Section C – Form of Quote & Schedules

Schedule 1 Form of Quote

I/We (**Respondent**) on

having read, understood and fully informed myself/ourselves/itself of the contents, requirements and obligations of this RFQ, hereby provide a Quote for the Services.

|  |  |
| --- | --- |
| 1. **Name of Respondent**  State in full the name(s) of the  Respondent(s) and trading names |  |
| ABN |  |
| ACN |  |
| 2. **Contact Person** |  |
| 3. **Registered Address** |  |
| 4. **Postal Address** |  |
| 5. **Telephone** |  |
| 6. **Email** |  |

**Price Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Unit  (if applicable)** | **Price**  **(ex GST)** | **GST Component** | **Price**  **(inc GST)** |
|  |  |  |  |  |

Schedule 2 Compliance with the Specifications

Please indicate if you intend to comply with the Specifications.

Schedule 3 Timeframe

Please nominated anticipated commencement date and work duration.

Schedule 4 Insurance

Provide details of insurance currently held by you that would be extended to provide cover for the Services.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insurance type** | **Policy no** | **Extent of cover** | | **Expiry date** | **Name of insurer** |
|  |  | **Per incident**  **$A** | **In aggregate**  **$A** |  |  |
| Public and products liability |  |  |  |  |  |
| Professional indemnity (if applicable) |  |  |  |  |  |
| Property and facilities |  |  |  |  |  |
| Contents |  |  |  |  |  |
| Vehicles plant & equipment |  |  |  |  |  |
| Workers compensation |  |  |  |  |  |
| Directors and officers (if applicable) |  |  |  |  |  |
| Other |  |  |  |  |  |

**Schedule 5 Qualifications and Experience**

Respondents must provide details of licenses, qualifications and experience relevant to the works quoted on.

**Schedule 6 Local Economic Benefit**

Please provide details of local (District Council of Tumby Bay) economic benefit anticipated from this contract including the through the engagement of employees, suppliers and sub-contractors.

**Schedule 7 References**

Please provide at least 2 references for similar previous engagements.

**Client Name:**

Address:

Contact Name:

Telephone:

Description of Work:

Date of Work:

Value of Work:

**Client Name:**

Address:

Contact Name:

Telephone:

Description of Work:

Date of Work:

Value of Work:

The undersigned undertakes that if selected as the successful Respondent, I/we/it will be bound by the conditions provided.

**If the Respondent is a company**, the Quote must be executed as follows:

|  |  |
| --- | --- |
| **Executed** by **…………………..** pursuant to section 127 of the *Corporations Act 2001* | |
| Signature of Director | Signature of Director/Company Secretary (*Please delete as applicable)* |
| Name of Director (print)  Date: | Name of Director/Company Secretary (print)  Date: |
| **OR**  Signature of Sole Director and Sole Company Secretary |  |
| Name of Sole Director and Sole Company Secretary (print)  Date: |  |
| **OR**  **Signed** for **…………………..** by an authorised representative in the presence of: | |
| Signature of witness | Signature of authorised representative |
| Name of witness (print) | Name of authorised representative (print) |
| Date: | Position of authorised representative (print)  Date: |

**If the Respondent is an individual**, the Quote must be executed as follows:

|  |  |
| --- | --- |
| **Signed** by **…………………..** in the presence of: | |
| Signature | Signature of witness |
| Name of Individual (print)  Date: \_\_\_/\_\_\_/\_\_\_ | Name of witness (print)  Date: \_\_\_/\_\_\_/\_\_\_ |

**If the Respondent is a Discretionary Trust, the document must be executed as follows:**

|  |  |
| --- | --- |
| **Executed** by **…………………..** as Trustees for the **…………………..** | |
| Signature of Trustee | Signature of Trustee |
| Name of Trustee (print)  Date: \_\_\_/\_\_\_/\_\_\_ | Name of Trustee (print)  Date: \_\_\_/\_\_\_/\_\_\_ |

**If the Respondent is a partnership**, the Quote must be executed as follows:

Partner 1:

|  |  |
| --- | --- |
| **Signed sealed and delivered** by **…………………..** in the presence of: | |
| Signature of witness | Signature of partner |
| Name of witness (print) | Date: |
| Address of witness (print)  Date: |  |

Partner 2:

|  |  |
| --- | --- |
| **Signed sealed and delivered** by **…………………..** in the presence of: | |
| Signature of witness | Signature of partner |
| Name of witness (print) | Date: |
| Address of witness (print)  Date: |  |