**PRE-QUALIFIED SUPPLIER ARRANGEMENT**

**SUPPLY AND TRANSPORT OF QUARRY MATERIALS**

**TENDER NO. *2913\_2020-21\_TTB\_32***

**PART 3- TENDER RESPONSE**

**COMPLETE AND RETURN THIS PART**



**Closes: *2.00 pm 25/06/2021***

**Contact Council’s Civil Works Manager on 1300 696 272 for further information.**

**Contents**

1. OFFER FORM ……………………………………………………………………………………………………….... 3
2. LOCATION OF JOB ………………………………………………………………………………………………….. 3
3. SUPPLIER DETAILS ………………………………………………………………………………………………….. 4
4. SUPPLIER INSURANCES ………………………………………………………………………………………….. 7
5. QUALITY SYSTEM …………………………………………………………………………………………………… 8
6. SAFETY SYSTEM ……………………………………………………………………………………………………… 9
7. ORGANISATIONAL PROFILE ……………………………………………………………………………………. 16
8. REFEREES ………………………………………………………………………………………………………………. 16
9. AGENTS ………………. ……………………………………………………………………………………………….. 16
10. TRUSTS ……………………….. ……………………………………………………………………………………….. 16
11. SUBCONTRACTORS ……..………………………………………………………………………………………… 16
12. CONFLICTS OF INTEREST ……………………………………………………………………………………….. 17
13. FINANCIAL POSITION …………………………………………………………………………………………….. 17
14. GOODS AND SERVICES TAX ……………………………………………………………………………………. 17
15. NON-CONFORMING TENDERS ………………………………………………………………………………. 17
16. LEGAL COMPLIANCE ……………………………………………………………………………………………… 18
17. CONTRACT EXPERIENCE ………………………………………………………………………………………… 18
18. STATEMENT OF PERSONNEL …………………………………………………………………………………. 18
19. REGISTRATION DETAILS ………………………………………………………………………………………… 19
20. SUPPORT OF LOCAL BUSINESS AND INDUSTRY ……………………………………………………… 20
21. COLLECTION OF PERSONAL INFORMATION …………………………………………………………… 20
22. STATUTORY DECLARATION OF NON-COLLUSION …………………………………………………… 21
23. SCHEDULE OF RATES ……………………………………………………………………………………………... 22

# **OFFER FORM**

**CONTRACT NO: *2913\_2020-21\_TTB\_32***

**FOR: PRE-QUALIFIED SUPPLIER ARRANGEMENT REGISTERFOR SUPPLY AND TRANSPORT OF QUARRY MATERIALS**

# **LOCATION OF JOB**

**LOCATION OF JOB:** On jobs undertaken by North Burnett Regional Council predominantly within the Council area, or to Council depots

**INTENDED USE**: Construction and/ or Maintenance

**ESTIMATED PERIOD OF SUPPLY**: As required

**JOB WORKING HOURS:** 6.00am – 5.00pm or as required

**3. SUPPLIER DETAILS** (To be completed by Owner)

**To**: The Principal

1. I warrant that I am duly authorised to make the following statements for and on behalf of the undersigned Tenderer.
2. The Tenderer has examined the Tender Documents listed or referred to in Part 1 – Conditions of Tender and our Tender is based on those.
3. I acknowledge and warrant that any Addenda that issued during the Tender Period have been received and examined.
4. the Tenderer understands and agrees to comply with the requirements of all of the Tender Documents.
5. The Tenderer hereby tenders to perform the services in accordance with the Tender Documents and defined in the Technical Specifications for **Tender: 2913\_2020-21\_TTB\_32** and as described in the Tender Schedules attached hereto.
6. By submitting this Tender the Tenderer warrants and represents that it has made its own enquiries and investigations and has obtained professional advice and all other relevant information so as to inform itself of all risks and contingencies which may affect its Tender Price. The Tenderer warrants and represents that it has included for all such risks and contingencies in its Tender Price and that it shall have no subsequent claim that the information used is not accurate.
7. The Tender incorporates the following Addenda within its terms:

