|  |
| --- |
| PART A: CUAICTS2021 QUOTE FORM ***Customer to complete and forward to selected contractors***  |
| *For Order of Precedence – Customer Contract Documents please refer to clause 4.22 of the* [*General Conditions of Contract [August 2019]*](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.wa.gov.au%2Fgovernment%2Fpublications%2Fgoods-and-services-request-conditions-and-general-conditions-of-contract-august-2019&data=04%7C01%7COlivia.Osment%40finance.wa.gov.au%7C85d942b736724444308208d9ed09a9c8%7Cb734b102a267429ab45e460c8ad63ae2%7C0%7C0%7C637801448020716291%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=Euivxj0EQLq02ZAruDbSyDY0Cij2RngkZMbx6LXDdZU%3D&reserved=0) |
| QUOTATION INFORMATION |
| **Quote Number:**  |  |
| **Quote Title:**(Required) |  |
| **Date of Issue:** |  |
| **Quote Closing Date (dd/mm/yyyy):** |  | **Quote Closing Time:** |  |
| **Submission of Offer Details:** |  |
| **Offer Validity Period:**  | ***[Number of]\** Months from closing date***.*  *\*Specify number of months (e.g. Three (3) months)* |
| Buying Entity: |  |
| Contact Person for this Quote |
| Name:  |  |
| Title:  |  |
| Telephone: |  |
| E-mail: |  |
| Contract Management Contact |
| Name: |  |
| Telephone: |  |
| E-mail: |  |
| Address: |  |
| Payment of Accounts Contact |
| Name: |  |
| Telephone:  |  |
| E-mail: |  |
| Address: |  |
| Preferred Payment Method:  | Select… |
| Qualitative Criteria (if required): |
| *E.g.:* *Suitability of proposed services (xx%)**Specified personnel (xx%)**Demonstrated skills and experience to undertake projects of a similar nature (xx%)**Methodology (xx%)*(While elements of local content such as service source and locations could be included in suitability of proposed services, Local Content should not be included and assessed as a separate criterion) |
| SCHEDULE 1 - CUSTOMER CONTRACT DETAILS |
| **Contract Term *(Select one)*** | **The Term of the Customer Contract is**  | [insert number of months or years for initial contract term] |
| **Contract Extension Options (if applicable)*****(select one)*** | **Select…** | ***If an extension is applicable enter the details below, otherwise delete this statement.***The Customer has [insert number] options to extend the Term, each option having a, [year/month] duration. |
| **Price Variation** ***(Select one)*** | **Select…** | ***If a price variation is applicable enter the details below, otherwise delete this statement.***[Insert Specific Mechanism e.g. On each anniversary of the Commencement Date, the Price will be varied by the Consumer Price Index (Consumer Price Index, Australia (Cat No 6401.0): 1 All Groups, Index Numbers – Perth)] |
| **Police Clearance *(Delete row if not applicable)****The Contractor must comply with police clearance request within thirty business days of the request.*  | **Select…** |
| **Confidential Information** ***(Select one)*** | **Select…** | ***If confidential information is applicable enter the details below, otherwise delete this statement.*** |
| [Insert confidential information] |
| **Intellectual Property Owner*****(Select one)***IMPORTANT NOTE: IP rights in the Head Agreement are owned by the contractor clause 23.2.If for this customer contract if you require the IP rights to rest with the state then use Under Clause 23.1 | The owner of the Intellectual Property Rights in the New Material for the purposes of clause 23 is**Select…** |
| **Warranties**IMPORTANT NOTE: Warranties in the Head Agreement are not specified as this is a contract for services | **Select…** | ***If warranties are applicable enter the details below, otherwise delete this statement.***[Insert warranties]  |
| Payment Schedule (if any): *Please insert relevant payment schedule if applicable.* |  *(E.g. Payment on a monthly basis in arrears, 40% at provision of milestone 1 and 40% at delivery of Project Outcomes.)* |
| Insurances ***(Select one based on assessed risk level)*** | Select…  |
| **Other Insurances (if applicable)*****For information on Technology (Cyber) Insurance refer to the*** [***Insurance and Risk Levels***](https://www.wa.gov.au/government/cuas/information-and-communications-technology-services-cuaicts2021#insurance-and-risk-levels) ***in the buyers guide and*** [***Circular 6 – Cyber (Technology) Insurance***](https://finprdpdwgpe01.blob.core.windows.net/procurementframeworks/CUAICTS2021/Circular/CUAICTS2021%20Circular%20No%206%20-%20Cyber%20%28Technology%29%20Insurance.pdf)***Technology (Cyber) Liability, Motor Vehicle Third Party and Property Insurance are optional insurances and should only be selected where the insurance is required, if these insurances are not required select N/A or delete row*** | Technology (Cyber) Liability | [Insert liability amount required] |
| Motor Vehicle Third Party | [Insert liability amount required] |
| Property Insurance | [Insert liability amount required] |

