

**Part D**

**Response Schedule**

INSTRUCTION: This is an example template only and is to be reviewed and updated to reflect the specific requirement being sought in the Invitation, Bid Rules and Specification. If you are unclear on how to use the template, contact your agency’s procurement team. DELETE THIS TEXT.

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# OFFER UNDER SEAL

*Instruction – an offer under seal is the simplest of compliance acknowledgement and may be used for any tender. It does not necessarily replace the need for specific compliance statements. (DELETE THIS TEXT)*

|  |  |  |  |
| --- | --- | --- | --- |
| **OFFER UNDER SEAL** | | | |
| [Insert name of Tenderer]…submits a Tender for *[insert project name]* in accordance with the RFT document issued on *[insert date]* and any addenda issued prior to the Tender Closing Date. | | | |
| [Insert name of Tenderer]…undertakes to keep its Tender open for 120 days from the Tender Closing Time and will not withdraw the Tender during that time. | | | |
| Dated this day |  | | ***[Insert year]*** |
| Where the Tenderer is a sole trader, please use the following execution provision. | | | |
| **Signature of Tenderer or Agent:** | |  | |
| **Name:** | |  | |
| **Signature of Witness:** | |  | |
| **Name:** | |  | |
| **OR** | | | |
| Where the Tenderer is a company, please use the following execution provision. | | | |
| **EXECUTED** by …………………………… )  in accordance with Section 127 of the )  *Corporations Act 2001* and its Constitution )  .......................................................... ………………………………………..  Signature of Director Signature of Director/Secretary\*  ………………………………………… ………………………………………..  [Print Name of Director] [Print Name of Director/Secretary\*]  (\*delete the inapplicable) | | | |

## ORGANISATIONAL DETAILS

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Respondent’s Business Trading Name |  |
| Respondent’s Registered Name |  |
| A.B.N |  |
| A.C.N |  |
| Type of Entity  Company, Trust, Partnership, Individual, Other |  |
| Registered business head office name and location |  |
| Place of Business |  |
| Postal Address |  |
| Contact Numbers | Phone  Fax  Mobile |
| Email |  |
| Brief (one page) history of the business |  |
| List names for people currently in positions of authority and management | Directors:  Company Secretary:  Principal Executive Officers: |

**Details of respondents contact persons:**

|  | **Primary Contact** | **Secondary Contact** |
| --- | --- | --- |
| Name |  |  |
| Title |  |  |
| Postal address |  |  |
| Phone number |  |  |
| Facsimile number |  |  |
| E-mail address |  |  |

## EXECUTIVE SUMMARY

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Provide a brief executive summary. The executive summary should be an overview of the submission and should highlight any special benefits or features of the submission. |  |

## CONFLICT OF INTEREST

Respondents are required to provide details of any interest, relationship or clients that may or do give rise to a conflict of interest and the issue about which that conflict or potential conflict does or may arise.

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Are there any actual or perceived conflicts of interest in providing this requirement? | **YES/NO** |
| If there is no conflict of interest, please include a statement to that effect. |  |

## PRIOR PERFORMANCE AND DEMONSTRATED EXPERIENCE IN PROVIDING THIS REQUIREMENT

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Detail previous work completed similar to the requirements in the Specification (in scope, size and complexity). Include public sector work where appropriate. Provide the following information:   * project description; * client organisation; * date of commencement and period of association; * number of personnel involved; and * lessons learned and how these experiences will be applied to the requirements. |  |

**REFERENCES**

Provide up to three referees that may be contacted with regards to the goods/services offered in your response.

| **Subject** | **Details** |
| --- | --- |
| **Referee 1:** | |
| Client name |  |
| Client address |  |
| Client contact person name |  |
| Client contact person title |  |
| Client contact person telephone |  |
| Client contact person e-mail |  |
| Nature of business (including description of goods or service) |  |
| Period of association |  |
| **Referee 2:** | |
| Client name |  |
| Client address |  |
| Client contact person name |  |
| Client contact person title |  |
| Client contact person telephone |  |
| Client contact person e-mail |  |
| Nature of business (including description of goods or service) |  |
| Period of association |  |
| **Referee 3:** | |
| Client name |  |
| Client address |  |
| Client contact person name |  |
| Client contact person title |  |
| Client contact person telephone |  |
| Client contact person e-mail |  |
| Nature of business (including description of goods or service) |  |
| Period of association |  |

