**CUAAFA2018 QUOTE FORM PART A – REQUEST FOR QUOTE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To:** |  | | | | | | | | | | |  |
| (**Name of Contractor & Contractor Contact Person**)  *This Quote Form incorporates the Request Conditions and General Conditions of Contract (****December******2016****), the Request for the Common Use Arrangement for Audit and Financial Advisory Services (CUAAFA2018), the attachments (if applicable) and the Customer Contract (if applicable).* | | | | | | | | | | | | |
| **SUBMISSION OF QUOTE** | | | | | | | | | | | | |
| **Submission method:** | | | [***Read & delete:*** *Specify your preferred submission method, i.e. by email to Customer Contact specified below, or by Tenders WA.*] | | | | | | | | | |
| **Closing Date:** | | |  | | | | | **Closing Time:** |  | | | |
| **CUSTOMER DETAILS** | | | | | | | | | | | | |
| **Date of Issue:** | | | | | |  | | | | | | |
| **Quotation Description:** | | | | | | [***Read & delete:*** *Provide a brief description of the required service.*] | | | | | | |
| **Customer / Buying Entity Name:** | | | | | | [***Read & delete:*** *List the full name of your Buying Entity.*] | | | | | | |
| **Customer Quote Number:** | | | | | | [***Read & delete:*** *The Contractors are required to report a Customer Quote Number in their sales reports, please ensure you provide a quote number.*] | | | | | | |
| **Customer / Buying Entity Address:** | | | | | |  | | | | | | |
| **Customer Contact (Name & Title):** | | | | | |  | | | | | | |
| **Telephone:** | |  | | | | **Email:** | |  | | | | |
| **SERVICE CATEGORY (*Please select Category & Sub-Category (if applicable)*)** | | | | | | | | | | | | |
| **A.** Audit Services | | | | | | |  | **E.** Financial, Accounting & Tax Advisory | | | |  |
| **B.** Forensic Audit Services | | | | | | |  | **F.** Procurement Advisory Services | | | |  |
| **C.** Probity Services | | | | | | |  | **G.** Financial Assessments \* | | | |  |
| **D.** Risk Advisory Services | | | | | | |  | **H.** Program Reviews | | | |  |
| **\* For (G.) Financial Assessment Services:** Order by the Contractor’s online system (if available) or otherwise select the required service from the options listed below. | | | | | | | | | | | | |
| **1.** Customised Financial Assessment | | | | | | |  |  | | | | |
| ***Standard Turnaround Assessments (5 days)*** | | | | | | | | | | | | |
| **2.** Standard Financial Assessment Report | | | | | | |  | **4.** Detailed Financial Assessment Report | | | |  |
| **3**. Standard Financial & Performance Assessment Report | | | | | | |  | **5**. Detailed Financial & Performance Assessment Report | | | |  |
| ***Priority Turnaround Assessment (3 days)*** | | | | | | | | | | | | |
| **6.** Standard Financial Assessment Report | | | | | | |  | **8.** Detailed Financial Assessment Report | | | |  |
| **7**. Standard Financial & Performance Assessment Report | | | | | | |  | **9**. Detailed Financial & Performance Assessment Report | | | |  |
| ***Other Services*** | | | | | | | | | | | | |
| **10**. Update of Prior Assessment & Reassessment (under 6 weeks old) | | | | | | |  | **12**.Monitoring Assessment for Contract in Progress | | | |  |
| **11**. Electronic Copy of Previous Assessment | | | | | | |  |  | | | |  |
| **SCOPE OF WORK / OTHER REQUIREMENTS** | | | | | | | | | | | | |
| [***Read & delete:*** *Provide a detailed description of your scope of work and service requirements.*  *Please ensure that you provide enough detail to allow the Contractor to provide an accurate quote and to enable the Contractor to carry out pre-contract checks to identify and assess potential conflicts of interest.*  *If your scope of work and service requirements are complex / lengthy (i.e. run to more than one page), consider listing them in an attachment. Cross reference the attachment in this section, i.e. “See attached scope and requirements document.”.*]  *NOTE: This Common Use Arrangement is for outcome-based services with a scope it is not intended for temporary personnel services.* | | | | | | | | | | | | |
| **Estimated Start Date:** | | |  | | | | | **Estimated Finish Date:** | | |  | |
| **Extension Option(s):** | | | [***Read & delete:*** *List ‘N/A’ or specify the required extension options.*] | | | | | | | | | |
| **Qualitative Criteria:** | | | [***Read & delete:*** *List ‘N/A’ or specify the qualitative criteria against which the quote(s) will be evaluated.*] *Please note all Contractors have demonstrated Organisational Capability and Demonstrated Experience to be included on this CUA.* | | | | | | | | | |
| **Special Conditions:** | | | [***Read & delete:*** *List ‘N/A’ or specify the additional special conditions that will apply under the Customer Contract, i.e. police clearances, IP rights, confidential information etc..*] | | | | | | | | | |
| **Insurance: As per the CUAAFA2018 Request, Schedule 1** (Customer Contract Details).  [***Read & delete:*** *Procurements with moderate to high risks may require higher insurance liability caps than those specified in the Request. Please consult with RiskCover and if needed use this section of the Quote Form to specify any changes to the Customer Contract insurance requirements in the Request. If you require a higher level of insurance cover, ask the Contractor(s) to provide new certificates of currency.*] | | | | | | | | | | | | |
| **Contract Management Requirements (if any):**  [***Read & delete:*** *List ‘N/A’ or specify the additional contract management requirements that will apply under the Customer Contract, e.g. reporting, meetings, KPIs etc.*] | | | | | | | | | | | | |
| **Payment Schedule (if any):**  [***Read & delete:*** *Consider the complexity and duration of the contract and specify payment frequency, i.e. payment on a monthly basis in arrear, or X% of the contract price at completion of milestone 1,2,3 and X% of delivery of the project outcome, or payment on completion etc.*] | | | | | | | | | | | | |
| **PRICING METHOD (*Please select your preferred pricing method*)** | | | | | | | | | | | | |
| Please provide a quote using the following pricing method: | | | | | | | | | | | | |
| **Hourly Rate:** | | | | **Fixed Rate Lump Sum:** | | | | | | **Either \*:** | | |
| *\* If you select ‘****Either****’ you are asking the Contractor to quote either an hourly rate or fixed rate contract price at their discretion.* | | | | | | | | | | | | |
| *Comments:* | | | | | | | | | | | | |
| **PAYMENT METHOD** | | | | | | | | | | | | |
| **Required Payment Method:** | | | | | Purchasing Card:  EFT: | | | | | | | |