|  |  |  |
| --- | --- | --- |
| **Western Australian Industry Participation Strategy (WAIPS)****Dependent on the value of a WAIPS supply, prospective suppliers will be required to complete either a core (less detailed) or full (more detailed) participation plan. Thresholds for participation plans are as follows.** **Core Participation Plan*** **Metropolitan - $1 million to $5 million**
* **Regional – $500,000 - $1 million**

**Full Participation Plan metropolitan and regional*** **Metropolitan and regional Above $5 million**

**These values are for the total life of the contract including GST.** | Core Participation PlanFull Participation Plan | Select…Select… |
| The WAIPS can be viewed and downloaded at the Industry Link Advisory Service (ILAS) website <https://industrylink.wa.gov.au/participation-plans/participation-plans> |
| **Contract Management Requirements**  | Reporting MeetingsKey Performance Indicators  *(e.g. Ability to meet specified timelines, ability to provide quality reports/service, response time to issues or attach service level documentations. Refer to the* [*Complex*](#ICTMODULE) *SoR for sample of a Service Level Agreement).* |

|  |
| --- |
| SCHEDULE 2 – STATEMENT OF REQUIREMENTS |
| ***Category*** | ***Service*** | ***Please Select*** |
| 1 | ICT Planning, Consultancy and Advisory Services | [ ]  |
| 2 | ICT Implementation Services | [ ]  |
| 3 | ICT Operation and Management Services | [ ]  |
| Customer Contract Model : [ ]  Outcome Based (O) [ ]  Time Based (T) |
| *OPTION 1: use rows below for low value/low risk/routine procurements**Delete this row and rows applicable to Option 2 below if this Option 1 is selected* |
| Scope of Work / Other Requirements (specify or refer to an attachment): |
|  *(e.g. Background information of the scope of services, description of the work/project to be carried out, indicative hours.)* |
| Deliverables/ Output/ Outcome (specify or refer to an attachment):  |
|  *(e.g. Service Level Agreement,* *Report, Subscription Service, Paper, Project Plan, Managed Services with 97% customer satisfaction through survey.)* |
| *OPTION 2: use for complex procurements, the Complex SoR attached should be edited, saved and reattached below:**Delete this row and rows applicable to Option 1 above if this Option 2 is selected* |
| *Refer to attached document for the Statement of Requirements*  |
| **Instructions:** To access the document, double-click on the icon above. A new window will appear with the document. Please save the attachment to ensure your changes to the Complex SoR is saved.  |

|  |
| --- |
| **PART B: CUAICTS2021 CONTRACTOR’S OFFER FORM** *Contractor to complete and return to the Customer in accordance with the ‘submission of offer details’ in Part A* |
| To:  | (Buying Entity name and contact person) | Quote No: |  |
| Quote Title: |  |
| Contractor Name:  |  |
| Contractor’s Contact Person: |  |
| Email: |  | Contact No: |  |
| Are all other details as per your Contractor Profile? | [ ]  Yes [ ]  No(If 'No', please explain) |
| Quote Details: |
| The Customer reserves the right to reject any Offer that does not properly address the Quote Form, and/or which contains material departures from Quote Form.The Respondent must confirm whether it will comply with the conditions specified in this Quote Form. If the Respondent will not comply with any clause of the Quote Form, the Respondent must set out:* + 1. the clause it will not comply with;
		2. the extent of non-compliance – including the alternative clause, if any, or a description of any changes it requires to the Quote Form; and
		3. the reason for non-compliance.

