist and all of the information below may be treated as a Non-Conforming Response. | | |
| **Item** | **Included – Yes** | **Included – No** |
| **Tender Form** |  |  |
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# Tender Form

|  |  |  |
| --- | --- | --- |
| Contract: T2526.13 Mowing, Whipper Snipping and Poisoning Services within Moura (Preferred Supplier Arrangement) | | |
| [TENDERER TO INSERT CORRECT LEGAL ENTITY OF RESPONDENT] (Respondent): | | |
| * 1. submits a tender for selection as [INSERT 'COUNCIL'S PREFERRED SUPPLIER' OR 'A PRE-QUALIFIED SUPPLIER'] of [DESCRIBE WORKS, GOODS AND/OR SERVICES] in accordance with the Request for Tender, incorporating: | | * + - 1. the Request for Tender Parts 1 to 6; and       2. Addenda numbered [INSERT] to [INSERT] |
| * 1. acknowledges that it has read and understood the Request for Tender and in particular all of its obligations under, warranties given or to be given in, and representations made or to be made in, the Request for Tender or any part of it; | | |
| * 1. warrants and represents that all information provided by the Respondent in the Response is true and correct; and | | |
| * 1. acknowledges that this Response remains valid and open for acceptance until the end of the Response Validity Period. | | |
| Signed for and on behalf of the Respondent by the person identified below, who warrants by signing that they are duly authorised to sign for and on behalf of the Respondent: | | |
| Name: | [RESPONDENT TO INSERT NAME OF SIGNATORY] | |
| Position: | [RESPONDENT TO INSERT POSITION OF SIGNATORY] | |
| Signature: | [RESPONDENT TO SIGN] | |
| Date: | [RESPONDENT TO INSERT DATE] | |
| *Note: The Tender Form is to be signed by a person or persons having full authority to bind the Respondent for the purposes of the Response and evidence of such authority must be provided on request.* | | |
| ***Collection, use and disclosure of information***  *The Principal collects personal information and non-personal information in the Response so that it can properly conduct the procurement process and otherwise carry out its functions as a local government authority. The Principal is authorised to collect this information under the Local Government Act 2009 (Qld) and the Local Government Regulation 2012 (Qld). The information in the Respondent’s Response will be accessible by employees of the Principal and third-party personnel engaged to assist the Principal in conducting the procurement process or otherwise carrying out the functions of the Principal. Information in the Response may also be disclosed in accordance with the Procurement Process Conditions and as required by law, including the Local Government Regulation 2012 (Qld) and the Right to Information Act 2009 (Qld).* | | |

# Schedule A – Respondent’s Details, Conflict of Interest and Legal Matters

|  |  |  |
| --- | --- | --- |
| Schedule A1 – Respondent’s Details (All Respondents to complete) | | |
| Details of Respondent | Name of Respondent:  *Company or other legal entity name* |  |
| Trading name: |  |
| ABN: |  |
| ACN:  *Leave blank if the Respondent is not a company* |  |
| Details of Respondent’s representative during the Procurement Process | Name of Representative: |  |
| Office Number: |  |
| Mobile Number: |  |
| Email Address: |  |
| Postal Address: |  |

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| --- | --- | --- |
| Schedule A2 – Respondent’s Further Details (Not required for existing suppliers of the Principal) | | |
| Respondent’s office details | Head Office Address: |  |
| Local Branch Office Address: |  |
| Contact Person: |  |
| Telephone: |  |
| Email: |  |
| Respondent’s QBCC Licence details  *Leave blank if Respondent does not have a QBCC licence* | Contractor’s Licence No: |  |
| Licence Category (list all relevant): |  |
| Corporation details  *Leave blank if Respondent is not a company* | Full name of each director: |  |
| Name of Parent Company (if any): |  |
| Names of other Related Bodies Corporate, as defined in the *Corporations Act 2001* (Cth) (if any): |  |
| Partnership details  *Leave blank if Respondent is not a partnership* | Full name of each partner: |  |
| Trust Details  *Leave blank if Respondent providing its Response in its capacity as a trustee* | Name of Trust: |  |
| Names and addresses of all of beneficiaries: |  |
| Bank account into which payments are to be made | Bank: |  |
| Name of Account: |  |
| BSB: |  |
| Account Number: |  |