**CUAAFA2018 QUOTE FORM PART B – CONTRACTOR OFFER**

|  |  |  |
| --- | --- | --- |
| To: |  | |
|  | *(Buying Entity name)* |  |
| Att: |  | |
|  | *(Customer Contact name)* | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Quote Number:** | | |  | | | | | | | | |
| **CONTRACTOR DETAILS** | | | | | | | | | | | |
| **Contractor Legal Entity Name:** | | | | |  | | | | | | |
| **Contractor ACN and ABN:** | | | | |  | | | | | | |
| **Registered Address or Principal Place of Business:** | | | | |  | | | | | | |
| **Address for Contractual Notices:** | | | | |  | | | | | | |
| **Contractor Contact (Name & Title):** | | | | |  | | | | | | |
| **Telephone:** |  | | | | **Email:** | |  | | | | |
| **Is the Contractor a small business that employs less than twenty (20) people?** | | | | | | | Yes  No | | | | |
| **CONFLICTS CHECKS** | | | | | | | | | | | |
| *The Contractor acknowledges its obligations under Part B, Clause 30 of the Request and General Conditions of Contract (December 2016) with respect to the disclosure and management of conflicts of interest.* | | | | | | | | | | | |
| **Conflicts checks completed:** | | | | | | | | Yes  No | | | |
| **Have any conflicts been identified:** | | | | | | | | Yes  No | | | |
| **Description of conflicts (if any):**  [***Read & delete:*** *If conflict(s) have been identified, provide full details and outline the proposed steps to remove the conflict(s).*] | | | | | | | | | | | |
| **CONTRACTOR’S RESPONSE TO SCOPE OF WORK / OTHER REQUIREMENTS** | | | | | | | | | | | |
| [***Read & delete:*** *Please use this section of the Quote Form to respond to the scope of work, qualitative criteria, special conditions and/or Customer Contract specific insurance requirements (if any) specified in the Quote Form Part A.*  *If the scope of work and service requirements require it, create a separate document and refer to the attachment in this section, i.e. “See attached scope and requirements document.”.*] | | | | | | | | | | | |
| **INSURANCES** | | | | | | | | | | | |
| *If the insurance requirements specified in the Quote Form Part A differ from those specified in the CUAAFA2018 Request, Schedule 1 (Customer Contract Details), please provide certificate(s) of currency evidencing the required insurances.*  Insurances as per the Request, Schedule 1  Additional certificates of currency attached | | | | | | | | | | | |
| **PRICING METHOD** | | | | | | | | | | | |
| **Basis of quote:** | | Hourly Rate Fixed Rate Lump Sum  *Select the applicable pricing method & complete the relevant section(s) below.* | | | | | | | | | |
| ***Comment:*** | |  | | | | | | | | | |
| **FIXED RATE CONTRACT PRICING** | | | | | | | | | | | |
| Contract Price | | | | | | | | | | | $ |
| Other Charges not included in the Contract Price (*if applicable provide description of disbursements*) | | | | | | | | | | | $ |
| **TOTAL** | | | | | | | | | | | **$** |
| **HOURLY RATE CONTRACT PRICING** | | | | | | | | | | | |
| **Contract Price:** | | As per the [CUAAFA2018 Price Schedule](https://www.wa.gov.au/government/publications/price-schedule-cuaafa2018)  Rates as negotiated (see below) | | | | | | | | | |
| **Position Title** | | **Nominated Personnel** | | | | **Hourly Rates** | | | | **Allocated hours per Nominated Personnel** | **Total Cost per Nominated Personnel (Inc GST)** |
| **Excl GST** | | | **Incl GST** |
| **Partner / Director** | |  | | | | $ | | | $ |  | $ |
| **Senior Manager** | |  | | | | $ | | | $ |  | $ |
| **Manager / Supervisor** | |  | | | | $ | | | $ |  | $ |
| **Senior** | |  | | | | $ | | | $ |  | $ |
| **Intermediate** | |  | | | | $ | | | $ |  | $ |
| **Graduate** | |  | | | | $ | | | $ |  | $ |
| Other Charges (*if applicable provide description of disbursements*) | | | | | | | | | | | $ |
| **TOTAL** | | | | | | | | | | | **$** |
| **PAYMENT METHOD** | | | | | | | | | | | |
| **Accepted Payment Method:** | | | | Purchasing Card  EFT | | | | | | | |