[*Each Addendum by Number & Title]* ……………………………………………………………………………………………

1. In consideration of receiving due consideration and regard of the Tender by Council, the Tenderer agrees to keep the offer comprised within the Tender open for acceptance by Council for a period of 90 days.
2. The Tenderer confirms that, subject to paragraph (j), this Tender complies with the Conditions of Tender, Technical Specifications and Conditions of Contract, and is a conforming Tender in that respect.
3. Any departures from the Conditions of Tender or alternatives are set out in the enclosed Schedule of Departures. Unless departures from the Technical Specifications are listed in the Schedule of Departures they will not be accepted, and the Tender will be deemed to comply with the Specifications in all other respects.
4. The Tenderer warrants that this Tender was made without any connection, knowledge or arrangements with any other Tenderer or industry group except as disclosed in the Tender.
5. The Tenderer understands that Council is not bound to accept the lowest or any Tender it may receive.
6. The tendered Schedule of Rates for this project are as detailed in this submission.

**Tenderer details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Name of Tenderer: | | |  | | |
| Contact Name for this Tender: | | |  | | |
| Address of Tenderer: | | |  | | |
| A.C.N/ A.B.N: | | |  | | |
| G.S.T. Registered: | | |  | | |
| Address of Registered Office: | | |  | | |
| Postal Address for Service of Notices: | | |  | | |
| Email: | | |  | | |
| Telephone: |  | | Facsimile: |  | |
| Contact Name Telephone/Mobile |  | | |  | |
| DATED this |  | | day of |  | ,2021 |
| In submitting this tender, I warrant that I am duly authorised to act on behalf of the tenderer | | | | | |
| SIGNED BY: | | | *(name written)* |  | |
|  | | | Position: |  | |
| WITNESSED BY: | |  | *(name written*) |  | |
|  | | | Position: |  | |

**IF A COMPANY OR PARTNERSHIP**

FULL NAME POSTAL ADDRESS OF ALL DIRECTORS / PARTNERS

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **Christian Name(s)** | **Residential Address** | **Postal Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. SUPPLIER INSURANCES**

**(Tenderers are to supply evidence of their insurance coverage (including copies of certificates of currency) for each type of insurance specified below in an attachment labelled “4 – Insurance Coverage”)**

**Public and Products Liability Insurance**

Insurer: ...................................................................................................................................

Policy Number: .......................................................................................................................

Limit of Protection: .................................................................................................................

Expiry Date: ...........................................................................................................................

**Queensland Workers Compensation**

Insurer: ...................................................................................................................................

Policy Number: .......................................................................................................................

Expiry Date: ...........................................................................................................................

Workers Compensation Reference Number: ………………..………………………

1. **QUALITY SYSTEM**

Tenderers **must** submit details of their Quality Accreditation or Internal Quality System. (*Note: Please tick relevant boxes where options are provided)*

Has Quality Assurance Certification been attained  Yes  No

If YES, to what ISO Standard?  ISO 9001:2008  ISO 9001:2015

Accreditation Expiry Date: …………………………………………………………………………

If YES, how were you certified?

First Party (Self Certified)

Second Party (Customer Certified)

Third Party (Externally Certified)

If YES, a copy of the Certificate is required to be provided. Please document the details and justification for any exclusion of products and services that are not within the scope of your quality system.

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

If NO, has Quality Certification been sought and how?

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

OR, is there an established Quality System in place?  Yes  No

**INTERNAL QUALITY SYSTEM** - (Provide **extensive** detail and an **example attachment**):

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**Note:** Possession of Quality Assurance Certification, while desirable, is not required or the sole evaluation criterion.