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| --- | --- |
| Schedule A3 – Conflict of Interest | |
| **Item** | **Yes or No** |
| * 1. The Respondent acknowledges and understands that: * an **actual** conflict of interest exists where the Respondent has an interest or relationship which will conflict with the Respondent’s obligations to the Principal in connection with this Response; * a **potential** conflict of interest exists where the Respondent has an interest or relationship which could in the future conflict with the Respondent’s obligations to the Principal in connection with this Response; and * a **perceived** conflict of interest exists where it may appear to a third party that the Respondent has an interest or relationship which conflicts with the Respondent’s obligations to the Principal in connection with this Response (even if the Respondent considers that no actual conflict exists). | Yes  No |
| * 1. Will any actual or potential conflict of interest in the performance of the Respondent’s obligations exist if the Respondent’s Response is successful, or are any such conflicts of interest likely to arise during the life of the Contract?   If yes, provide details of the conflict of interest and the way in which the Respondent proposes to manage it below: | Yes  No |
|  | |

|  |  |  |
| --- | --- | --- |
| Schedule A4 – Legal Matters | | |
| Please provide details of any significant outstanding legal matters affecting the Respondent or any significant legal disputes involving the Respondent settled or determined in the last three (3) years. | | |
| **Nature of legal matter** | **Status of legal matter** | **Date resolved (if resolved)** |
|  |  |  |
|  |  |  |
| ***Note:*** *This is a mandatory schedule. If there are no legal matters to note please indicate “Not Applicable”.* | | |

|  |  |
| --- | --- |
| Schedule A5 – Privacy and Data Management | |
| Please provide details of any documented privacy and data management policies and procedures. | |
| **Item** | **Yes or No** |
| Will the Respondent collect, receive or have access any personal information, in any way, on behalf of Council, for the purposes of this Contract? | Yes  No |
| Does the Respondent have a current Privacy Policy? | Yes  No |
| Does the Respondent have any documented data security measures? E.g. Compliance with Information Security Management ISO 27001 or an Information Security Policy. | Yes  No |
| Does the Respondent have a documented procedure for handling privacy complaints? | Yes  No |
| Does the Respondent have a documented procedure for responding to data breaches? | Yes  No |
| If the Respondent will collect, receive or have access to personal information on behalf of Council for the purposes of this Contract, and the Respondent does not have any documented Privacy and Data Brech Response Policies and/or Procedures, the Respondent acknowledges that they must comply with Council’s Privacy Policy, Privacy Procedure and Data Breach Response Policy. | Yes  No |

# Schedule B – Solvency and Financial Details

|  |  |
| --- | --- |
| Schedule B1 – Solvency of Respondent | |
| **Item** | **Yes or No** |
| * 1. Is the Respondent currently, or has the Respondent at any time in the last 5 years been, unable to pay its debts as and when they become due and payable? | Yes  No |
| * 1. Is a liquidator or provisional liquidator currently appointed in respect of the Respondent or has one been appointed in respect of the Respondent in the last 5 years? | Yes  No |
| * 1. Is, or at any time in the last 5 years has, a controller*,* manager, trustee, receiver, receiver and manager, administrator or similar officer been appointed to the Respondent or any asset of the Respondent? | Yes  No |
| * 1. In the last 5 years, has any application (not being an application stayed, withdrawn or dismissed within 14 days) been made to a court for an order, or has an order been made, a meeting convened or a resolution passed, for the purpose of:      + 1. appointing a person referred to in paragraphs 2 or 3;        2. winding up or de-registering a party; or        3. proposing or implementing a scheme of arrangement. | Yes  No |
| * 1. In the last 5 years has any application (not being an application stayed, withdrawn or dismissed within 14 days) been made to a court for an order, or has an order been made, a meeting is convened, a resolution is passed or any negotiations commenced, for the purpose of implementing or agreeing:      + 1. a moratorium of debts of any party;        2. any other assignment, composition or arrangement (formal or informal) with a party’s creditors;        3. any similar proceeding or arrangement by which the assets of a party are subjected conditionally or unconditionally to the control of that party’s creditors or a trustee; or        4. any agreement or other arrangement of the type referred to in this paragraph 5 been ordered, declared or agreed. | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| Schedule B2 – Financial Details of Respondent | | | |
| Provide EITHER the details below OR a letter signed by a certified practising accountant which:   * is dated no earlier than 7 days prior to the date on which the Response is submitted; * states that the Respondent has the financial capacity to meet the cashflow requirements of the project; and * states the Respondent’s financial ‘current ratio’.   The Respondent must verify the responses noted in this Schedule or the information in the accountant’s letter by providing further supporting documentation if and when requested by the Principal. | | | |
| **Item** | **Last 3 financial years ending 30 June (with Year 1 being the most recent financial year)** | | |
| Year 1 | Year 2 | Year 3 |
| * 1. Turnover (revenue) including contract receipts |  |  |  |
| * 1. Total expenses (excluding depreciation) |  |  |  |
| * 1. Depreciation |  |  |  |
| * 1. Profit before tax (item 1 minus items 2-3) |  |  |  |
| * 1. Current – Cash |  |  |  |
| * 1. Current assets – Trade debtors |  |  |  |
| * 1. Current assets – Inventory |  |  |  |
| * 1. Current assets – Other |  |  |  |
| * 1. Total current assets (items 5-8) |  |  |  |
| * 1. Current liabilities – Trade creditors |  |  |  |
| * 1. Current liabilities – Employee entitlements |  |  |  |
| * 1. Current liabilities – Tax |  |  |  |
| * 1. Current liabilities – Other |  |  |  |
| * 1. Total current liabilities (items 10-13) |  |  |  |
| * 1. Working capital (item 9 minus item 14) |  |  |  |
| * 1. Non-current assets – Property, plant and equipment |  |  |  |
| * 1. Non-current assets – Other |  |  |  |
| * 1. Total non-current assets (items 16-17) |  |  |  |
| * 1. Non-current liabilities – Borrowings |  |  |  |
| * 1. Non-current liabilities – Provisions |  |  |  |
| * 1. Non-current liabilities – Other |  |  |  |
| * 1. Total non-current liabilities (items 19-21) |  |  |  |
| * 1. Net assets (item 15 plus item 18 minus item 22) |  |  |  |

