

**Public Authority User Guide**

Public Authority instructions

* This template is part of the Procurement Services SA’s suite of Standard Market Approach templates.
* Its use supports consistent procurement practice across the South Australian Government and makes it easy for suppliers to supply to government.
* Public Authorities must use this template as their standard Invitation for Expression of Interest (‘EOI’) Supplier Response Form template. Refer to the *Sourcing Policy* for further details on when it is appropriate to use this template.
* It is recommended that the Public Authority includes instructions to internal users on how to use the form.

User specific instructions

* Section 1 - Supplier General Information (Pre-Registration Details) is mandated. It is important that you do not alter the structure (i.e. add, remove or adjust the wording) in any of the fields included in Section 1. This is because the information requested in Section 1 has been designed to align with the government’s *Supplier Pre-Registration System*.
* Sections 2, 3 and 4 should be tailored to suit each individual procurement process. There are instructions highlighted in yellow and green text throughout the template that provide guidance on tailoring the template. The yellow highlighted text indicates where you are required to insert details relevant to the specific EOI. The green highlighted text is general guidance for your information.
* All yellow and green highlighted user guidance should be deleted before releasing this template to the market. This User Guide text box should also be deleted before releasing this template to the market.
* In using the template, it is recommended that you include instructions to Suppliers on how to use the form. The areas highlighted in <grey angle brackets> provide instructions to suppliers and indicate where the supplier is required to provide a response.
* It is imperative that **only information that is needed to fairly evaluate a Response is requested from suppliers**.
* If you require assistance in using the template, please contact your public authority’s procurement team or contact Procurement Services SA at procurement@sa.gov.au

*Acknowledgement: Parts of this template have been adapted with permission from the New Zealand Government Procurement’s ‘RFQ Response Form Template’.*



**Invitation for Expression of Interest**

**<Insert Procurement Title>**

**Part C: Supplier Response Form**

|  |  |
| --- | --- |
| Public Authority: |  |
| Invitation Reference Number: |  |
| Response submitted by: |  |
| Date of Response: |  |

Instructions to Suppliers for completing this Response Form:

Amend this section to suit

* Please use this Supplier Response Form in responding to the Public Authority’s Invitation for Expression of Interest (‘Invitation’). It is important that You do not change the structure (section headings and sequence). Changing this structure will make it harder for the evaluators to find relevant information quickly.
* Before starting to complete this form please make sure that You have read the Invitation in full and understand the applicable EOI process, Invitation for Expression of Interest Conditions detailed in Part A: EOI Process Guidelines, and the Public Authority’s Requirements set out in Part B: Specification.
* The areas highlighted in <grey angle brackets> provide instructions and indicate where You are to write Your response.
* Where necessary, any supporting material (e.g. spreadsheets) should be attached to the back of this Response Form and referred to in the relevant field. Make sure all attachments are clearly named/numbered for the Public Authority.
* If anything is unclear about the Invitation or You have any questions, please get in touch with the Contact Officer identified in Section 1.3 of Part A before the last queries date and time set in Section 1.4 of Part A.
* For more resources on tendering go to [www.procurement.sa.gov.au](http://www.procurement.sa.gov.au).

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# SECTION 1 – SUPPLIER GENERAL INFORMATION (PRE-REGISTRATION DETAILS)

## SUPPLIER IDENTIFICATION

|  |  |
| --- | --- |
| Trading Name | <insert name> |
| Registered Name | <insert name> |
| ACN  | <insert number> |
| ABN | <insert number> |
| Address of registered office | <insert address> |
| Place of business in South Australia (if relevant) | <insert address> |
| Type of entity (e.g. company, trust, partnership, sole trader, other) | <insert entity> |
| Website | <insert URL> |

## SUPPLIER LOCATION AND CONTACT

|  |  |
| --- | --- |
| Contact Person | <insert name> |
| Position | <insert position> |
| Address | <insert address> |
| Postal address*(if different to above)* | <insert address> |
| E-mail | <insert email address> |
| Phone number | <insert phone number> |

## SUPPLIER STRUCTURE, RELATIONSHIPS AND FINANCIAL ROLES

Provide details of company ownership and Your executive personnel (e.g. Chief Executive Officer, Director/s, Senior Executive management). You can attach any necessary diagrams.

