

**QUOTATION RESPONSE DOCUMENT - SERVICES**

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| Subject matter of Quotation |
| Delivery of LEO Monaghan Training programs 2020+ 2021 |
| Name of Organisation submitting Quotation |  |
| Contact Name  |  |
| Closing date for Submission | 3/12/2019 at 4pm |
| Quotations are to be returned to |
| Email to: eilin.connolly@leo.monaghancoco.ie |
|  |

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**General Contact Information**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Contact Person:** |  |
| **Position:**  |  |
| **Phone:** |  |
| **Address:**  |  |
| **Email:**  |  |
| **Website:**  |  |
| **Date of Establishment, if applicable** | **VAT Registration No:** | **Legal Structure – partnership, limited company, etc.** |
|  |  |  |

# Tax Information

|  |  |
| --- | --- |
| **Tax Clearance** | **Please confirm YES/NO** |
| I confirm and declare being tax compliant. The Contracting Authority can verify your tax clearance status through Revenue’s online facility at <http://www.revenue.ie/en/online/tax-clearance.html> To this end, please confirm: | Yes |  |
| No |  |
| Tenderer Name: |  |
| Tenderer PPSN/ Tax Reference Number |  |
| Access Number |  |
| OR, I confirm that I hold a current valid paper Tax Clearance Certificate (generally relates to Non-Residents) |
| **Registration Number** |  | **Certificate Number** |  |
| OR, I confirm that I have applied for Tax Clearance status or a Tax Clearance Certificate which will be made available on request | Yes |  |
| No |  |

# Insurance Information

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| --- |
| **Insurances** |
| I confirm that we have the following insurances in place  |
| Insurance Type | Levels Required  | Levels in Place | Confirmation to upgrade to level if successful |
| Employers Liability if applicable | €13,000,000 |  | **Yes** |  | **No** |  |
| Public Liability | €2,500,000 |  | **Yes** |  | **No** |  |
| Professional Indemnity  | €1,000,000 |  | **Yes** |  | **No** |  |
| Other….. | **MCC should be indemnified under the suppliers Employers Liability (if applicable) and Public Liability insurances – either specifically *or by way of an Indemnity to Principals clause.*** |  | **Yes** |  | **No** |  |

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| **Declaration of Bona Fides** |
| Has the Economic Operator or a member of their proposed consortium, (if applicable), Director, or Partner or any other person who has powers of representation, decision or control, been convicted of any of the following offences? | **YES** | **NO** |
| Please indicate your answer by marking ‘X’ in the relevant box  |
| participation in a criminal organisation |  |  |
| corruption |  |  |
| fraud  |  |  |
| the subject of a conviction for terrorist offences or offences linked to terrorist activities or for inciting or aiding or abetting or attempting to commit an offence;  |  |  |
| the subject of a conviction for money laundering or terrorist financing;  |  |  |
| the subject of a conviction of child labour and other forms of trafficking in human beings; |  |  |
| is bankrupt or the subject of insolvency or winding-up proceedings, its assets are being administered by a liquidator or by the court, or has entered into an arrangement with creditors, suspended its business activities or is in any analogous situation arising from a similar procedure under national laws and regulations;  |  |  |
| **Declaration re statutory obligations** |
| We confirm that we are fully compliant with the following legislation, or equivalent legislation in our country of establishment/operation: |
| Employment Equality Acts 1998-2011 |  |  |
| Equal Status Acts 2000-2011 |  |  |
| National Minimum Wage Act 2000 as amended  |  |  |
| Organisation of Working Time Act 1997 as amended |  |  |
| Safety, Health and Welfare at Work Act 2005 and Safety, Health and Welfare at Work (General Application) Regulations 2007 |  |  |
| Disability Act 2005 |  |  |
| We have procedures in place to ensure that our subcontractors, if any are used for this contract, apply the same standards. |  |  |
| **NAME** |  | **SIGNATURE** |  |

# Declarations

# Quotation Form – Response to Cost Criterion

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| --- | --- |
| **Training course Reference:**  |   |

|  |  |  |  |
| --- | --- | --- | --- |
| **FIXED FEE** | **Total Fee proposed****(Excluding VAT)** | **VAT** **Rate****(%)** | **Total Fee****proposed****(Including VAT)** |
| Proposed Total Fee for delivery of the Contract outlined in RFQ. *(To include all expenses). Training is VAT exempt.*  | €  |  | € |

I/We confirm that I/we

* That our confirmation in the Declaration is true and accurate at the date of submission of this quotation.
* We will notify the Contracting Authority should any of the circumstances confirmed in the Declaration change.
* Will provide the services at the rates quoted, which are fully inclusive of all costs, charges and expenses.
* Agree that as a condition of award, it shall be our sole responsibility to fulfil the obligations under the Contract, notwithstanding any changes in circulars, laws, regulations, taxation, duties or other factors which might arise following the withdrawal of the United Kingdom from membership of the EU.
* Will keep this offer for the contract open for acceptance by you for a period of 2 years from the date of deadline for submission of quotations,
* Undertake to treat the details of this Request for Quotation, our response and any subsequent agreements as private and confidential,
* Agree that you are not bound to accept the most economically advantageous or any quotation you may receive,
* Fully understand the Contracting Authority’s requirements and have availed of all offers for additional information or have otherwise satisfied myself/ourselves as to conditions that may in any manner affect the performance of the services required under the contract,
* Have included for compliance with all statutory requirements applicable in Ireland and those applicable in any country where parts of the contract may be performed that are in force 7 days prior to the deadline for receipt of quotations,
* Will not, if awarded a contract employ labour in a manner that is discriminatory in relation to gender, race, religious beliefs, age etc.,

|  |  |
| --- | --- |
| **Signed:** |  |
| **Name (in Capital Letters):** |  |
| **On behalf of:**  |  |
| **Address:** |  |
| **Telephone:** |   |
| **Email:** |   |
| **Date:**  |  |

# Response to Qualitative Criteria

|  |  |  |
| --- | --- | --- |
| Criterion B: Approach and Proposed Course Content  | Weighting  | Maximum Marks |
|  | 40% | 40 |
| Instructions | *Course Objectives, outline syllabus and training methodology (incl. use of supplementary sources of information/multimedia etc.). Section can be expanded.* |
| Service Providers’ Response: |

|  |  |  |
| --- | --- | --- |
| Criterion C: Qualifications, Background and Experience of delivering Training | Weighting  | Maximum Marks |
|  | 40% | 40 |
| Instructions | *Qualifications and background of delivering Trainer. Relevant Training Experience (of delivering Trainer) with the target market (start-ups/ Micro/SMEs). Section can be expanded.* |
| Service Providers’ Response: |