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# Schedule C – Insurances

|  |  |
| --- | --- |
| Schedule C1 – Insurances | |
| The Respondent is to provide the details of its insurances below. The Respondent must verify the responses noted in this Schedule by providing certificates of currency if and when requested by the Principal. | |
| **Workers Compensation** | |
| Policy Number: |  |
| Expiry Date: |  |
| **Public and Product Liability** | |
| Insurance Company: |  |
| Policy Number: |  |
| Expiry Date: |  |
| Indemnified amount for any one occurrence: |  |
| Any Limit of Indemnity: |  |
| **Professional Indemnity** | |
| Insurance Company: |  |
| Policy Number: |  |
| Expiry Date: |  |
| Indemnified amount for any one occurrence: |  |
| Any Limit of Indemnity: |  |

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| Schedule C2 – Additional Insurances | |
| The Respondent must verify the responses noted in this Schedule by providing certificates of currency if and when requested by the Principal. The Respondent holds the following insurances: | |
| **Item** | **Yes or No** |
| Third party and comprehensive motor vehicle insurance for each vehicle which the Respondent intends to use in performing its obligations under the Contract | Yes  No |
| Plant and equipment insurance for each item of plant which the Respondent intends to use in performing its obligations under the Contract, to the full replacement value of the plant | Yes  No |

# Schedule D – Business Profile (Local, Employment and Environmental)

|  |  |  |
| --- | --- | --- |
| Schedule D1 – Local Content | | |
| The Respondent must, if and when requested to do so by the Principal, verify the responses noted in this Schedule by providing copies of relevant policies, procedures or other documentary evidence. | | |
| **Item** | | **Yes or No** |
| * 1. Does the Respondent have a place of business located within the Principal’s local government area? | | Yes  No |
| * 1. If yes, is the premises the Respondent’s principal place of business? | | Yes  No |
| * 1. If the Respondent has answered yes to Question 1, provide the details below: | | |
| * Address: |  | |
| * Is the premises permanent or temporary? |  | |
| * How many full-time equivalent employees are permanently based at the premises? |  | |
| * What activities are undertaken at the premises |  | |
| * 1. Outline any initiatives which the Respondent currently implements, or proposes to implement if the Respondent’s Response is successful, to support the development of competitive local business and industry within the Principal’s local government area: | | |
|  | | |
| * 1. Outline any initiatives which the Respondent currently implements, or proposes to implement if the Respondent’s Response is successful, to support the local community within the Principal’s local government area: | | |
|  | | |
| * 1. Outline the Respondent’s understanding of the Principal’s local government area generally and the operations of the Principal (as relevant to this Response): | | |
|  | | |
| *Note: in assessing the Respondent’s responses provided under this Schedule, the Principal may also take into account the extent to which the subcontractors, suppliers and consultants identified in Schedule F2* – Subcontractors, Suppliers and Consultants *are local suppliers within the meaning of the Principal’s procurement policy.* | | |

