**Section 5 – Response Forms**

***(Supplier must complete and sign this section and the attached Contract Details as part of its response to this Invitation)***

**Response Form 5. – Supplier Declarations**

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| **Supplier response to EOI invitation** | | |
| **Supplier name** | ***<insert legal entity name>*** | |
| **ACN/ABN** | ***<insert>*** | |
| **Address** | ***<insert>*** | |
| **Postal Address  (if different from above)** | ***<insert>*** | |
| **Contact Person (where different to the Authorised Officer)** | ***Name:***  ***Position***  ***Phone number:***  ***Email:*** | |
| **Conflict of Interest** | Suppliers must give details of any actual or potential Conflicts of Interest that exists or may arise in relation to the making and/or acceptance of their quote. If there is nothing to declare, please insert “None”. Please err on the side of caution and if in doubt please include the potential conflict.  ***<insert Supplier response>*** | |
| **Local Experience** | Please advise the location in which the majority (50%+) of your experience has been gained?  Queensland  New South Wales  Victoria  South Australia  Western Australia  Northern Territory  ACT  Outside Australia. If so please detail; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Supplier Enterprise Type** | Please select enterprise type below:  Individual/Sole-operator  Small Business [19 or less employees]  Medium Business [between 20-199 employees]  Large Business [200 or more employees] | |
| **Authorisation and execution by Supplier** | As the authorised officer, I certify that:   * + - 1. I am authorised to submit the Supplier’s response as the Supplier’s representative.       2. The Supplier understands and has complied with the Requirements of the Request for EOI.       3. The Supplier’s response is complete, accurate and not misleading in any way. | |
| ***Name:*** |  |
| ***Position:*** |  |
| ***Signature:*** |  |
| ***Date:*** |  |

**Response Form 5. – Response to Evaluation Criteria**

***Please provide details (or refer to attachments) to demonstrate how your quote addresses the specified evaluation criteria.***

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| **Mandatory Requirements** | |
| **Public Liability Insurance ($10 million) per claim and in the aggregate** | ***Yes*  *No***  If **‘Yes’** please complete details below and provide a copy of the Certificate of Currency:  Sum Insured: *<insert>*  Policy No.: *<insert>*  Insurance Provider: *<insert>*  Named Insured: *<insert>*  Expiry Date of Policy: *<insert>*  If **‘No’** please explain why and indicate below whether you are prepared to obtain the required insurance if successful, prior to providing the Services.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Workers Compensation (as required by Law)**  (Not relevant for sole traders) | ***Yes*  *No***  ***N/A***  If **‘Yes’** please complete details below and provide a copy of the Certificate of Currency;  Policy No.: *<insert>*  Insurance Provider: *<insert>*  Named Insured: *<insert>*  Expiry Date of Policy: *<insert>*  If **‘No’** please explain why and indicate below whether you are prepared to obtain the required insurance if successful, prior to providing the Services.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Professional Indemnity ($5 million) per claim** | ***Yes*  *No***  If **‘Yes’** please complete details below and provide a copy of the Certificate of Currency:  Sum Insured: *<insert>*  Policy No.: *<insert>*  Insurance Provider: *<insert>*  Named Insured: *<insert>*  Expiry Date of Policy: *<insert>*  If **‘No’** please explain why and indicate below whether you are prepared to obtain the required insurance if successful, prior to providing the Services.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supplier (and/or each Peer Reviewer employed by the Supplier who will carry out, supervise and report on the evaluations) must be registered professional engineer/s under the Engineers Australia (or equivalent State) scheme, or a Certified Environmental Practitioner under the EIANZ scheme, and have no conditions on their registration that affect the person’s ability to provide these peer reviews, or any pending investigations/complaints with Engineers Australia, Stormwater Australia, EIANZ or other organisations.** | ***Yes*  *No***  If **'Yes'** and the Supplier is an individual, please provide the name, registration number and capacity in which the Supplier is registered (i.e. CPEng or CEnvP). Please provide evidence or current certification from the governing body.  Name: *<insert>*  Registration number: *<insert>*  Registration type: *<CPEng / CEnvP>*  If **'Yes'** and the Supplier is not an individual, please provide the name and registration number of each Reviewer employed by or contracted to the Supplier that the Supplier intends to have undertake the Services and the capacity in which that Reviewer is registered (i.e. CPEng or CEnvP). Please provide evidence or current certification from the governing body for each Reviewer.  Please copy the format below as necessary  Name: *<insert>*  Registration number: *<insert>*  Registration type: *<CPEng / CEnvP>* |

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| **Evaluation Criteria** | |
| **Ability to deliver assessments of QAPPs, DPRs and information submitted under the BoE pathway, against the SQIDEP and any required time frames.** | ***<Supplier to detail their understanding of the requirements of the SQIDEP and ability to commit the necessary time to review and comment on these documents.>*** |
| **Demonstrated technical experience in;**   * **conducting field monitoring; and/or** * **independent peer reviews of field testing; and/or** * **new product performance testing.** | ***<Supplier to add details to demonstrate how they meet the evaluation criteria OR refer to attached material that addresses the criterion>*** |
| **Demonstrated capacity to negotiate pragmatic outcomes in challenging circumstances where time, funding and environmental inputs may not be clear.** | ***<Supplier to add details below to demonstrate how they meet the evaluation criteria OR refer to attached material that addresses the criterion>*** |
| **Capacity to deliver services within specified timeframes.** | Audits/reviews will be required within a 4 week timeframe.  Can you commence and deliver services by 1 May 2019?  Yes  No  If NO, when can you commence and deliver services from?  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  Do you commit to delivering audits/reviews within 4 week timeframes?  Yes  No |
| **Value for Money.** | ***<The Supplier is to demonstrate throughout its offer, how it can deliver value for money through cost and non-cost considerations. >*** |
| **Declared Conflicts of Interest** | ***<The Supplier is to detail any previous work, whether paid or unpaid for entities involved in (or related to entities involved in) the stormwater industry. Any actual or perceived conflicts of interest shall be declared here. Conflicts will not necessarily preclude the Supplier from consideration, but may influence the IEP skill selection process.>*** |

**Response Form 5. – Referees**

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| **Referees** | |
| ***Professional Referees***  ***Provide contact details of (at least) two (2) clients for whom similar work has previously been undertaken.***  ***Include contact name, phone number and a brief description of the previous project undertaken for this client including the approximate value of the project.***  ***Character Referees***  ***In addition to the two professional referees please provide letters from a further two referees from within the Stormwater industry who will attest to your good standing and good character within the Stormwater industry.*** |
| 1. **Project Name: *<insert details>***   **Client: *<insert company name>***  **Contact Details: *<insert contact name, phone and email address>***  **Description of Works: *<insert project summary>*** |
| 1. **Project Name: *<insert details>***   **Client: *<insert company name>***  **Contact Details: *<insert contact name, phone and email address>***  **Description of Works: *<insert project summary>*** |

**Response Form 5. Submission Checklist**

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| **Checklist Confirmation** | |
| The completed Section 5 Forms | ***Yes*** |
| Certificates of Currency of required insurance policies | ***Yes*** |
| Evidence of compliance with all mandatory requirements specified in Section 2 and Response Form 5.2 | ***Yes*** |
| Any supporting documentation to address the Evaluation Criteria specified in Section 4 and Response Form 5.2 | ***Yes*** |