1. **SAFETY SYSTEM**

| 1 | WH&S Policy and Management | **N/A** | **Yes** | **No** |
| --- | --- | --- | --- | --- |
| **1****.1** | **Is there a written company WH&S policy?**  ***If yes provide a copy of WH&S policy***  ***Comments:.……………………………………………………..…………………………………………………………………….…………………..………………………………………………...……………...…………………………………………………………………………*** |  |  |  |
| **1.2** | **Does the company have a WH&S Management System?**  ***If Yes provide or attach details ………………………………………………………….………………............……………………………………………………………………………………………………………………….……………*…………………………………………………………….……………………** |  |  |  |
| **1.3** | **Is there a company WH&S Management System Manual or plan?**  ***If Yes provide a copy of contents page(s)***  ***Comments: …………………………………………………………. ………………………………………………………….………………............…………………………………………………………………*** |  |  |  |
| **1.4** | **Are WH&S duties and responsibilities clearly identified for all levels of staff?**  **Does the company have a WH&S Management System?**  ***If Yes provide or attach details ………………………………………………………….…………………..……………………………………………………………………..……...………………………………………………………………….*** |  |  |  |
| 2 | Safe Work Practices and Procedures |  |  |  |
| **2.1** | **Has the company a standard Principal Contractors WHS Management Plan (Construction Safety Plan) (if a Principal Contractor has been appointed) and relevant Safe Work Method Statements?**  ***If yes, provide a copy of a Construction Safety Plan* (if a Principal Contractor has been appointed) *together with summary listing of the Safe Work Method Statements. (Note: Successful tenderers will be required to provide a Construction Safety Plan for evaluation before any work commences).***  ***Comments:…………………………………………………………...….……………………………………………………………………………….………………………………………………….……………..*** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **N/A** | **Yes** | **No** |
| **2.2** | **Has the company prepared safe work procedures or specific safety instructions relevant to its operations? *(Provide a copy of one procedure).***  ***If yes, provide a summary listing of procedures or instructions***  ***Comments:…………………………………………………………..……...………………………………………………………………….………..………………………………………………………………..*** |  |  |  |
| **2.3** | **Does the company have any permit to work systems (e.g. confined spaces / hot work)?**  ***If yes, provide a summary listing or permits.***  ***Comments:………………………………………………………….……..………………………………………………………………….………..……………………………………………………………….*** |  |  |  |
| **2.4** | **Is there a documented incident reporting & investigation procedure?**  ***If yes, provide a copy of a standard incident report form.***  ***Comments:…………………………………………………………..……..…………………………………………………………………..………..………………………………………………………………..*** |  |  |  |
| **2.5** | **Are there procedures for maintaining, inspecting and assessing the hazards of plant operated / owned by the company?**  ***If Yes provide or attach details of Plant operators’ certificates of competency, Rii competencies, risk assessments, inspection forms, pre-start checklists.***  ***……………………………………………………………………………...……………………………………………………………………*** |  |  |  |
| **2.6** | **Are there procedures for storing and handling hazardous chemicals?**  ***If Yes provide or attach details ……………………………………………………………………………...…………………………………………………………………….*** |  |  |  |
| **2.7** | **Are there procedures for identifying, assessing and controlling risks associated with manual tasks?**  ***If Yes provide or attach details ……………………………………………………………………………...…………………………………………………………………….*** |  |  |  |
|  |  | **N/A** | **Yes** | **No** |
| **2.8** | **Have you any risk assessment (relevant generic risk assessments accepted) relevant to this type of contract?**  ***If Yes provide or attach details ……………………………………………………………………………...…………………………………………………………………....*** |  |  |  |
| **2.9** | **Does your company provide relevant PPE for workers?**  ***If Yes provide or attach details ………………………………………………………….…………………..…………………………………………………………………….*** |  |  |  |
| 3 | Workplace Health and Safety Training |  |  |  |
| **3.1** | **Describe how WH&S training is conducted in your company?**  ***If Yes provide or attach details ………………………………………………………….…………………..……………………………………………………………………..*** |  |  |  |
| **3.2** | **Is a record maintained of all training and induction programs undertaken for employees in your company?**  ***If Yes provide or attach details ………………………………………………………….………………………………………………………………………………………………...…………………………………………………………………*** |  |  |  |
