**COMMON USE ARRANGEMENT FOR TEMPORARY PERSONNEL SERVICES**

**CUATPS2019**

**QUOTE EVALUATION FORM**

***(for engagements with an estimated value of greater than $250,000)***

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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* Goods and Services [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 CUATPS2019 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 engagement and estimated contract value when making that determination.*
 |
| **CUSTOMER DETAILS** [***Read & delete:*** *Copy these details from**the Service Request 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.** Clerical and Administrative | [ ]  | **C.** Professional | [ ]  |
| **B.** Technical and Trades | [ ]  | **D.** ICT | [ ]  |
| **CONTRACT TERM** |
| **Start Date:** |  | **Finish Date:** |  |
| **Extension Options (if any):** | [***Read & delete:*** *List ‘N/A’ or copy the extension options from the Service Request Form (Part A).*] |

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| **CONTRACT VALUE & ROLE DESCRIPTION/JOB TITLE** |
| **Estimated Contract Value / Budget:** | **$** |
| **Role Description/Job Title:** | [***Read & delete****: Copy from the Service Request Form (Part A).*] |
| **SECURITY CHECKS, MEDICAL CHECKS & INSURANCES** |
| **Security Checks provided (if required):** [ ]  Working with Children [ ]  Police Clearance |
| **Medical Checks provided (if required): [ ]** Yes  |
| **Insurances:** [ ]  Insurances as per the Request, Schedule 1 [ ]  Additional cover requested |
| **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 hourly rate, evaluation recommendation and comparative statement for each quotation evaluated. The comparative statement should record the evaluation of each quote against the criteria specified in the Service Request Form, e.g. required skills, knowledge, experience.* |
| **QUOTE 1** |
| **Contractor Legal Entity Name:** |  |
| **Contractor ACN and ABN:** |  |
| **Hourly Rate (Incl GST):** | **$** |
| **Qualitative Ranking:** |  | **Price Ranking:** |  |
| **Evaluation Recommendation:** | [ ]  Recommended [ ]  Not Recommended |
| **Comparative Statement:** |
| **QUOTE 2** |
| **Contractor Legal Entity Name:** |  |
| **Contractor ACN and ABN:** |  |
| **Hourly Rate (Incl GST):** | **$** |
| **Qualitative Ranking:** |  | **Price Ranking:** |  |
| **Evaluation Recommendation:** | [ ]  Recommended [ ]  Not Recommended |
| **Comparative Statement:** |

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| **RECOMMENDATION** |
| **Recommended Contractor:** |  |
| **Hourly Rate (GST incl):** |  |
| **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** |