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| Schedule D2 – Employment |
| The Respondent must, if and when requested to do so by the Principal, verify the responses noted in this Schedule by providing copies of relevant policies, procedures or other documentary evidence |
| * 1. Provide details of any existing policies, initiatives or programs which the Respondent has to support equality, inclusion and diversity in the Respondent’s workplace(s) (if any) such as indigenous employment, gender equality, disability employment, anti-discrimination. |
|  |
| * 1. Provide details of any existing policies, initiatives or programs to support traineeships, scholarships or apprenticeships: |
|  |
| * 1. Provide details of any existing policies, initiatives or programs to support worker wellbeing (such as policies addressing bullying, harassment, mental health, domestic violence, whistleblower protection, return to work) |
|  |
| * 1. Provide details of any policies, initiatives or programs to address modern slavery within the Respondent’s supply chain. |
|  |

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| Schedule D3 – Environmental |
| The Respondent must, if and when requested to do so by the Principal, verify the responses noted in this Schedule by providing copies of relevant policies, procedures or other documentary evidence |
| * 1. Provide details of any existing policies, initiatives or programs (if any) that demonstrate the Respondent’s commitment to environmental sustainability and waste reduction (including how the Respondent integrates consideration of environmental factors into the Respondent’s operational activities): |
|  |
| * 1. Describe the training (if any) that the Respondent provides to its employees to ensure they are aware of, and committed to environmental awareness, sustainable practices and waste reduction. |
|  |
| * 1. Outline any specific sustainable items or practices that will be utilised in relation to the delivery of the goods and/or services contemplated in the Request for Tender that have not already been addressed under Question 1. |
|  |
| *Note: in assessing the Respondent’s responses provided under this Schedule, the Principal may also take into account the Respondent’s Responses in Schedule G2 – Environmental Management.* |

# Schedule E – Experience and Capability of Respondent

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Schedule E1 – Similar Engagements Currently Underway | | | | |
| Provide details of the provision of goods and/or services similar to those identified in the Scope currently underway by the Respondent: | | | | |
| **Project Name** | **Scope Performed Relevant to this Contract** | **Amount of Contract ($AUD)** | **Start Date** | **Anticipated Completion Date** |
|  |  | $ |  |  |
|  |  | $ |  |  |
|  |  | $ |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Schedule E2 – Past Similar Engagements | | | |
| Provide details of the provision of goods and/or services similar to those identified in the Scope by the Respondent in the last 5 years: | | | |
| **Project Name** | **Scope Performed Relevant to this Contract** | **Amount of Contract ($AUD)** | **Client Name and Contact Details** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

|  |
| --- |
| Schedule E3 – Resources |
| Provide details of plant, equipment and materials which it will use in performing its obligations under the Contract. List contingency measures/back up of resources for plant, equipment and materials. |
|  |

# Schedule F – Experience and Capability of Respondent’s Key Personnel, Subcontractors, Suppliers and Consultants

|  |  |  |  |
| --- | --- | --- | --- |
| Schedule F1 – Key Personnel | | | |
| For all Key Personnel to be involved in this Contract, provide the following information and a one page curriculum vitae which lists previous projects, role undertaken, qualifications/certifications held, and memberships of any professional or business associations.  *(insert additional rows if required)* | | | |
| **Role/functions** | **Name** | **Detail experience and capability of performance of similar scope** | **Curriculum vitae attached**  **Tick if attached:** |
| Supplier’s Representative: |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  |  |  | Yes  No |
|  | | | |

|  |  |  |
| --- | --- | --- |
| Schedule F2 – Subcontractors, Suppliers and Consultants | | |
| The Respondent is to complete the following to describe those parts of the Scope that the Respondent proposes to subcontract.  *(Include additional sheets if there is insufficient space provided)* | | |
| **Part of Scope** | **Name and address of Subcontractor, Supplier or Consultant** | **Relevant Experience** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| \* This information will be taken into account in assessing the Respondent’s responses under Schedule D1 – Local Content. | | |