| **3.3** | **Does your company assess the competency of workers?**  ***If Yes provide or attach details ………………………………………………………….…………………..……………………………………………………………………..……...………………………………………………………...............*** |  |  |  |
| **3.4** | **Please enclose details of any HRW Licences, certificates of competency or other qualifications relevant to this contract?** |  |  |  |
| 4 | WH&S Inspection |  |  |  |
| **4.1** | **Are regular WH&S inspections at worksites undertaken?**  ***If Yes provide or attach details ………………………………………………………….…………………..…………………………………………………………………….……….……...………………………………………………………...*** |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | **N/A** | **Yes** | **No** |
| **4.2** | | **Are standard workplace inspection checklists used to conduct inspections?**  ***If Yes provide or attach details ………………………………………………………….…………………..……………………………………………………………………..……...………………………………………………………………….*** |  |  |  |
| **4.3** | | **Is there a procedure or form by which employees can report hazards at workplaces?**  ***If Yes provide or attach details ………………………………………………………….…………………..……………………………………………………………………..……...………………………………………………………………….*** |  |  |  |
| 5 | Health and Safety Consultation | |  |  |  |
| **5.1** | **Is there a workplace health and safety committee?** | |  |  |  |
| **5.2** | **Are employees involved in decision making over WH&S matters?**  ***If Yes provide or attach details ………………………………………………………….…………………..………………………………………………………..………………………………………………………………………………………*** | |  |  |  |
| **5.3** | **Are there employee elected health and safety representatives (HSRs)?**  ***If Yes provide or attach details ………………………………………………………….…………………...……………………………………………………………..................................................................................................................*** | |  |  |  |
| **5.4** | **Is there a Safety Advisor/WHSO appointed?**  ***If Yes provide or attach details ………………………………………………………….……………………….…………………………………………………………………………...........................................................................................*** | |  |  |  |
| 6 | WH&S Performance Monitoring | |  |  |  |
| **6.1** | **Is there a system for recording and analysing WH&S performance statistics?**  ***If Yes provide or attach details ………………………………………………………….……………….....…………………………………………………………………………..……………………………………………………………………………………….*** | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **N/A** | **Yes** | **No** |
| **6.2** | **Are employees regularly provided with information on company WH&S performance?**  ***Comments:………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………*** |  |  |  |
| **6.3** | **Has the Division of WH&S issued an Improvement Notice, Prohibition Notice or enforceable undertaking to the Company in the last three years?**  ***If Yes provide or attach details …………………………………………………………….……………….….……………………………………………………………………….............*** |  |  |  |
| **6.4** | **Has the company ever been convicted of a WH&S offence?**  ***If Yes provide or attach details …………………………………………………………….……………….….……………………………………………………………………….............*** |  |  |  |
| 7 | Insurances |  |  |  |
| **7.1** | **🞎 Professional Indemnify Insurance Certificate of Currency**  **🞎 Public Liability Insurance Certificate of Currency**  **🞎 Workers Compensation Number**  **🞎 ABN** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 8 | Company References | | | |
| **8.1** | **Please provide the following information for the three (3) most recent contracts completed by the company.** | | | |
|  | | Contract 1 | Contract 2 | Contract 3 |
| **Contract Description** | |  |  |  |
| **Client Name** | |  |  |  |
| **Workplace Health & Safety Contact** | |  |  |  |
| **Phone Number** | |  |  |  |
| **Number of lost time injuries** | |  |  |  |
| **Number of person days on contract** | |  |  |  |
| **Total days lost due to injuries** | |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9 | Safety Induction Status | | | | | |
| **9.1** | | **Please provide Construction Blue / White Card information for employees of your company.** | | | | |
| **Employee Name** | | | **Card No.** | **Date(s) of Induction** | **Card**  **Valid To** | **Authorised**  **Trainer** |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |
|  | | |  |  |  |  |