## CAPABILITY, CAPACITY AND MANAGEMENT APPROACH

## CAPABILITY AND CAPACITY

Provide a Curriculum Vitae for each key member of staff who will service the day-to-day requirements offered in your response. The details for each key member shall include (as a minimum):

* Name
* Qualifications
* Skills
* Relevant Work Experience/ Projects
* availability of the person for the duration of the proposed contract
* the position of the person in your organisation
* Other Relevant Information

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Provide details of your head office and any South Australian based offices which will support the provision of this requirement. |  |
| Provide details of what facilities and other resources your organisation will utilise to provide the requirements. |  |
| Does your organisation propose to utilise subcontractors for this requirement? (Yes / No). If yes, detail how you will engage and monitor the performance of sub-contractors to ensure the delivery of the requirements. Provide details of each proposed sub-contractor in the table below. |  |

**Schedule of Proposed Sub-contractors**

| **Subject** | **Details** |
| --- | --- |
| **Sub-contractor 1:** | |
| Name |  |
| Address |  |
| A.C.N |  |
| A.B.N |  |
| Goods/services to be provided by sub-component |  |
| Past use of sub-contractor by respondent |  |
| Estimated monetary value of the sub-contract | **$** |
| **Sub-contractor 2:** | |
| Name |  |
| Address |  |
| A.C.N |  |
| A.B.N |  |
| Goods/services to be provided by sub-component |  |
| Past use of sub-contractor by respondent |  |
| Estimated monetary value of the sub-contract |  |
| **Sub-contractor 3:** | |
| Name |  |
| Address |  |
| A.C.N |  |
| A.B.N |  |
| Goods/services to be provided by sub-component |  |
| Past use of sub-contractor by respondent |  |
| Estimated monetary value of the sub-contract |  |

## QUALITY SYSTEMS

Responses will only be accepted for goods or services that are offered by respondents that have an acceptable quality management system. Please provide the following details with regard to your quality management system:

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Is your organisation approved to a recognised Quality Assurance System? |  |
| If yes, to which standard are you accredited? |  |
| For what type of work are you quality accredited? Please provide details. |  |
| If you are not currently certified, and are you in the process of achieving certification, please provide details. |  |
| If you are not in the process of achieving certification, please provide details of how you intend to assure that the deliverables meet the requirements and the industry standards for quality? |  |

## RISK MANAGEMENT APPROACH

|  |  |
| --- | --- |
| **Subject** | **Details** |
| What risk management practices does your organisation utilise that would apply for this requirement? |  |

Please provide the information listed below on your insurance arrangement.

| **Name Of Insurance Companies & Policy Type** | **Policy Number(s)** | **Expiry Date** | **Limit Of Liability** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

## METHODOLOGY

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Provide details of your proposed methodology to deliver the requirements offered in your response. |  |
| Outline how you will provide timely delivery of the requirements. |  |
| Describe your mechanisms and strategies for the continuous improvement and review of the provision of the requirements offered in your response. The strategies should be developed with a view to achieving improved efficiency, productivity and benefits to the customer. Your response should include an indication of the key results/outcomes that you would expect to achieve. |  |

## CUSTOMER EXCELLENCE

|  |  |
| --- | --- |
| **Subject** | **Details** |
| What performance measures will you utilise to manage the provision of the requirement? |  |
| Please submit any additional key performance indicators that you consider to be suitable for the management of the proposed contract |  |
| Describe the procedures you will adopt to ensure ongoing client satisfaction for the duration of the requirements offered in your response. |  |
| Detail any other customer service orientated proposals that will enhance your response. |  |

## INNOVATION

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Provide details of your business practices that involve the use of leading edge technologies and best practice methodologies. |  |
| Outline your creative and innovative experiences in the development and implementation of providing similar requirements to those offered in your response. |  |
| Please outline any e-commerce initiative that exists within your organisation that could reduce transactions costs or deliver additional value under the proposed contract. |  |

## PROPOSED WORK PLAN

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Provide an implementation plan, including identification of key dates and milestones of what is to be done in sequence for the provision of the requirement. |  |
| Please submit a ‘Disengagement Plan’ with a list of activities necessary to ensure a smooth transition to a new supplier should this become necessary. Provide details of the time allocated to complete each task or responsibility and whether the task or responsibility is attributed to the supplier or the department. |  |