# Schedule G – Management Systems

| Schedule G1 – Work Health and Safety | |
| --- | --- |
| **Schedule G1.1 – Work Health and Safety Systems** | |
| The Respondent must, if and when requested to do so by the Principal, verify the responses noted in this Schedule by providing copies of relevant policies, procedures, certificates etc. that provides evidence of its ability and capacity to effectively manage its WHS responsibilities for the Contract. | |
| **Item** | **Yes or No** |
| * 1. Does the Respondent have third party certification for work health and safety, e.g. to AS/NZS 4801, ISO45001:2018 or other?   If yes, state third party certifier and certificate number: | Yes  No |
| * 1. Does the Respondent have a random drug and alcohol Policy? | Yes  No |
| **IF RESPONDENT HAS ANSWERED 'YES' TO QUESTIONS 1 AND 2, RESPONDENT IS NOT REQUIRED TO COMPLETE QUESTIONS 3 TO 9.** | |
| * 1. Does the Respondent have an internal work health and safety management system or plan (**not** third party certified)? | Yes  No |
| * 1. Does the Respondent have documented safe work methods statements (SWMS) and other procedures for all identified high-risk work? | Yes  No |
| * 1. Does the Respondent have appropriate systems and/or documented procedures for reporting of incidents and hazards? | Yes  No |
| * 1. Is there a person appointed to look after health and safety in the workplace?   If yes, state the person’s name and position: | Yes  No |
| * 1. Are all employees aware of their obligations for personal protective equipment (PPE)? | Yes  No |
| * 1. Does the Respondent have current and appropriate qualifications, licences to undertake each task? | Yes  No |
| * 1. Does the Respondent undertake appropriate on site induction and training relevant to each task? | Yes  No |
| * 1. Does the Respondent have a fatigue management plan for drivers of heavily vehicles? | Yes  No |

| **Schedule G1.2 – Workplace Health and Safety Record** | **Yes or No** |
| --- | --- |
| * 1. Has the Respondent been issued any improvement, infringement or prohibition notices by any workplace health and safety regulator in the past two years? | Yes  No |
| * 1. Has the Respondent been prosecuted by any workplace health and safety regulator in the past 5 years. | Yes  No |
| * 1. Have any of the directors or partners of the Respondent or the Key Personnel listed in Schedule F1 been prosecuted by any workplace health and safety regulator in the past 5 years. | Yes  No |
| * 1. Is the Respondent currently the subject of an investigation by any workplace health and safety regulator as a result of the occurrence of a notifiable incident or has the Respondent been investigated by any workplace health and safety regulator in the past 5 years? | Yes  No |
| * 1. Are any of the directors or partners of the Respondent or the Key Personnel listed in Schedule F1 currently the subject of an investigation by any workplace health and safety regulator as a result of the occurrence of a notifiable incident or have any of them been investigated by any workplace health and safety regulator in the past 5 years? | Yes  No |
| * 1. In the last five years, have any fatalities occurred on a site where the Respondent was the head contractor? | Yes  No |

|  |  |
| --- | --- |
| Schedule G2 – Environmental Management | |
| The Respondent must, if and when requested to do so by the Principal, verify the responses noted in this Schedule including by providing documentary evidence of the Respondent’s environmental management system. | |
| **Item** | **Yes or No** |
| * 1. Has the Respondent been third party certified for environmental management systems e.g. ISO 14000 series or other?   If yes, state third party certifier and certificate number: | Yes  No |
| * 1. Does the Respondent have an internal environmental management system? | Yes  No |
| * 1. Is the Respondent aware of the relevant provisions within the Principal’s environmental policy and will commit to the requirements of the environmental policy? | Yes  No |
| * 1. Is the Respondent aware of the environmental & cultural heritage protection requirements relevant to this project? | Yes  No |
| * 1. Is the Respondent aware of the biosecurity requirements relevant to this project? | Yes  No |
| * 1. Has the Respondent been issued any Penalty Infringement Notice or other fine relating to an environment or heritage matter in the last 2 years? | Yes  No |
| * 1. Has the Respondent been prosecuted by the Environmental Protection Agency or any other government regulator of environmental or heritage matters in the last 5 years? | Yes  No |
| * 1. Have any of the directors or partners of the Respondent or the Key Personnel listed in Schedule F1 been prosecuted by the Environmental Protection Agency or any other government regulator of environmental or heritage matters in the last 5 years? | Yes  No |
| * 1. Is the Respondent currently the subject of an investigation by an investigation by the Environmental Protection Agency or any other government regulator of environmental or heritage matters as a result of the occurrence of a notifiable incident or has the Respondent been investigated by any workplace an investigation by the Environmental Protection Agency or any other government regulator of environmental or heritage matters in the past 5 years? | Yes  No |