**Does the Respondent agree to the Quote Form?** | **Select…**  | If no, provide details**.** |
| Participants (including subcontractors): |
| Is the Respondent acting as an agent or trustee for another person or persons? | **Select…** | If yes, provide details. |
| Is the Respondent acting jointly or in association with another person or persons? | **Select…** | If yes, provide details. |
| Has the Respondent engaged, or does the Respondent intend to engage, another person or persons as a subcontractor in connection with the supply of the Services. | **Select…** | If yes, provide details. |
| Has the Respondent obtained consent from each of the above-named subcontractor/s permitting the Respondent to receive information from the Customer and the Contract Authority as to whether the subcontractor/s is a suspended supplier within the meaning of the Procurement (Debarment of Suppliers) Regulations 2021, for the purposes of this Customer Contract (if Awarded). | **Select…** | If 'No', provide details. |

|  |
| --- |
| Criminal Convictions: |
| The Respondent must confirm that neither the Respondent nor any person included in the Specified Personnel has been convicted of a criminal offence that is punishable by imprisonment or detention. Has the Respondent or any person included in the Specified Personnel been convicted of a criminal offence that is punishable by imprisonment or detention? | **Select…** | If yes, provide details. |
| Conflict of Interest: |
| Does the Respondent or any person included in the Specified Personnel have any actual, potential or perceived conflict of interest in relation to the performance of this Customer Contract (if awarded) by the Respondent? | **Select…** | If yes, provide details. |
| **COVID-19 Coronavirus: Mandatory Vaccination** |
| The Respondent must confirm whether it will ensure that it and its Contractor Personnel are and will remain compliant with all laws (including public health orders and directions) regarding COVID-19 and vaccinations. Failure to provide confirmation means that the Respondent’s Offer may not be accepted or further considered, or it may constitute a contractual breach. | **Select…** | If no:1. Are they holders of valid exemptions?

OR1. Will they be fully vaccinated before entering a WA government site/premises?

OR1. If no to both (A) & (B), provide details:
 |

|  |
| --- |
| **Response to requirements of Deliverable/ Output/ Outcome:**  |
|  |

|  |
| --- |
| **Response to Qualitative Criteria (if specified in Part A):** |
|  |

|  |
| --- |
| SCHEDULE 3 – PRICING |
| *(RECOMMENDED FOR OUTCOME BASED CUSTOMER CONTRACTS)* |
| Project Deliverable/Milestone/Service Description | Due Date | Instalment Price(inc GST) |
|  |  |  |
|  |  |  |
|  |  |  |
| *Additional costs (please list and specify)* |  |
| *Travel and accommodation (if applicable provide details)* |  |
| *Disbursements or other charges (if applicable provide details)* |  |
| *TOTAL PRICE*  |  |
| *(RECOMMENDED FOR TIME BASED CUSTOMER CONTRACTS)* |
| ICT Role Description | Number of Hours/Days | Daily/Hourly Rate (Inc GST) | Price(inc GST) |
|  |  | *$* | *$* |
|  |  | *$* | *$* |
|  |  | *$* | *$* |
| *TOTAL PRICE* | *$* |
| **Attachments** [ ]  Yes |
| **Contract Start Date:** |  | **Initial Contract Term Completion Date:** |  |
| **Accepted Payment Method:***Please specify if limit applies to Purchasing Cards* | Select… |

|  |
| --- |
| **PART C: CUAICTS2021 CUSTOMERS ACKNOWLEDGEMENT AND ACCEPTANCE OF OFFER***Customer to complete and forward to successful contractor.* |
| To: (name of Contractor and contractor contact person) |
| CUSTOMER CONTRACT AWARD DETAILS (add rows if required) |
| Buying Entity: |  |
| Address for Service Delivery: |  |
| Customer Contract Title:  |  |
| Customer Contract Number: |  |
| Contract Start Date: |  |
| Initial Contract Term:(Do not include extension options) |  |
| Extension Options: | [ ]  Yes [ ]  No | (If 'yes', please specify) |
| Customer Contact Name: |  |
| Customer Contact Phone No: |  |
| Customer Contact Email: |  |
| Category Selection: |
| 1 - ICT Planning, Consultancy and Advisory Services |  [ ]  Yes [ ]  No |
| 2 - ICT Implementation Services |  [ ]  Yes [ ]  No |
| 3 - ICT Operation and Management Services |  [ ]  Yes [ ]  No |
| Customer Contract Model : [ ]  Outcome Based (O) [ ]  Time Based (T) |

Delegated Authority’s Approval (if required):

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  | Date: |  |
| Position Title: |