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**Stage 1**

**Procurement Specific Questionnaire Response Form**

**Kirklees College**

**Out of Home Advertising**

**MultiQuote Reference CA15965**

Date & Time for Return of Tenders: **Noon, on 1st July 2025**

Anticipated Contract Commencement Date: 1st August 2025

Anticipated Initial Completion Date: 31st July 2028

Anticipated Contract Extension Period: 31st July 2030

**An Open Tender conducted in accordance with the Procurement Act 2023.**

**PR1: Procurement Specific Questionnaire Response Form**

|  |  |
| --- | --- |
| **No.** | **Question** |
| Preliminary questions | |
|  | What is your name? (supplier name) |
| **[Insert name]** |
|  | *You must be registered on the central digital platform (CDP).*  What is your central digital platform unique identifier? |
| **[Insert unique identifier]** |
|  | Please confirm if you are bidding as a single supplier (with or without sub-contractors) or as part of a group or consortium.  If you are bidding as part of a group or consortium (including where you intend to establish a legal entity to deliver the contract), please provide:   1. the name of the group/consortium 2. the proposed structure of the group/consortium, including the legal structure where applicable 3. the name of the lead member in the group/consortium 4. your role in the group/consortium (e.g. lead member, consortium member, sub-contractor) |
| **[Insert information or state “Not applicable”]** |
|  | **[Where applicable]** Not Required |
| **[Insert details]** |
|  | Are you on the debarment list? |
| **[Insert Yes or No]**  **[If yes, insert details]** |
| Part 1 – confirmation of core supplier information | |
|  | You must submit up-to-date core supplier information on the CDP and share this with information with us via the CDP (either a share code or PDF download).  This includes:   1. basic information 2. economic and financial standing information 3. connected person information (these are persons with the right to exercise, or who actually exercise, significant influence or control over the supplier, or over whom the supplier has the right to exercise, or actually exercises, significant influence or control over, for example: directors, majority shareholders and parent and subsidiary companies) 4. exclusion grounds information   Please confirm you have shared this information with us **and please submit the ZIP file downloaded from the Central Digital Platform with this questionnaire as part of your application/tender submission**. |
| **[Insert reference / file name]** |
| Part 2 – additional exclusions information | |
| Part 2A – associated persons | |
|  | Are you relying on any associated persons to satisfy the conditions of participation? (these are other suppliers who might be sub-contractors or consortium members but not a guarantor).  [The conditions of participation are outlined in Part 3]  If so, please complete **Q8, Q9 & Q10** (otherwise **Q8, Q9 & Q10** are not applicable). |
| **[Insert Yes or No]** |
|  | For each associated person, please confirm which condition(s) of participation you are relying on them to satisfy. |
| **[Insert name of supplier and brief description, continue for each subsequent supplier or state “Not applicable”]** |
|  | For each associated person, you must confirm they are registered on the CDP and have shared with us their information (either a share code or PDF download):   1. basic information 2. economic and financial standing information  (if they are being relied upon to meet conditions of participation regarding financial capacity) 3. connected person information 4. exclusion grounds information |
| **[Insert name of supplier and reference / file name, continue for each subsequent supplier or state “Not applicable”]** |
|  | Are any of your associated persons on the debarment list? |
| **[Insert Yes or No, or state “Not applicable”]**  **[If yes, insert details]** |
| Part 2B – list of all intended sub-contractors | |
|  | Please provide:   1. a list of all suppliers who you intend to sub-contract the performance of all or part of the contract to (either directly or in your wider supply chain) 2. their unique identifier (if they are registered on the CDP), or otherwise, a Companies House number charity number, VAT registration number, or equivalent 3. a brief description of their intended role in the performance of the contract   If you are not intending to sub-contract the performance of all or part of the contract, then this **question and Q12** are not applicable.  If a sub-contractor is unknown at the start of the procurement (or brought in during it), this should be made clear by the supplier and relevant details of the sub-contractor should be provided once their identity and role is confirmed. This information should be shared with the contracting authority as soon as possible and at least by final tenders. |
| **[Insert name of sub-contractor – unique identifier – brief description, continue for each subsequent sub-contractor or state “Not applicable”]** |
|  | Please confirm if any intended sub-contractor is on the debarment list.  The debarment list can be found here [insert link] |
| **[Insert Yes or No, or state “Not applicable]**  **[If yes, insert sub-contractor(s) name and provide details]** |
| Part 3 – questions relating to conditions of participation | |
| Part 3A – standard questions | |
| Financial capacity | |
|  | **Financial Capacity Conditions of Participation**  Insurance of £5 million |
| **[Set out how your company or consortia complies with the financial capacity conditions of participation if not evident from the information supplied in response to Question 6 and (where applicable) Question 9]** |
|  | Are you relying on another supplier to act as a guarantor?  If so, please provide their name and evidence of their economic and financial standing. |
| **[Insert Yes or No]**  **[If yes, insert reference / file name]** |
|  | Please confirm whether you already have, or can commit to obtain, prior to the award of the contract, the levels of insurance cover indicated below:   1. Employer’s (Compulsory) Liability Insurance\* = [£5,000,000] 2. Public / Product Liability Insurance = [£5,000,000] 3. Professional Indemnity Insurance = [£5,000,000]   \*There is a legal requirement for certain employers to hold Employer’s (Compulsory) Liability Insurance of £5 million as a minimum. See the Health and Safety Executive website for more information: [www.hse.gov.uk/pubns/hse39.pdf](http://www.hse.gov.uk/pubns/hse39.pdf). |