|  |  |
| --- | --- |
| Executive Position  | <insert position title> |
| Executive Name | <insert name of position holder> |

<insert additional table/s for additional executive personnel>

## ACCREDITATION AND CERTIFICATION

Provide details of current accreditation and certifications relevant to the conduct of Your business (e.g. quality assurance certification).

|  |  |
| --- | --- |
| Accreditation/Certification | <insert name of accreditation/certification> |
| Regulating Authority | <insert name of authority> |
| Accreditation/Certification number | <insert accreditation/certification number> |
| Valid to | <insert date valid to> |
| Scope of Accreditation/Certification | <insert scope and description> |

<insert additional table/s for additional accreditations/certifications>

## SUPPLIER SERVICES AND KEY PROJECTS

Provide details of the main goods or services You provide and any key projects that You have delivered which may be relevant to a range of goods/services requested by a Public Authority.

**Note:** The Public Authority will often ask for more specific examples that are relevant to the individual EOI in Your response to the evaluation criteria.

|  |  |
| --- | --- |
| Key Goods / Services You Provide  | <insert services> |
| Industry You align with    | <insert industry name> |
| Case Study Project description | <insert description> |
| Customer organisation | <insert customer name> |
| Number of personnel involved | <insert number> |
| Date of commencement and period of association | <insert commencement date and period of association> |
| Scope / Project details | <insert scope> |
| Total cost to buyer  | <insert project value> |

<insert additional table/s for additional projects>

## INSURANCE

Provide details of Your current insurance policies (e.g. public liability insurance, professional indemnity insurance).

|  |  |
| --- | --- |
| Policy Type | <insert policy type> |
| Policy Number | <insert policy number> |
| Policy Issuer | <insert insurer name> |
| Policy Cover ($) | <insert value> |
| Expiry Date | <insert date of expiry> |

<insert additional table/s for additional insurance policies>

## SUPPLEMENTARY DETAILS

Identify if You are one or more of the following: (You can attach any necessary evidence).

|  |  |  |
| --- | --- | --- |
| Not-for-Profit Organisation   | [ ]  Yes | [ ]  No |
| Aboriginal Business Enterprise  | [ ]  Yes | [ ]  No |
| Aboriginal Community Controlled Organisation  | [ ]  Yes | [ ]  No |
| Australian Disability Enterprise  | [ ]  Yes | [ ]  No |
| Social Enterprise  | [ ]  Yes | [ ]  No |
| Small-Medium Enterprise  | [ ]  Yes | [ ]  No |
| Women-Owned Business | [ ]  Yes | [ ]  No |

# SECTION 2 – EXTERNAL RESOURCES

## JOINT / CONSORTIUM RESPONSES

|  |
| --- |
| Is this Response a joint or consortium Response? |
| [ ]  Yes | [ ]  No |

If You are submitting a joint or consortium Response, then You must detail which parts of the Public Authority’s Requirement that each entity comprising the consortium or partnership will provide and how the entities relate to each other.

|  |
| --- |
| **Partner 1:** |
| Trading Name | <insert name> |
| Registered Name | <insert name> |
| ACN/ABN | <insert number> |
| Address of registered office | <insert address> |
| Contact Person | <insert name and title > |
| Telephone | <insert phone number> |
| Type of Relationship | <insert relationship> |
| Period of association | <insert period> |
| Goods/Services to be provided | <insert goods/service> |
| Estimated value of Goods/Services | <$> |

<insert additional table/s for additional Partners>

|  |
| --- |
| **Lead Entity of the Consortia/Partnership:** |
| Trading Name | <insert name> |
| Registered Name | <insert name> |
| ACN/ABN | <insert number> |

## SUBCONTRACTORS

|  |
| --- |
| Do you intend to engage a sub-contractor/s to deliver any part of the Public Authority’s Requirement? |
| [ ]  Yes  | [ ]  No |

Provide details of all sub-contractors to be engaged in connection with the delivery of the Public Authority’s Requirement or delete the table below if not applicable.