## LEVEL OF COMPLIANCE WITH SPECIFICATION

In completing the table, respondents must provide details of their compliance to each clause or paragraph of the specification in accordance with the following definitions:

| **Compliance Category** | **Compliance Indicator** | **Definition** |
| --- | --- | --- |
| **Complies** | **C** | 1. In the case of a clause that is of an informative nature only, the clause has been read and understood. 2. In the case of a clause that specifies a characteristic or performance standard to be met by the goods or services to be provided, the offer is to provide the specified characteristic or performance standard.   Where appropriate, the respondent should state or describe how the requirement is to be met. |
| **Partially Complies** | **P** | In the case of a clause that specifies a characteristic or performance standard, the requirement can only be met subject to certain conditions.  Where this is the case and the respondent is prepared to make good on the condition, characteristic or performance standard, the respondent shall state or describe the manner in which the non-compliance is to be made good. |
| **Does Not Comply** | **N** | The characteristic or performance standard of a clause is not met by the offer. Full details of the non-compliance must be stated. |

Instruction: List every clause that exists in the Specification. DELETE THIS TEXT

| **Specification Clause Number** | **Compliance Indicator** | **Comments** |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |
| **10** |  |  |
| **etc** |  |  |

## LEVEL OF AGREEMENT WITH DRAFT CONTRACT

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Does your organisation agree with the draft Contract? | (Yes / No) |
| If no, provide details. |  |

# 

## LEVEL OF COMPLIANCE WITH GOVERNMENT POLICIES

**Sustainability**

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Describe the system, processes and practices that enable your organisation to reduce your environmental impacts, meet your legal environmental requirement and achieve continual improvement of your environmental performance (for example, ISO 14001)?    Please provide a copy of your organisation’s environmental policy. |  |
| Describe the processes and practices that demonstrate your organisation’s commitment to and delivery of sustainability principles, including improving the sustainability performance of your organisation?  This could include, as examples, initiatives to reduce or recycle waste, eco-design initiatives, energy saving and energy efficiency initiatives, generation or use of renewable energy, water saving or water reuse/recycling initiatives, waste reducing initiatives, or use of eco-labelled products. |  |
| Please provide details of any environmental benefits that will result from your response. |  |

**Work Health and Safety**

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Provide details of your Work Health and Safety record over the previous three years. This should include the number of accidents, number of lost time accidents, etc. |  |
| Provide a copy of your Organisation’s Work Health and Safety policy. |  |

**Industry Participation Policy**

Instruction: If the Industry Participation Policy (IPP) **does not** apply to this response, delete this section.

If the IPP **applies** to this Response, delete the response options that do not apply, based on the strategy identified in the approved Acquisition Plan.

Respondents must complete a Declaration of Intent/ Metropolitan Employment Contribution Test/ Regional Employment Contribution Test/ Standard IPP Plan in accordance with the requirements of the Industry Participation Policy.

*I****nstruction –*** *Based on the strategy approved in the Acquisition Plan, attach the relevant Employment Contribution Test (or IPP Plan) template. The table below may be used as a guide. DELETE THIS TEXT AND TABLE*

|  |  |
| --- | --- |
| **Request specifics** | **IPP Template** |
| Responses are sought to participate in a Panel Contract (of any value) | Declaration of Intent |
| Responses are sought for metropolitan contracts equal to or greater than $22,000 but less than $4 million | Metropolitan Employment Contribution Test |
| Responses are sought for regional contracts equal to or greater than $22,000 but less than $1 million | Regional Employment Contribution Test |
| Responses are sought for metropolitan contracts equal to or greater than $4 million but less than $50 million  OR  Responses are sought for regional contracts equal to or greater than $1 million but less than $50 million | Standard IPP Plan |
| All contracts equal to or greater than $50 million  OR  Strategic project contracts | Tailored Industry Participation Plan |

Agencies may request an IPP Plan as part of the response outside of the thresholds above based on a determination of the potential economic and social benefit for South Australia, or to a specific region, resulting from the procurement. This determination is in no way an indication of price.