If more employees, please attach details.

1. **ORGANISATIONAL PROFILE**

|  |  |  |
| --- | --- | --- |
| Attach a copy of the Tenderer’s organisation structure and provide background information on the Tenderer and label it **“7.1 – Organisational Profile”**. | **“Organisational Profile”** | Tick if attached  🞏 |
| If corporations are involved, attach their current ASIC company extracts search including latest annual return and label it **“7.2 – ASIC Company Extracts”**. | **“ASIC Company Extracts”** | Tick if attached  🞏 |

1. **REFEREES**

|  |  |  |
| --- | --- | --- |
| Attach details of the Tenderers’ referees, and label it **“8 –Referees”**. The Tenderer should give examples of work provided for its referees where possible. | **“Referees”** | Tick if attached  🞏 |

1. **AGENTS**

|  |  |  |
| --- | --- | --- |
| Is the Tenderer acting as an agent for another party? | Yes / No | |
| If Yes, attach details (including name and address) of the Tenderer’s principal and label it **“9 – Agents”**. | **“Agents”** | Tick if attached  🞏 |

1. **TRUSTS**

|  |  |  |
| --- | --- | --- |
| Is the Tenderer acting as a trustee of a trust? | Yes / No | |
| If Yes, in an attachment labelled **“10 – Trusts”**:  (a) give the name of the trust and include a copy of the trust deed (and all related documents);and  (b) provide the names and addresses of all beneficiaries of the trust. | **“Trusts”** | Tick if attached  🞏 |

1. **SUBCONTRACTORS**

|  |  |  |
| --- | --- | --- |
| Does the Tenderer intend to subcontract any of the obligations of the Contractor under the Contract? | Yes / No | |
| If Yes, in an attachment labelled **“11 – Subcontractors”** provide details of the subcontractor(s) including:  (a) the name, address and the number of people employed; and  (b) the obligations that will be subcontracted. | **“Subcontractors”** | Tick if attached  🞏 |

1. **CONFLICT OF INTEREST**

|  |  |  |
| --- | --- | --- |
| Will any actual or potential conflict of interest in the performance of the Tenderers’ obligations under the Contract exist if the Tenderer is awarded the Contract, or are any such conflicts of interest likely to arise during the Contract? | Yes / No | |
| If Yes, please supply in an attachment details of any actual or potential conflict of interest and the way in which any conflict will be dealt with and label it **“12 – Conflict of Interest”**. | **“Conflict of Interest”** | Tick if attached  🞏 |

1. **FINANCIAL POSITION**

|  |  |
| --- | --- |
| Is the Tenderer presently able to pay all its debts in full as and when they fall due? | Yes / No |
| Is the Tenderer currently engaged in litigation as a result of which it may be liable for $50,000.00 or more? | Yes / No |
| If the Tenderer is awarded the Contract, will it be able to fulfil the obligations of the Contractor under the Contract from its own resources or from resources readily available to it and remain able to pay all of its debts in full as and when they fall due? | Yes / No |

1. **GOODS AND SERVICES TAX**

|  |  |
| --- | --- |
| Is the Tenderer registered or required to be registered under the GST Act? | Yes / No |

1. **NON-CONFORMING TENDERS**

|  |  |  |
| --- | --- | --- |
| Has the Tenderer lodged a conforming Tender? | Yes / No | |
| If yes, and this Tender is a non-conforming Tender, has the Tenderer prepared and lodged with this Tender, a clear summary of all points of difference between this Tender and the conforming Tender in an attachment labelled **“15 – Non-Conforming Tender Summary”**? | Yes / No | |
|  | **“Non-Conforming Tender Summary”** | Tick if attached  🞏 |

# 

1. **LEGAL COMPLIANCE**

|  |  |
| --- | --- |
| Has the tenderer or any of the tenderer’s personnel ever been found guilty of an offence under environmental or other legislation? | Yes  No |
| If Yes, give details: |
|  |
| Has the tenderer or any of the tenderer’s personnel ever received notice from a relevant authority of an alleged breach of environmental or other legislation? | Yes  No |
| If Yes, give details: |
|  |
| Is the tenderer aware of any currently existing circumstances which would place the tenderer or any of the tenderer’s personnel in breach of any environmental or other legislation? | Yes  No |
| If Yes, give details: |
|  |

