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|  | [Insert your organisation name and if desired, your logo or branding] |

Response Form

In response to Request for Quotes

**By:** Bay of Plenty Regional Council

**For:** Total Mobility Transport Operators

**Ref:** CON001240

**Date of this Quote:** [Insert date of this document]

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| **Checklist for Respondents** | **✓** |
| 1. Complete all sections of the Response Form. |  |
| 1. Complete the Mandatory |  |
| 1. Complete the Fleet Table |  |
| 1. Complete the Price response table |  |
| 1. Attached any documents that you may have referenced in your Mandatory Requirements answers, i.e.  * Insurance certificates * H&S plans * Certificates of Fitness |  |
| 1. Complete two Referees in Section 4, including at least one relating to your experience in the Passenger Transport Industry |  |
| 1. Delete all ‘supplier tip’ boxes and yellow highlights from the Response Form. |  |
| 1. Make sure that you have complied with all the instructions contained in the RFQ. |  |
| 1. Arrange for the declaration to be signed. |  |
| 1. Arrange for the Proposal to be submitted electronically before the Deadline for Proposals. |  |

# About the Respondent

Our profile

This is a Quote by [insert the name of your organisation] to supply the Requirements.

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| **Item** | **Detail** |
| Trading name: | [insert the name that you do business under] |
| Full legal name (if different): | [if applicable] |
| Physical address: | [if more than one office – put the address of your head office] |
| Postal address: | [e.g. P.O Box address] |
| Registered office: | [if you have a registered office insert the address here] |
| Business website: | [url address] |
| Type of entity (legal status): | [sole trader/partnership/limited liability company or other entity/other please specify] |
| Registration number: | [if your organisation has a registration number insert it here e.g. company registration number] |
| Country of residence: | [insert country where you (if you are a sole trader) or your organisation is resident for tax purposes] |
| GST registration number: | [NZ GST number / if overseas please state] |

Our point of contact

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| **Item** | **Detail** |
| Contact person: | [name of the person responsible for communicating with the Buyer] |
| Position: | [job title or position] |
| Phone number: | [landline] |
| Mobile number: | [mobile] |
| Email address: | [work email] |

# Response to the Requirements

# Mandatory Requirements:

# Mandatory Requirements are non-negotiable things Suppliers must have to be evaluated further. These requirements are listed in Section 2. They help us decide which suppliers we'll talk to about agreeing to a contract, including discussing prices. If a supplier does not meet one or more of the Mandatory Requirements, their Quote/Response will not be considered further. That means, if you answer “No” to any of the below, your Response will not proceed further in the evaluation process.

