#### **ATTACHMENT 2 - Returnable Schedule**

The Submitter must complete the following information and any additional supportive information to support their ability to provide the works required.

#### 1.1. Business details

Full legal entity name	
Trading Name	
Legal entity type: (e.g. sole trader / partnership / registered company)	
Registered business address (must be a street address)	
ABN	
ACN	
Contact person	
Contact telephone	
Contact email	

#### 1.2. Cost to Council

The Submitter must include a detailed fee schedule showing breakdown of costs involved in delivering the works in terms of timeframe and any additions or extra services available.

[Lump Sum Fee] or [Consultancy Fee]	
GST	
Total	

## NOTE:

Council is seeking to establish a Lump Sum Contract and therefore Quote Offers should outline all disbursements and reimbursable costs. The Contract Sum payable by Council is not subject to rise and falls in the costs of labour, materials or any other items and is subject to variation only in accordance with the Contract.

# 1.3. Capability and Experience - Ability to Meet Technical Requirements and Specified Timeframes

## 1.3.1 Completion of the works by the specified date

Please confirm whether the date Friday 30 Septer	works under contract can be completed by the specified mber 2022.
☐ Yes	□ No
1.4 Performance on Similar I	Projects & Referees
Please provide details describing you with formulating Public Art Strategies	ur previous relevant experience of prior project experience s.
Referees should be advised that a regard to this Request for Quote.	member of the evaluation team may contact them with
Previous Experience:	
Insert details	
Proje	ect 1 & Referee Details
Contract Name:	
Location:	
Description of Work Performed:	
Client's Name:	
Total Contract Value	\$
Contract Start Date:	
Contract Finish Date	
Contact Det	ails of Client's Representative:
Name:	

Position:	
Address:	
Phone Number:	
Email address:	

Project 2 & Referee Details		
Contract Name:		
Location:		
Description of Work Performed:		
Client's Name:		
Total Contract Value	\$	
Contract Start Date:		
Contract Finish Date		
Contact Details of Client's Representative:		
Name:		
Position:		
Address:		
Phone Number:		
Email address:		

Add additional tables as required

## 1.4.1 Value Add

	Please advise an	Value Added	ł Service(s) y	ou would!	like to offer:
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Inse	ert details, if any.
	Methodology and delivery in timeframe e provide your proposed methodology or provide a Project Plan including activities and les for the completion of the works.
Inser docui	t proposed methodology or mark " <b>Attached</b> " if methodology is provided in a separate ment.
Other	requirements
1.6	Insurance Details
	What insurance policies does your company currently maintain? Please mark the appropriate box(es):
A.	Professional Indemnity Insurance Minimum level of cover required for all Works and Service Contracts:
	□ \$5,000,000
В.	Public Liability & Products Insurance Minimum level of cover required for all Works and Service Contracts:
	□ \$20,000,000

## **C.** Workers Compensation Insurance

D. Other

Workers Compensation, in the form of WorkCover or self-insurance arrangements in accordance with the Workplace Injury Rehabilitation and Compensation Act or evidence of alternative forms of cover:

	Please specify details, if applicable.
(	Conflict of Interest
	you have a conflict of interest (or any potential for a conflict of interest) concerning his Request for Quote, details of that conflict or potential conflict are as follows:
	Please specify details if applicable or mark "N/A".
F	Additional Information
	Please attach or enter any additional information that you would like to provide to
е	nable evaluation against the evaluation criteria.
	Insert details, if any.

#### 1.9 Compliance with the contract terms and conditions (Attachment 3)

Please state any proposed non-compliances with the proposed Contract Terms and Conditions in the table below, if any:

Clause ref	Current clause wording	Proposed new clause wording	Reason for change

### **Declaration by Submitter**

Having read and understood all information in this Request for Quote (including all attachments), the Submitter offers to carry out the works in accordance with the proposed Contract terms and conditions (Attachment 3), for the price and / or rates stated in the Returnable Schedule.

Furthermore, by signing the declaration below, the Submitter:

- A. confirms that the Submitter has read and understood Council's expectations of suppliers as set out in the Code Supplier Code of Conduct and the Information for Suppliers, both available on the public Frankston City Council website;
- B. provides a commitment that if selected to supply goods and / or services to Council, the Submitter will:

periodically check with reasonable frequency for updates and amendments to the Code;

aspire to meet Council's expectations of suppliers as set out in the Code, including as updated or amended by Council; and

C.	confirms that at the time of submitting this tender, the Submitter acknowledges that it is unaware of any breach to the Code.
	Signed by or on behalf of the Submitter
Sign Nam Fitle Date	
	END OF RETURNABLE SCHEDULE

## ATTACHMENT 3 - proposed Contract Terms and Conditions -

## **Standard FCC Council Consultancy Agreement**

Standard Frankston City Council Standard FCC Council Consultancy Agreement attached. (Note: this attachment is emailed as a separate PDF)