1. **CONTRACT EXPERIENCE**

Provide details of recent and/ current contracts of **a similar nature to those required in this tender** which have been undertaken in the last 5 years. **(Minimum one non-council referee)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Contract 1 | Contract 2 | Contract 3 |
| Activity  (e.g. Water Projects) |  |  |  |
| Scope of Work  (e.g. Design & Construct) |  |  |  |
| $ value |  |  |  |
| Duration of contract |  |  |  |
| Client |  |  |  |
| Contact Name |  |  |  |
| Contact Phone Number |  |  |  |

1. **STATEMENT OF PERSONNEL**

Provide details of names, qualifications, professional membership and experience of the personnel you propose to provide the services

|  |  |
| --- | --- |
| **Name** |  |
| **Formal Training**  *(Qualification / Registration / Certificates)* |  |
| **Experience relevant to this contract** |  |
| **Employment Status**  *(Full time, Apprentice, Labour Hire)* |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Formal Training**  *(Qualification / Registration / Certificates)* |  |
| **Experience relevant to this contract** |  |
| **Employment Status**  *(Full time, Apprentice, Labour Hire)* |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Formal Training**  *(Qualification / Registration / Certificates)* |  |
| **Experience relevant to this contract** |  |
| **Employment Status**  *(Full time, Apprentice, Labour Hire)* |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Formal Training**  *(Qualification / Registration / Certificates)* |  |
| **Experience relevant to this contract** |  |
| **Employment Status**  *(Full time, Apprentice, Labour Hire)* |  |

1. **REGISTRATION DETAILS**

Tenderer is to complete below table, after having regard to levels of registrations required by Conditions of Contract as stated below

|  |  |
| --- | --- |
| Tenderer’s ABN: |  |

*Persons conducting works under this contract shall hold the necessary nationally recognised competencies to conduct the required work and the necessary licensing to operate any plant or equipment. If the statutory requirements change during the period of this contract, no additional charge will be borne by Council.*

1. **SUPPORT OF LOCAL BUSINESS AND INDUSTRY**

|  |  |
| --- | --- |
| Is the Tenderer’s business located within Council’s local government area? | Yes  No |
| If Yes, give details: |
|  |
| Are there businesses within Council’s local government area from which the Tenderer proposes to acquire goods or services in connection with the supply of Services to Council? | Yes  No |
| If Yes, give details: |
|  |

1. **COLLECTION OF PERSONAL INFORMATION**

North Burnett Regional Council is collecting your personal information in accordance with the *Local Government Act 2009* (the Act) and the *Local Government Regulation 2012* (the Regulation) for the purpose of evaluating your tender submission and administering any subsequent contract. Generally, we will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to your referees and ATO. Further, under the Regulation Council is required to publish the relevant details of any contract worth $200,000 or more on its website. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council’s Information Privacy Policy and Procedures and this collection notice.

1. **STATUTORY DECLARATION OF NON-COLLUSION**

**Oaths Act 1867**

**The Tenderer must complete and submit with tender**

**All Submitted information will be treated as confidential**

**I,** *(Print name),*

**of** *(Tenderer),*

do solemnly and sincerely declare that:

1. I hold the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am duly authorised by the tendering organisation to lawfully proclaim the following and, after having made due inquiry, believe the following to be completely accurate to the best of my knowledge.

2. Neither the Tenderer nor the Tenderer’s agents, servants or any other party on its behalf, have entered into any contract or agreement to offer payment of any kind to a trade association, representative of the Superintendent or representative of Council in the event of the Tenderer being awarded any contract as a result of its tender.

3. Neither the Tenderer nor the Tenderer’s agents, servants or any other party on its behalf, have had any knowledge of the price of tenders submitted by it’s competitors. The Tenderer did not furnish the price of the enclosed tender to any competitor on or before the closing time for submission of tenders.

4. Neither the Tenderer nor the Tenderer’s agents, servants or any other party on its behalf, have entered into any contract, arrangement or understanding having the result that on having its tender accepted or being awarded the resulting contract, the Tenderer will pay any unsuccessful tenderer any money or other reward in respect of or in relation to the Tender or any resulting contract.

