**COMMON USE ARRANGEMENT FOR AUDIT AND FINANCIAL ADVISORY SERVICES**

**(CUAAFA2018)**

**QUOTE EVALUATION FORM**

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| *This template is not recommended for complex procurements. For complex procurements and all contracts with an estimated value of $5 million or greater, use the standard* [Evaluation Report template](https://www.wa.gov.au/government/publications/evaluation-report).**Note:**1. *Appropriate records should be kept of the decision-making process leading up to the award of a contract.*
2. *If written quotes are sought, the evaluation of those quotes should be recorded in an evaluation report.*
3. *The CUAAFA2018 Buyers’ Guide does not prescribe the form of evaluation report used to record the evaluation of written quotes under the CUA. Please consider whether this Quote Evaluation Form is appropriate for the evaluation report used for your process.*
4. *Assess the complexity of the scope of work and estimated contract value when making that determination.*
 |
| **CUSTOMER DETAILS** [***Read & delete:*** *Copy these details from**the Quote Form (Part A).*] |
| **Quotation Description:** |  |
| **Customer / Buying Entity Name:** |  |
| **Customer Quote Number:** |  |
| **Customer / Buying Entity Address:** |  |
| **Customer Contact (Name & Title):** |  |
| **Telephone:** |  | **Email:** |  |
| **SERVICE CATEGORY** |
| **A.** Audit Services | [ ]  | **E.** Financial, Accounting & Tax Advisory | [ ]  |
| **B.** Forensic Audit Services | [ ]  | **F.** Procurement Advisory Services | [ ]  |
| **C.** Probity Services | [ ]  | **G.** Financial Assessments*Sub-category*:  | [ ]  |
| **D.** Risk Advisory Services | [ ]  | **H.** Program Reviews | [ ]  |
| **CONTRACT TERM** |
| **Start Date:** |  | **Finish Date:** |  |
| **Extension Options (if any):** | [***Read & delete:*** *List ‘N/A’ or copy the extension options from the Quote Form (Part A).*] |
| **CONTRACT VALUE & SCOPE** |
| **Estimated Contract Value / Budget:** | **$** |
| **Scope of Work:** | [***Read & delete****: Copy the scope of work from the Quote Form (Part A).*] |
| **SPECIAL CONDITONS & INSURANCES** |
| **Special Conditions (if any):** | [***Read & delete:*** *List ‘N/A’ or copy the special conditions from the Quote Form (Part A).*] |
| **Insurances:** [ ]  Insurances as per the Request, Schedule 1 [ ]  Additional cover requested |
| **QUALITATIVE CRITERIA** |
| [***Read & delete:*** *Copy the qualitative criteria from Quote Form (Part A).*] |
| **DECLARATION OF INTEREST AND CONFIDENTIALITY** |
| *All persons associated with the procurement process must complete a Declaration of Interest and Confidentiality Form and, as applicable, make or reaffirm declarations, in writing, prior to the commencement of the evaluation process.* |
| [ ]  | No interests were declared at evaluation or as applicable, in any previous declaration made. |
| [ ]  | The following interests were declared at evaluation and/or in any previous declaration made:* [insert details]

These interests were addressed by:* [insert details]
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| **EVALUATION OF QUOTATIONS** |
| *List the Contractor details, offer price, evaluation recommendation and comparative statement for each quotation evaluated. The comparative statement should record the evaluation of each quote against the qualitative criteria specified in the Quote Form, e.g. suitability of experience, risks, costs.* |
| **QUOTE 1** |
| **Contractor Legal Entity Name:** |  |
| **Contractor ACN and ABN:** |  |
| **Quotation Value (Incl GST):** | **$** |
| **Qualitative Ranking:** |  | **Price Ranking:** |  |
| **Evaluation Recommendation:** | [ ]  Recommended [ ]  Not Recommended |
| **Comparative Statement:** |
| **QUOTE 2** |
| **Contractor Legal Entity Name:** |  |
| **Contractor ACN and ABN:** |  |
| **Quotation Value (Incl GST):** | **$** |
| **Qualitative Ranking:** |  | **Price Ranking:** |  |
| **Evaluation Recommendation:** | [ ]  Recommended [ ]  Not Recommended |
| **Comparative Statement:** |

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| **RECOMMENDATION** |
| **Recommended Contractor:** |  |
| **Contract Price (GST incl):** |  |
| **Small Business (<20 employees):** | [ ]  Yes [ ]  No |
| **Basis of Recommendation:** |  |

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| **EVALUATION REPORT PREPARED BY:** |
|  |  |  |  |  |  |  |
| **Name** |  | **Title** |  | **Signature** |  | **Date** |
| **EVALUATION PANEL MEMBERS:** |
|  |  |  |  |  |  |  |
| **Name** |  | **Title** |  | **Signature** |  | **Date** |
|  |  |  |  |  |  |  |
| **Name** |  | **Title** |  | **Signature** |  | **Date** |
|  |  |  |  |  |  |  |
| **Name** |  | **Title** |  | **Signature** |  | **Date** |

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| **RECOMMENDATION APPROVED BY DELEGATED AUTHORITY:** |
|  |  |  |  |  |  |  |
| **Name** |  | **Title** |  | **Signature** |  | **Date** |