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| **#** | **Mandatory Requirements:** | **For each question, remove all answer options except one** |
|  | **Insurance:**  Can you provide evidence of, or are you willing to arrange prior to contract start date, insurance cover as per the contract? | * **Yes, I have attached evidence to this Response.** * **Yes I’m willing to arrange all insurances prior to 1st June 2024.** * **No** |
|  | **Health and Safety:**  Have you provided your Health and Safety Plans with your Response? | * **Yes, I have attached H&S plans to my Response.** * **No** |
|  | **Payment Methods**  Do all vehicles in your fleet have an EFTPOS terminal and SmartPay (or equivalent) electronic transaction management? | * **Yes** * **No** |
|  | **Compliance:** Do you meet all legal standards and requirements for a Transport Operator, including:   1. Certificate of Fitness   Evidence of a vehicle inspection issued under the Land Transport Rule Vehicle Standards Compliance 2002 Rule 35001/2002 Land Transport Rule 35001: Vehicle Standards Compliance 2002 as at May 2021. | * **Yes, I have attached my Certificates Of Fitness.** * **No** |
|  | 1. Health & Safety at Work Act 2015 | * **Yes, we meet standards** * **No** |
|  | 1. Operator Licensing Rule 2017 | * **Yes, we meet standards** * **No** |
|  | 1. Land Transport Act 1998 | * **Yes, we meet standards** * **No** |
|  | 1. Health and Disability Commissioner (Code of Health & Disability Services Consumer Rights) Regulations 1996 | * **Yes, we meet standards** * **No** |
|  | **Wheelchair Accessible / Hoist Vehicle:**  Do you have at least one hoist vehicle listed in the Fleet Table below, or are you willing to arrange one prior to the contract start date? | * **Yes we have at least one vehicle with a hoist.** * **Yes we will have a wheelchair hoist fitted in at least one fleet vehicle by 1st June 2024.** * **No** |
|  | **Accreditation and Licensing:**  Do you (as an Operator) hold and maintain a small passenger service licence? | * **Yes, we meet standards** * **No** |
|  | Do all “Driver(s)” listed in the Fleet Table below, hold the following required licenses and certifications?   1. NZ First Aid certificate (complying with NZQA standards 6401 and 6402) | * **Yes, we meet standards**   + **No** |
|  | 1. Drivers to have a full, current, New Zealand driver’s licence (class 1) with a valid passenger (P) endorsement. | * **Yes, we meet standards**   + **No** |
|  | **Training and Development:**  Are you aware of your obligations for ongoing driver training under the contract, and are you committed to and prepared to ensure attendance for all drivers? | * **Yes, we are aware and committed.** * **No** |
|  | **Fleet Standards:**   1. Are all vehicles in the Fleet Table below, no more than 15 years old, per the contract requirements | * **Yes** * **No** |
|  | 1. Do you have a provision in place for replacing vehicles once they exceed 15 years of age, such as a contingency fund or alternative plan? | * **Yes** * **No** |
|  | **Operational Hours:**  Are you capable and willing to provide services 24 hours per day, 7 days per week? | * **Yes** * **No** |
|  | **Code of Conduct:**  Have you attached to your Response Form, the required COC documents, specifically addressing Fraud, Disciplinary Procedure, and Complaints | * **Yes** * **No** |
|  | **Experience:**  Can you list at least one Referee in Section 4 of this document who can provide a reference for your Passenger Transport industry experience, preferably with Total Mobility, ACC, or similar schemes?  In the absence of accessibility specific industry experience, are you willing to adhere to strict Council expectations while establishing mobility capabilities? | * **Yes, at least one of my two Referees is from Total Mobility, ACC, or similar schemes.** * **None of my Referees are from the relevant accessibility schemes, however at least one is from the Passenger Transport industry. I am willing to adhere to strict Council expectations while establishing mobility capabilities.** * **No we have no Passenger Transport experience.** |

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| **Fleet List** |
| Please complete the below table. For each vehicle the following information is required (please print clearly or attach a TORO/Driver Check print-out): |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Fleet / Cab  # | Driver(s) name(s)  Surname, First name | Registration  Plate | Vehicle Registration Date  dd/mm/yyyy | COF expiry date  dd/mm/yyyy | Camera Installed  Yes/No | Date hioist hoist installed  dd/mm/yyyy  or  N/A | Vehicle location | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |   You may add or remove rows to this Table as you require. |

Assumptions

Please state any assumptions you have made in relation to the Requirements.

State your assumptions here or write N/A

# Price

# Even though Price isn't something that suppliers will be scored against in this process, suppliers still need to tell us their prices below. These prices should be fair compared to what's normal in the market. After we select suppliers, we might check if their prices are fair. If not, we can talk about it in contract negotiations.

# There may be some other things about your Price that we might not be able to accept outright either. For example, our RideWise system can't do time-based fee charging. Also, there might be other limits that we'll tell you about if we see anything in your Price response that we can't accept.

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| --- | --- | --- | --- | --- |
| **Price** | | |  | |
| Please submit your pricing information using the following pricing schedule.  Please note that these rates may be negotiated following evaluation of your response, and prior to contract signing.  Please note that the negotiated rates will form part of your contract. | | | | |
| **Item** | **Unit price**  **excluding GST** | **Number** | | **Sub-total**  **excluding GST** |
| [e.g. flag fall xx location xx vehicle type] | [e.g.$5.00] | [e.g per trip] | | [$ X] |
| [e.g. mileage rate per km] | [e.g. $0.35] | [e.g km] | | [$ X] |
| [e.g. zone fare rate] | [e.g.$5.00] | [e.g per zone] | | [$ X] |

Assumptions

Please state any assumptions that you have made in relation to the cost and pricing information.

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| --- |
| [insert your comments here e.g. fuel costs are subject to change, inflationary adjustments and price calculations outside of table headings above] |

# Proposed contract

Choose one and delete the other:

Having read and understood the Proposed Contract, in the RFQ Section 5, I confirm that these terms and conditions are acceptable. If successful, I agree to sign a Contract based on the Proposed Contract, or such amended terms and conditions of Contract as are agreed with the Buyer following negotiations. OR

Having read and understood the Proposed Contract, in the RFQ Section 5, I have the following suggestions to make. If successful, I agree to sign a Contract based on the Proposed Contract subject to negotiating the following clauses:

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| --- | --- | --- |
| **Clause** | **Concern** | **Proposed solution** |
| [insert number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |
| [insert number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |

# Referees

Please supply the details of two referees for your organisation. Include a brief description of the goods or services that your organisation provided and when.