| Schedule G3 – Quality Management | |
| --- | --- |
| The Respondent must, if and when requested to do so by the Principal, verify the responses noted in this Schedule by providing copies of relevant quality policies, procedures, certificates etc. that evidence its ability to meet the quality requirements of the Contract. | |
| **Item** | **Yes or No** |
| * 1. Does the Respondent have third party certification for Quality, e.g. to ISO 9001 series or other?   If yes, state third party certifier and certificate number: | Yes  No |
| **IF RESPONDENT HAS ANSWERED 'YES' TO QUESTION 1, RESPONDENT IS NOT REQUIRED TO COMPLETE QUESTIONS 2 TO 6.** | |
| * 1. Does the Respondent have an internal quality system or plan (**not** third party certified)? | Yes  No |
| * 1. Does the Respondent have a quality policy? | Yes  No |
| * 1. Does the Respondent have documented quality procedures? | Yes  No |
| * 1. Are records of inspection, test and other quality assurance or quality control activities maintained and quality records kept for each specific project? | Yes  No |
| * 1. Does the Respondent undertake internal quality audits on a project or contract specific basis? | Yes  No |

# Schedule H – Methodology

|  |
| --- |
| Schedule H1 – Methodology |
| Provide a statement of the Respondent’s proposed arrangements, procedures and methodologies for carrying out the Scope. In doing so, this statement is to address the following points:   * 1. a brief overview of the methodology proposed by the Respondent for the execution of the Scope;   2. an understanding of the project objectives and deliverables;   3. how it will identify potential problems that may arise during performance of the Scope;   4. how it will overcome any such problems. Provide potential solutions to those problems;   5. identify project risks and strategies for management and mitigation of these risks;   6. provide a summary of any cost saving initiatives or opportunities that it has identified or recommends; and   7. provide a summary of innovative procedures or any other innovation that it recommends or offers during the course of performance of the Scope; |
|  |

# Schedule I – Pricing

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| --- |
| Schedule I1 – Pricing |
| This Schedule is attached separately and is to be completed and returned in **Excel format** with the Response. |

## 

# Schedule J – Technical Data

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| --- |
| Schedule J1 – Technical Data |
| The Respondent should add any specific technical data relating to the Goods into this schedule |
|  |

# Schedule K – Statement of Departures

| Schedule K1 – Statement of Departures | | | | |
| --- | --- | --- | --- | --- |
| The Respondent must provide details of any proposed amendments, qualifications or departures to the draft contract contained in Part 4 - Contract (if a form of contract is identified in Part 4 - Contract) or the scope contained in Part 5 - Scope of the Request for Tender, including:   * 1. the amendment, qualification or departure proposed;   2. the reason for proposing the change; and   3. the effect on the Respondent's rates, prices or sums if the amendment, qualification or departure is accepted. | | | | |
| The Respondent's Response is subject to the following amendments, qualifications or departures: | | | | |
| **Part, Clause  or Item** | **Amendments, Qualifications or Departure** | **Reduction or increase in rates, prices or sums ($AUD) if amendment, qualification or departure is accepted.\*** | | |
|  |  | [IDENTIFY RATE, SUM OR PRICE] | [INSERT 'REDUCTION', 'INCREASE' OR 'NO CHANGE'] | $ |
|  |  | [IDENTIFY RATE, SUM OR PRICE] | [INSERT 'REDUCTION', 'INCREASE' OR 'NO CHANGE'] | $ |
|  |  | [IDENTIFY RATE, SUM OR PRICE] | [INSERT 'REDUCTION', 'INCREASE' OR 'NO CHANGE'] | $ |
|  |  | [IDENTIFY RATE, SUM OR PRICE] | [INSERT 'REDUCTION', 'INCREASE' OR 'NO CHANGE'] | $ |
|  |  | [IDENTIFY RATE, SUM OR PRICE] | [INSERT 'REDUCTION', 'INCREASE' OR 'NO CHANGE'] | $ |
| ***\*Note:*** *If nothing stated, the Respondent warrants that the amendment, qualification or departure will have no effect on the Price.* | | | | |

# Schedule L – Additional Information

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| Schedule L1 – Additional Information |
| The Respondent may add any additional information relevant to this Response in this Schedule. |
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