|  |
| --- |
| **Subcontractor 1:** |
| Trading Name | <insert name> |
| Registered Name | <insert name> |
| ACN/ABN | <insert number> |
| Address of registered office | <insert address> |
| Contact Person | <insert name and title > |
| Telephone | <insert phone number> |
| Period of association | <insert period> |
| Goods/Services to be provided | <insert goods/service> |
| Estimated value of Goods/Services | <$> |

<insert additional tables for additional subcontractors>

# SECTION 3 – SUPPLIER RESPONSE TO EVALUATION CRITERIA

## MANDATORY CRITERIA Delete this question if there are no mandatory criteria

Does Your Response comply with the following mandatory criteria? Provide details or attach supporting documents as evidence of Your compliance with each of the mandatory criteria listed below.

|  |
| --- |
| <Insert Mandatory Criteria 1> |
| [ ]  Yes | [ ]  No |
| <Insert Mandatory Criteria 2> |
| [ ]  Yes | [ ]  No |

## Insert or delete rows as required.

## WEIGHTED CRITERIA

The weighted criteria and questions below must be tailored to reflect the Public Authority’s approved evaluation criteria and sub-weighted criteria. The ITS – Part D: Evaluation Criteria Questions Bank (available on the PSSA website) provides a selection of example questions that can be adapted to assist in tailoring this section of the EOI.

### <Insert Weighted Evaluation Criteria 1>

|  |
| --- |
| <Insert question for supplier response to weighted evaluation criteria 1> |
|  |
| <Insert question for supplier response to weighted evaluation criteria 1> |
|  |

<insert or delete rows as required>

### Insert Weighted Evaluation Criteria 2>

|  |
| --- |
| <Insert question for supplier response to weighted evaluation criteria 2> |
|  |
| <Insert question for supplier response to weighted evaluation criteria 2> |
|  |

<insert or delete rows as required>

### <Insert Weighted Evaluation Criteria 3>

|  |
| --- |
| <Insert question for supplier response to weighted evaluation criteria 3> |
|  |
| <Insert question for supplier response to weighted evaluation criteria 3> |
|  |

<insert or delete rows as required>

### Industry Participation Policy

The Public Authority must specify the relevant IPP requirements to be completed [online](https://industryadvocate.sa.gov.au/policy-and-resources/). If a Tailored IPP Plan is to be used, attach the plan template in this section, and update this section to reflect lodgement requirements. Delete this section if IPP is not applicable.

Public Authorities and private parties contracting to the Government of South Australia are required to comply with the South Australian Industry Participation Policy (SAIPP) and the supporting procedural and reporting requirements.

You must complete an Industry Participation Plan online at: <https://industryadvocate.sa.gov.au/policy-and-resources/>

Guidelines and templates are also available to assist You to understand the detail and information required to meet Industry Participation Policy requirements.

You must submit a copy of Your completed Industry Participation Plan with Your Offer.

Under the functions of the *Industry Advocate Act 2017* the Industry Advocate has the discretion to review and assist in the negotiations for Industry Participation Plans to ensure that they comply with the SAIPP prior to the finalisation of contract conditions.

|  |
| --- |
| Have You completed an Industry Participation Plan online and submitted a copy with Your Offer?  |
| [ ]  Yes | [ ]  No |

## NON-WEIGHTED CRITERIA

### <Insert Non-Weighted Evaluation Criteria 1>

|  |
| --- |
| <Insert question for supplier response to non-weighted evaluation criteria 1> |
|  |
| <Insert question for supplier response to non-weighted evaluation criteria 1> |
|  |

<insert or delete rows as required>

### Insert Non-Weighted Evaluation Criteria 2>

|  |
| --- |
| <Insert question for supplier response to non-weighted evaluation criteria 2> |
|  |
| <Insert question for supplier response to non-weighted evaluation criteria 2> |
|  |

<insert or delete rows as required>

### References

Please supply the details of up to three referees to support Your ability to provide the Public Authority’s Requirement. Include a brief description of the goods and/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 Response. You also agree that all information provided to us by the referee will be confidential to us.