Please note: in providing these referees you authorise us to collect any information about your organisation, except commercially sensitive pricing information, from the referees, and use such information in the evaluation of your Quote. You also agree that all information provided by the referee to us will be confidential to us.

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| --- | --- |
| **First referee** | |
| Name of referee: | [insert name of the referee] |
| Name of organisation: | [insert name of their organisation] |
| Goods/services provided: | [brief description of the goods/services you provided to this referee] |
| Date of provision: | [insert the date when you provided the goods/services] |
| Address: | [insert street address] |
| Telephone: | [insert mobile or landline] |
| Email: | [insert email address] |

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| **Second referee** | | |
| Name of referee: | [insert name of the referee] | |
| Name of organisation: | [insert name of their organisation] | |
| Goods/services provided: | [brief description of the goods/services you provided to this referee] | |
| Date of provision: | [insert the date when you provided the goods/services] | |
| Address: | [insert street address] | |
| Telephone: | [insert mobile or landline] | |
| Email: | [insert email address] | |
| Please contact me before you approach a referee for a reference | | Yes/Not required |

# Our declaration

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| **Respondent’s declaration** | | |
| **Topic** | **Declaration** | **Respondent’s declaration** |
| **RFQ Process, Terms and Conditions:** | I/WE have read and fully understand the RFQ, including the RFQ Process, Terms and Conditions. I/we confirm that the Respondent/s agree to be bound by them. | **[agree / disagree]** |
| **Collection of further information:** | The Respondent/s authorises the Buyer to:   1. collect any information about the Respondent, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client 2. use such information in the evaluation of this Quote.   The Respondent/s agrees that all such information will be confidential to the Buyer. | **[agree / disagree]** |
| **Requirements:** | I/we have read and fully understand the nature and extent of the Buyer’s Requirements as described in Section 2. I/we confirm that the Respondent/s has the necessary capacity and capability to fully meet or exceed the Requirements and will be available to deliver throughout the relevant Contract period. | **[agree / disagree]** |
| **Notices:** | I/we confirm receipt of Notices to Respondents No(s): [insert Nos] and confirm that my/our Quote includes full allowance for these notices. | **[agree / disagree]** |
| **Ethics:** | In submitting this Quote the Respondent/s warrants that it:   1. has not entered into any improper, illegal, collusive or anti-competitive arrangements with any Competitor 2. has not directly or indirectly approached any representative of the Buyer (other than the Point of Contact) to lobby or solicit information in relation to the RFQ 3. has not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of the Buyer. | **[agree / disagree]** |
| **Offer Validity Period:** | I/we confirm that this Quote, including the price, remains open for acceptance for the Offer Validity Period stated in Section 1, paragraph 1.6. | **[agree / disagree]** |
| **Conflict of Interest declaration:** | The Respondent warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Quote, or entering into a Contract to deliver the Requirements. Where a Conflict of Interest arises during the RFQ process the Respondent/s will report it immediately to the Buyer’s Point of Contact. | **[agree / disagree]** |
| **Details of Conflict of Interest:** [if you think you may have a Conflict of Interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’]. | | |
| **DECLARATION**  **I/we declare that in submitting the Quote and this declaration:**   1. the information provided is true, accurate and complete and not misleading in any material respect 2. the Quote does not contain Intellectual Property that will breach a third party’s rights 3. I/we have secured all appropriate authorisations to submit this Quote, to make the statements and to provide the information in the Quote and I/we am/are not aware of any impediments to enter into a formal Contract to deliver the Requirements.   **I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and Quote may result in the Quote being eliminated from further participation in the RFQ process and may be grounds for termination of any Contract awarded as a result of the RFQ process.**  **By signing this declaration the signatory below represents, warrants and agrees that he/she has been authorised by the Respondent/s to make this declaration on its/their behalf.** | | |
| **Signature:** |  | |
| **Full name:** |  | |
| **Title / position:** |  | |
| **Name of organisation:** |  | |
| **Date:** |  | |