All templates can be accessed through the Office of the Industry Advocate: http://www.industryadvocate.sa.gov.au/industry-participation-policy

## VALUE FOR MONEY

|  |  |
| --- | --- |
| **Subject** | **Details** |
| What is your strategy and methodology to ensure that Value for Money is achieved and delivered? |  |
| Describe how you envisage savings/efficiencies can be achieved in the provision of the requirements offered in your response. Provide examples of previous work where savings/efficiencies were realised on behalf of a client and in what form the savings/efficiencies were passed on to the client. |  |

## OTHER

|  |  |
| --- | --- |
| **Subject** | **Details** |
| Detail any other matters that have not been previously requested that clarify and support your ability to provide the requirements. |  |
| State any assumptions made in the development of your response (if any). |  |

## PRICES AND BILLING

**Instruction: The goods and services pricing tables below are provided as an EXAMPLE ONLY. An appropriate price schedule linked to the specification must be developed for each tender based on the specific requirements of that tender. INSERT THE PRICING SCHEDULE AND DELETE THIS TEXT AND ANY NON-APPLICABLE TABLES.**

**For Goods Required (DELETE IF SERVICES ARE SOUGHT)**

| **Goods** | **Quantity** | **Price** |
| --- | --- | --- |
|  | Insert number. | Insert price per item. |
|  |  |  |
|  |  |  |
| **GST component:** |  | |
| **Discounts:** |  | |
| **Other contributions:** |  | |
| **Value adds:** |  | |
| **Total:** | Insert total as lump sum. | |

Each invoice issued by the supplier shall include the following details (DELETE IF SERVICES ARE SOUGHT)

|  |  |  |
| --- | --- | --- |
| **Billing Requirements for Goods** | | |
| **Description and Quantity** | Insert details such as description and quantity of goods invoiced |  |
| **Price** | Insert price per unit | Insert sub total |
| **Adjustments** | Insert adjusted price based on application of discounts, price review | Insert adjusted price required for payment |

**EXTENDED WARRANTY (DELETE IF SERVICES ARE SOUGHT )**

Tenderers are to provide prices of any Extended Warranty program for the product tendered and any associated costs.

|  |  |
| --- | --- |
| **Extended Warranty Details** | **Price (GST exclusive)** |
|  |  |
|  |  |

**For Services required**

**Instruction: INSERT THE PRICING SCHEDULE AND DELETE THIS TEXT AND ANY NON-APPLICABLE TABLES.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services** | **Price based on contract term** | | | |
| **Frequency of payment** | Once off | 12 month | 24 month | 36 month |
| **Description of service** |  | | | |
| **[insert description]** | [insert amt  if once off] | [insert instalment] | [insert instalment] | [insert instalment] |
|  |  |  |  |  |
|  |  |  |  |  |
| **GST component** |  |  |  |  |
| **Discounts** |  |  |  |  |
| **Other Contributions** |  |  |  |  |
| **Value Adds** |  |  |  |  |
| **Total Charge for the Term** |  | | | |
| **Post Warranty Maintenance** | [insert details of prices and conditions for this service and when these prices start to apply] | | | |

**OR**

**PERSONNEL AND WORK ALLOCATION**

**Project Team/ Consultants/ Contractor Capability and Costs Responsibility Matrix**

Enter details of people involved in the provision of the tender item (Copy the matrix if there are multiple projects involved in the provision of the item and different people are involved.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Main Function** | **Hourly Rate** | **Day Rate (7.5hrs)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Each invoice issued by the supplier shall include the following details

|  |  |  |
| --- | --- | --- |
| **Billing Requirements for Services** | | |
| **Description and Quantity** | Insert details such as description of services |  |
| **Price** | Insert price per service provided | Insert sub total |
| **Performance** | Insert dates that services were delivered or other details as to satisfaction of performance standards |  |
| **Adjustments** | Insert adjusted price based on application of discounts, price review | Insert Adjusted price required for payment |

Enter details of people involved in the provision of the requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title** | **Main Function** | **Hourly Rate** | **Day Rate (7.5hrs)** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Provide details of price variation process:

|  |  |
| --- | --- |
| **Price variation:**  (if fixed price not offered). | *[insert if price variation applies during term]* |

Provide details of discount offered

|  |  |
| --- | --- |
| **Discount Offered** | [insert if volume or min order quantities apply] |

Provide details of value added benefits

|  |  |
| --- | --- |
| **Value Added Benefit** | [insert if any other benefits apply] |