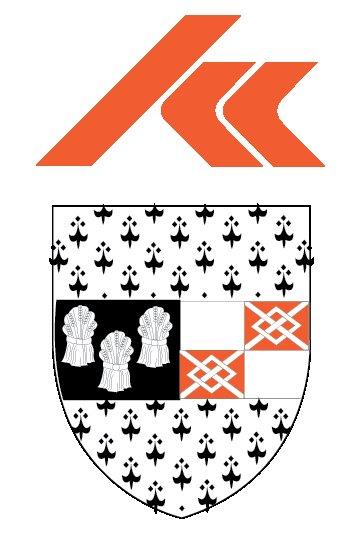
****

**QUOTATION RESPONSE DOCUMENT**

|  |  |
| --- | --- |
| Subject of Quotation: Castlecomer Enterprise Centre Feasibility Study commissioned by Kilkenny County Council | |
| Provision of Services to develop a basic business case to review their current business model and to underpin their expansion plans | |
| Name of Organisation submitting Quotation |  |
| Contact Name |  |
| Closing date for Submission | 16:00 (Local Time) on Tuesday, August 27th 2024 |
| Quotations are to be returned to: | |
| Via email to:  Catherine O’Connor, Economic Development Officer, Kilkenny County Council  Marked, ‘Castlecomer Enterprise Centre - Kilkenny County Council’  [Catherine.oconnor@kilkennycoco.ie](mailto:Catherine.oconnor@kilkennycoco.ie) | |

**Contents**

[General Contact Information 4](#_Toc64883898)

[Tax Information 5](#_Toc64883899)

[Insurance Information 6](#_Toc64883900)

[Quotation Form – Response to Cost Criterion/Price 10](#_Toc64883901)

[Response to Qualitative Criteria 15](#_Toc64883902)

# 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** | |
| **Option 1**  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 | |  | | | |
| **Option 2**  I confirm that I hold a current valid paper Tax Clearance Certificate (generally relates to Non-Residents) | | | | | |
| **Registration Number** |  | **Certificate Number** |  | | |
| **Option 3**  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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | €13,000,000 | |  | | **Yes** | |  | **No** |  |
| Public Liability | €2,600,000 | |  | | **Yes** | |  | **No** |  |
| Product Liability | € N/A | |  | | **Yes** | |  | **No** |  |
| Professional Indemnity | € N/A | |  | | **Yes** | |  | **No** |  |
| Other | € N/A | |  | | **Yes** | |  | **No** |  |
| I confirm that if successful, where the levels required under the contract or framework are higher than those currently in our possession, I will be in a position to put the required forms and levels of insurances required in place promptly. | | | | | **Yes** | |  | **No** |  |
| I confirm that I will provide the following promptly (within 3-5 days) on request at any time prior to the award decision being made:  Evidence of insurances in place  **or**  Letter from Insurance Broker confirming that the required levels could be put in place if successful  **Note:** insurance policies where relevant must have jurisdiction in Ireland. | | | | | **Yes** | |  | **No** |  |
| Please note that the Contracting Authority will seek to verify self-declarations regarding financial capacity prior to the award of the contract. | | | | | | | | | |
| **Signature** | |  | | **Date** | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Declaration** | | | | | |
| **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 | | | |  |  |
| **Declaration re Data Protection** | | | | | |
| We further confirm that all Data Subjects whose Personal Data is provided in our Tender have consented to the processing of such Personal Data by us, the Contracting Authority, the Evaluation Team and the supplier of the etenders.gov.ie website, for the purposes of our participation in this Competition or that we otherwise have a legal basis for providing such Personal Data to the Contracting Authority for the purposes of our participation in this Competition and that we will provide evidence of such consent and / or legal basis to the Contracting Authority upon request.” | | | |  |  |
| **Confirmation re Sub-Contractors** | | | | | |
| We have procedures in place to ensure that our subcontractors, if any are used for this contract, apply the same standards. | | | |  |  |
| **Name** |  | **Signature** |  | | |

# Quotation Form – Response to Cost Criterion/ Price

|  |  |
| --- | --- |
| **To:** |  |
| **From:** |  |
| I/We have examined the Request for Quotation and hereby offer to provide the requirements for the following fees: | |
| Note to Economic Operators:   1. Please ensure that you complete the form in full (fill in all boxes); 2. Any alteration/amendment of the form will result in your bid being rejected. 3. All queries relating to pricing or issues with this format should be brought to the attention of the tender team strictly in accordance with Section 5.3. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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).* | € |  | € |

**AND/OR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOURLY RATES (inclusive of all administrative expenses)** | | | | |
| Proposed daily rate for notional additional work required, subject to funding, ongoing need etc. (for the purposes of evaluation).  (Expenditure over and above the initial project is not guaranteed – no. of days is for evaluation purposes only). | | | | |
| **Staff Category** | **A**  **Notional Days**  **(7.5 hrs per day)** | **B**  **Unit Rate**  **€** | **VAT**  **Rate**  **(%)** | **C**  **Total Excl. VAT**  **(A x B = C)** |
| [insert category/years qualification required] | [insert notional days] | €0 |  | €0 |
| [insert category/years qualification required] | [insert notional days] | €0 |  | €0 |
| [insert category/years qualification required] | [insert notional days] | €0 |  | €0 |
| [insert category/years qualification required] | [insert notional days] | €0 |  | €0 |
| **TOTAL** | | | | €0 |

I/We confirm that I/we

1. That our confirmation in the Declaration is true and accurate at the date of submission of this quotation.
2. We will notify the Contracting Authority should any of the circumstances confirmed in the Declaration change.
3. Will provide the services at the rates quoted, which are fully inclusive of all costs, charges and expenses.
4. 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.
5. Will keep this offer for the contract open for acceptance by you for a period of 6 months from the date of deadline for submission of quotations,
6. Undertake to treat the details of this Request for Quotation, our response and any subsequent agreements as private and confidential,
7. Agree that you are not bound to accept the most economically advantageous or any quotation you may receive,
8. 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,
9. 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,
10. 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: Methodology and Delivery of feasibility study. | | Weighting | Maximum Marks | Minimum Marks |
| Methodology and Delivery of the Feasibility Study | | 40% | 4,000 | 2,400 |
| Instructions | Comprehensiveness and quality of approach. Methodology for the delivery of the work as set out on the RFQ.  Outline of proposed service to meet the description of this RFQ and timeframe stated. | | | |
| Economic Operator’s Response | | | | |

Please use this free text page(s) (i.e., **do not** type in the box) for your response.

***The maximum A4 page limit for the response to this section is five (5) A4 pages. Please present this information in font Arial, size 11 only. Additional information submitted in excess of the limits specified shall not be considered and assessment of responses will be based on the information provided on the maximum number of pages in sequence as specified***.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criterion C: Expertise and experience of the project delivery team | | Weighting | Maximum Marks | Minimum Marks |
| Expertise and experience of the project delivery team | | 40% | 4,000 | 2,400 |
| Instructions | Expertise and experience of the programme delivery team as relevant to this RFQand resources allocated. (A copy of the CV(‘s) of each member of the team must be provided). | | | |
| Economic Operator’s Response | | | | |

Please use this free text page(s) (i.e., **do not** type in the box) for your response.

***The maximum A4 page limit for the response to this section is five (5) A4 pages. Please present this information in font Ariel, size 11 only. Additional information submitted in excess of the limits specified shall not be considered and assessment of responses will be based on the information provided on the maximum number of pages in sequence as specified.***