|  |
| --- |
| **Referee 1:** |
| Name of referee | <insert name> |
| Name of organisation | <insert name of organisation> |
| Title of referee | <insert title> |
| Address | <insert address> |
| Telephone | <insert email address> |
| Email | <insert phone number> |
| Nature of Business with Supplier | <insert goods and/or services provided and when delivered> |

|  |
| --- |
| **Referee 2:** |
| Name of referee | <insert name> |
| Name of organisation | <insert name of organisation> |
| Title of referee | <insert title> |
| Address | <insert address> |
| Telephone | <insert email address> |
| Email | <insert phone number> |
| Nature of Business with Supplier | <insert goods and/or services provided and when delivered> |

|  |
| --- |
| **Referee 3:** |
| Name of referee | <insert name> |
| Name of organisation | <insert name of organisation> |
| Title of referee | <insert title> |
| Address | <insert address> |
| Telephone | <insert email address> |
| Email | <insert phone number> |
| Nature of Business with Supplier | <insert goods and/or services provided and when delivered> |

# SECTION 4 – SUPPLIER DECLARATION

You must submit with your Response a signed declaration, in the form set out below.

Remember to select ‘agree’ or ‘disagree’ at the end of each row. If you don’t, you will be deemed to have agreed.

You must have the declaration signed by someone who is authorised to sign and able to verify each of the elements of the declaration e.g. Chief Executive or a Senior Manager.

If you are submitting a joint or consortium Response, each entity comprising the consortium or partnership must complete a separate declaration.

|  |  |  |
| --- | --- | --- |
| **Topic** | **Declaration** | **Supplier’s declaration** |
| **Invitation Process, Terms and Conditions** | I/we have read and fully understand the Invitation, including the applicable EOI Process and Invitation for EOI conditions detailed in Part A: EOI Process Guidelines. I/we confirm that the Supplier/s agree to be bound by them. | <agree / disagree> |
| **Collection of further information** | The Supplier/s authorises the Public Authority to:1. collect any information about the Supplier, 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 Response.

The Supplier/s agrees that all such information will be confidential to the Public Authority. | <agree / disagree> |
| **Public Authority Requirements** | I/we have read and fully understand the nature and extent of the Public Authority’s Requirements as described in Part B: Specification. I/we confirm that the Supplier/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> |
| **Ethics and Unlawful Collusion** | In submitting this Response, the Supplier/s warrants that:1. it is independent and that there has not been any unlawful collusion or anti-competitive conduct with any other Supplier or party in connection with this EOI Process. This clause does not apply to any formal joint venture contractual arrangement entered into between the Supplier and any other person(s), the details of which have been provided to the Public Authority as part of the Response submitted by the Supplier.
2. the total value of the goods and/or services to be provided by sub-contractors, to the extent known at the time of making this declaration, is $<insert value>.
3. it has not directly or indirectly approached any employee or representative of the Public Authority (other than the Contact Officer) to lobby or solicit information in relation to the Invitation.
4. it has not offered any incentive, or otherwise attempted to influence or provide any form of personal inducement, reward or benefit to any employee or representative of the Public Authority.
 | <agree / disagree> |
| **Electronic Files** | I/we confirm that I/we have checked any electronic files contained in the Response and that these are free from viruses. | <agree / disagree> |
| **Conflict of Interest declaration** | The Supplier warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Response. Where a Conflict of Interest arises during the Invitation process the Supplier/s will report it immediately to the Public Authority’s Contact Officer. | <agree / disagree> |
| **Details of Conflict of Interest:** <Suppliers must give details of any possible Conflict of Interest that exists or may arise in relation to the making and/or acceptance of their Response. 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 Response and this declaration:1. the information provided is true, accurate and complete and not misleading in any material respect
2. the Response does not contain Intellectual Property that will breach a third party’s rights
3. I/we have secured all appropriate authorisations to submit this Response, to make the statements and to provide the information in the Response and I/we am/are not aware of any impediments to enter into a formal Contract to deliver the Public Authority’s Requirements.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and Response may result in the Response being excluded from further consideration in the Invitation process.By signing this declaration, the signatory below represents, warrants and agrees that they have been authorised by the Supplier/s to make this declaration on its/their behalf. |
| Authorised Person Signature: | <sign here> |
| Authorised Person Name: | <insert name> |
| Title / Position: | <insert title> |
| Name of organisation | <insert organisation name> |
| Date: | <insert date> |
| Signature of Witness: | <sign here> |
| Witness Name: | <insert name> |
| Date: | <insert date> |