| **[Insert Yes or No]**  **[Insert details of your insurances already in place]**  **[Insert details of your insurances which would be obtained following contract award (including information on how you will obtain this insurance – e.g. a quote)]** |
| Legal capacity | |
|  | **Legal Capacity Conditions of Participation**  Not required. |
| **[Set out how your company or consortia complies with the legal capacity conditions of participation]** |
|  | Please confirm that you have in place, or that you will have in place by the award of the contract, the human and technical resources to perform the contract to ensure compliance with the UK General Data Protection Regulation and to ensure the protection of the rights of data subjects.  Please provide details of the technical facilities and measures (including systems and processes) you have in place, or will have in place by contract award, to ensure compliance with UK data protection law and to ensure the protection of the rights of data subjects. Your response should include, but should not be limited to facilities and measures:   * to ensure ongoing confidentiality, integrity, availability and resilience of processing systems and services * to comply with the rights of data subjects in respect of receiving privacy information, and access, rectification, deletion and portability of personal data * to ensure that any consent based processing meets standards of active, informed consent, and that such consents are recorded and auditable * to ensure legal safeguards are in place to legitimise transfers of personal data outside the UK (if such transfers will take place) * to maintain records of personal data processing activities * to regularly test, assess and evaluate the effectiveness of the above measures |
| **[Insert Yes or No]**  **[Insert information]** |
| Technical ability | |
|  | **Relevant experience and contract examples**  Please provide details of up to three contracts to meet conditions of participation relating to technical ability set out in the relevant notice or procurement documents, in any combination from either the public or private sectors (which may include samples of grant-funded work).  Where this procurement is for goods or services, the examples must be from the past three years.  The named contact provided should be able to provide written evidence to confirm the accuracy of the information provided.  For consortium bids, or where you have indicated that you are relying on an associated person to meet the technical ability, you should provide relevant examples of where the associated person has delivered similar requirements. If this is not possible (e.g. the consortium is newly formed or a special purpose vehicle is to be created for this contract) then three separate examples should be provided between the principal member(s) of the proposed consortium or members of the special purpose vehicle or sub-contractors (three examples are not required from each member).  If you cannot provide at least one example of previous contracts, please provide an explanation for this and how you meet the conditions of participation relating to technical ability. |
| **[Insert information below]**   |  |  |  |  | | --- | --- | --- | --- | |  | **Contract 1** | **Contract 2** | **Contract 3** | | **Name of customer**  **organisation who**  **signed the contract** |  |  |  | | **Name of supplier**  **who signed the**  **contract** |  |  |  | | **Point of contact in**  **the customer’s**  **organisation** |  |  |  | | **Position in the**  **customer’s**  **organisation** |  |  |  | | **Email address** |  |  |  | | **Description of**  **contract** |  |  |  | | **Contract start date** |  |  |  | | **Contract completion date** |  |  |  | | **Estimated contract**  **value** |  |  |  |  |  | | --- | | **[If you cannot provide at least one example of previous contracts that are relevant to the requirement, in no more than 500 words please provide an explanation for this and how you meet the conditions of participation relating to technical ability – e.g. your organisation is a new start-up or you have provided services in the past but not under a contract.]** | |
|  | **Experience of sub-contractor management**  Where you intend to sub-contract a proportion of the contract, please demonstrate how you have previously maintained healthy supply chains with your sub-contractor(s) (which may be the intended sub-contractor(s) for this procurement or any others used previously).  The description should include the procedures you use to ensure performance of the contract. |
| **[Insert information]** |
|  | **Organisational standards**  Where conditions of participation have specified organisational qualifications or standards, please provide details of how these are met, or other equivalent standards that equal or exceed what has been requested. |
| **[Insert information]** |
|  | **Health and safety**  Please describe the arrangements you have in place to manage health and safety effectively and control significant risks relevant to the contract (including risks from the use of contractors, where relevant). |
| **[Insert information]** |
| Confirmations | |
|  | I confirm that:   * to the best of my knowledge the answers submitted, and information contained in this document are complete, accurate and not misleading * upon request and without delay I will provide any additional information requested of us * I understand that the response to this questionnaire will be used to assess whether our organisation is entitled to participate in, or continue to participate in, this procurement * I understand that our organisation may be excluded from the procurement if requested information has not been provided, if any of this response or any follow up responses are incomplete, inaccurate or misleading, if confidential information has been accessed or if we have unduly influenced your decision-making in this procurement |
| **[Insert Yes or No]** |

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| **Signed** |  |

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| **Date** |  |

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| **Name** |  |

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| **Role** |  |

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| **Phone number** |  |

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| --- | --- |
| **Email** |  |

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| --- | --- |
| **Postal address** |  |