**Mobile Phone Contract Renewal: assessment document**

1. **price criteria – 30%**

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| **Description of all the services you undertake** | **Description of work undertaken** | **Hourly Rate (£)** | **Daily Rate (£)** | **Variations** |
| *Enter title for service undertaken* | *Provide full description of work undertaken* ***(including expected number of days to complete all the tasks set)*** | *Enter price in this box, exclusive of VAT* | *Enter price in this box, exclusive of VAT* | *Enter all variations here (such as weekend work, services required next day etc.)* |

**Total BID PRICE** - £xx,xxx

**Any Additional comments:**

1. **Quality criteria – 70% (SUB WEIGHTINGS FOR EACH SECTION ARE SHOWN BELOW)**

**Section A - company information**

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| **Item** | **Information required** | **Please complete or attach information requested** | **Maximum mark** |
| 2.1 | Name of legal entity or sole trader in whose name the Tender/Quote is submitted |  | No Score |
| 2.2 | Registered Business Address/Head Office |  | No Score |
| 2.3 | Main Contact Name |  | No Score |
| 2.4 | Email address |  | No Score |
| 2.5 | Web address (if any) |  |  |
| 2.6 | Telephone Number(s) |  | No Score |
| 2.7 | VAT Registration Number |  | No Score |
| 2.8 | [D-U-N-S](http://www.dnb.co.uk/dandb-duns-number/request-a-duns-number) Number |  | No Score |
| 2.9 | Company Registration Number if registered with Companies House or equivalent |  | No Score |
| 2.10 | Name of Parent or Holding Company (if applicable) |  | No Score |
| 2.11 | Type of Business | Choose from:   * Sole Proprietor * Partnership * Private Company * PLC * Limited Company * Local Authority * Other (please specify) | No Score |
| 2.12 | If Type of Business is “Other,” please state |  | No Score |
| 2.13 | Are you a Small or Medium Enterprise (under 250 employees)? | Yes / No | No Score |
| 2.14 | Are you a Voluntary, Community or Social Enterprise? | Yes / No | No Score |
| 2.15 | Please provide details of all relevant professional qualifications and/or memberships (organisation and individuals) |  | No Score |
| 2.16 | Please give details of all insurances held and attach copies of certificates, which should state, where applicable:   * Policy No * Limit of indemnity * Excess * Limit for a single event * Expiry date | * Employers liability insurance * Public liability insurance * Professional indemnity insurance * Contractors all risk insurance | As described in Part 10.4 of the Conditions of Contract, the Authority |

**Section b – YOUR APPROACH – 40%**

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| Suppliers should provide a detailed outline of how they will carry out the service required, ensuring that information is provided as to how you approach working with clients and other partners, illustrating both flexibility and the ability to work to set time limits.  Please provide a work schedule / timescales / two-way review periods in the format you believe most suitable.  If applicable, please also give a brief outline of your policy regarding the use of sub-contractors and, if appropriate, the extent to which you might envisage using them for this contract. |
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**Section C – SCOPE OF SERVICES – 30%**

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| Suppliers should provide the following information:   * Details of how you will ensure the full consideration of all potential users * Confirm the agreed outcome(s) / format(s) of your outputs * How you will add value in delivering against the core requirements * Provide details of services that would attract any significant additional costs |
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**Section D – YOUR Experience / references – 30%**

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| In this section suppliers should provide details of any qualifications/memberships held by your organisation/individual staff.  Suppliers should also provide details of at least 2 contracts / case studies that are relevant to our requirements (formal references are not required at this stage). |
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