5. Neither the Tenderer nor the Tenderer’s agents, servants or any other party on its behalf, have attempted to acquire information relevant to the tender award process by offering any form of bribe, gift or favour to Council, Council’s employees, any councillors, Council’s consultants involved in the invitation to tender, or any of their employees.

6. This declaration has in no way been written under duress of any form.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867* (Qld).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signature of Tenderer:** | |  | | |
| **Declared at:** | |  | | |
| **This:** | |  | **Day Of:** | **2021** |
| **Before me :** | |  | | **(Print name)** |
| **JUSTICE OF THE PEACE, LAWYER, NOTARY PUBLIC OR OTHER PERSON AUTHORISED BY LAW** | | | | |

1. **SCHEDULE OF RATES**

**SCHEDULE NO. 1**

**SUPPLY OF QUARRY MATERIALS**

The rates shall include supply of the product and loading of the product into trucks – excluding the actual truck hire costs.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ITEM | DESCRIPTION | | | UNIT | | RATE ($) | |
| 1. TYPE 2 UNBOUND MATERIAL | | | | | | | |
| (a) | Subtype 2.1 | | | tonne | |  | |
| (b) | Subtype 2.2 | | | tonne | |  | |
| (c) | Subtype 2.3 | | | tonne | |  | |
| (d) | Subtype 2.4 | | | tonne | |  | |
| (e) | Subtype 2.5 | | | tonne | |  | |
| 2. TYPE 3 UNBOUND MATERIAL | | | | | | | |
| (a) | | Subtype 3.1 | | | tonne | |  |
| (b) | | Subtype 3.2 | | | tonne | |  |
| (c) | | Subtype 3.3 | | | tonne | |  |
| (d) | | Subtype 3.4 | | | tonne | |  |
| (e) | | Subtype 3.5 | | | tonne | |  |
| 3. COVER AGGREGATE (MRTS 11.22) | | | | | | | |
| (a) | 7 mm, Un-precoated | | | tonne | |  | |
| (b) | 7 mm, Precoated | | | tonne | |  | |
| (c) | 10 mm, Precoated | | | tonne | |  | |
| (d) | 14 mm, Precoated | | | tonne | |  | |
| 4. CRUSHER DUST | | | | tonne | |  | |
| 5. ROCK | | | | | | | |
| (a) | 40mm – 75mm | | tonne | | |  | |
| (b) | 75mm – 150mm | | tonne | | |  | |
| (c) | 150mm – 250mm | | tonne | | |  | |
| (d) | 250mm – 500mm | | | tonne | |  | |
| Notes: Prices are to be inclusive of GST | | | | | | | |

**SCHEDULE NO. 2**

**DELIVERY OF QUARRY PRODUCT**

This pricing schedule is additional to supply and shall include loading of trucks.

|  |  |  |
| --- | --- | --- |
| **Material Group** | **Unit** | **Price Tendered**  **(inc GST)** |
|
| Type 2 unbound material | $ / tonne.km |  |
| Type 3 unbound material | $ / tonne.km |  |
| Bitumen Cover Aggregate | $ / tonne.km |  |
| Crusher Dust | $ / tonne.km |  |
| Rock | $ / tonne.km |  |

**SCHEDULE NO. 3**

**LOCATION OF SUPPLY- LIST OF REGIONS**

Preferred Localities

Please nominate your preferred region for provision of service. Note: More than one region may be selected.

* All localities Yes/No
* Monto Yes/No
* Eidsvold Yes/No
* Mundubbera Yes/No
* Gayndah Yes/No
* Mount Perry Yes/No
* Biggenden Yes/No

I/We hereby offer the above stated rates for supply as per Tender Number ***2913\_2020-21\_TTB\_32*** for Council’s **Pre-qualified supplier register for Supply and Transport of Quarry Materials.**

In submitting this tender, I warrant that I am duly authorised to act on behalf of the tenderer.

Tenderer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Tenderer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Offered: \_\_\_\_ / \_\_\_\_\_\_\_ 2021

Witness

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_\_\_\_ 2021