**Contractor Representative’s Signature:**

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

**CUAAFA2018 QUOTE FORM PART C – ACCEPTANCE OF OFFER**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To:** |  | | | | | | | | |  |
| (**Name of Contractor & Contractor Contact Person**)  *This Quote Form incorporates the Request Conditions and General Conditions of Contract (****December******2016****), the Request for the Common Use Arrangement for Audit and Financial Advisory Services (CUAAFA2018), the attachments (if applicable) and the Customer Contract (if applicable).* | | | | | | | | | | |
| **CUSTOMER DETAILS** | | | | | | | | | | |
| **Quotation Description:** | | | | [***Read & delete:*** *Provide a brief description of the required service.*] | | | | | | |
| **Customer / Buying Entity Name:** | | | | [***Read & delete:*** *List the full name of your Buying Entity.*] | | | | | | |
| **Customer Quote Number:** | | | | [***Read & delete:*** *The Contractors are required to report a Customer Quote Number in their sales reports, please ensure you provide a quote number.*] | | | | | | |
| **Customer / Buying Entity Address:** | | | |  | | | | | | |
| **Customer Contact (Name & Title):** | | | |  | | | | | | |
| **Telephone:** | |  | | **Email:** | | |  | | | |
| **SERVICE CATEGORY (*Please select Category & Sub-Category (if applicable)*)** | | | | | | | | | | |
| **A.** Audit Services | | | | | |  | **E.** Financial, Accounting & Tax Advisory | | |  |
| **B.** Forensic Audit Services | | | | | |  | **F.** Procurement Advisory Services | | |  |
| **C.** Probity Services | | | | | |  | **G.** Financial Assessments \* | | |  |
| **D.** Risk Advisory Services | | | | | |  | **H.** Program Reviews | | |  |
| **\* For (G.) Financial Assessment Services:** Order by the Contractor’s online system (if available) or otherwise select the required service from the options listed below. | | | | | | | | | | |
| **1.** Customised Assessment | | | | | |  | |  | | |
| ***Standard Turnaround Assessments (5 days)*** | | | | | | | | | | |
| **2.** Standard Financial Assessment Report | | | | | |  | **4.** Detailed Financial Assessment Report | | |  |
| **3**. Standard Financial & Performance Assessment Report | | | | | |  | **5**. Detailed Financial & Performance Assessment Report | | |  |
| ***Priority Turnaround Assessment (3 days)*** | | | | | | | | | | |
| **6.** Standard Financial Assessment Report | | | | | |  | | **8.** Detailed Financial Assessment Report | |  |
| **7**. Standard Financial & Performance Assessment Report | | | | | |  | **9**. Detailed Financial & Performance Assessment Report | | |  |
| ***Other Services*** | | | | | | | | | | |
| **10**. Update of Prior Assessment & Reassessment (under 6 weeks old) | | | | | |  | **12**.Monitoring Assessment for Contract in Progress | | |  |
| **11**. Electronic Copy of Previous Assessment | | | | | |  |  | | |  |
| **CONTRACT TERM AND OTHER DETAILS** | | | | | | | | | | |
| **Start Date:** | | |  | | | | | **Finish Date:** |  | |
| **Extension Option(s):** | | | [***Read & delete:*** *List ‘N/A’ or specify the required extension options.*] | | | | | | | |
| **Other Details / Special Conditions:** | | | [***Read & delete:*** *List ‘N/A’ or specify the additional special conditions that will apply under the Customer Contract.*] | | | | | | | |
| **Insurances:**  Insurances as per the Request, Schedule 1  Additional certificates of currency provided | | | | | | | | | | |
| **CONTRACT PRICE** | | | | | | | | | | |
| Hourly Rate Fixed Rate Lump Sum  *Select the applicable pricing method & complete the relevant section below.* | | | | | | | | | | |
| *Comments:* | | | | | | | | | | |
| **Estimated Contract Value (Incl GST):** | | | | | **$** | | | | | |

**Delegated Authority’s Signature:**

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