Form A Pre-qualified Supplier List Application Form

# Supplier Information

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| Form Name: | Form A – Pre-qualified Supplier List Application Form |
| To Be Completed By: | Pre-qualification Supplier List Applicants |
| Return Completed Form To: | [HousingProcurement@sa.gov.au](mailto:HousingProcurement@sa.gov.au) |
| Further Information: | If accepted to the Pre-qualification Supplier List, you will have the ability to update this information once it is published on the Pre-qualification Sup[plier List. |

* 1. Supplier Identification and Location

|  |  |
| --- | --- |
| Trading Name | Click or tap here to enter text. |
| Registered Name | Click or tap here to enter text. |
| ACN | Click or tap here to enter text. |
| ABN | Click or tap here to enter text. |
| Address of registered office | Click or tap here to enter text. |
| Place of business in South Australia (if relevant) | Click or tap here to enter text. |
| Type of entity (e.g. company, trust, partnership, sole trader, other) | Click or tap here to enter text. |
| Website URL | Click or tap here to enter text. |

* 1. Supplier Contact

|  |  |
| --- | --- |
| Contact Person | Click or tap here to enter text. |
| Position | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Postal address  *(if different to above)* | Click or tap here to enter text. |
| E-mail | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |

* 1. Supplier Structure, Relationships and Financial Roles

Provide details of company ownership and Your executive personnel (e.g. Chief Executive Officer, Director/s, Senior Executive management). You can attach any necessary diagrams.

|  |  |
| --- | --- |
| Executive Position | Click or tap here to enter text. |
| Executive Name | Click or tap here to enter text. |

<insert additional table/s for additional executive personnel>

* 1. Service Categories

In the tables below tick  the boxes for the services Your organisation intends to offer. You are not required to offer all services in a category, and you may select various services across different categories

|  |  |
| --- | --- |
| Civil Engineering Services for Residential Building Site Works and/or Land Development |  |
| * Site investigation |  |
| * Design and documentation |  |
| * Tender, contract Administration and superintendency services |  |
| * Civil engineering advice and services associated with housing and urban development |  |
| * Stormwater Modelling and Management |  |
| Structural Engineering Services for Residential Buildings | |
| * Inspection of buildings with substantial cracking, or for damage caused by termite infestation or fire |  |
| * Provision of engineering reports used to determine what repairs may be required to a building |  |
| * Design and supervision of the repair or construction of buildings and retaining structures |  |
| Civil and Structural Engineering Services (Fully Documented) for Residential Buildings | |
| * Civil engineering design, documentation and advice associated with detached dwellings and group sites |  |
| * Structural engineering design, documentation and advice associated with residential construction |  |
| * Geotechnical testing and reporting |  |
| * Provision of engineering reports associated with residential construction |  |
| * Design and supervision of the construction of buildings and retaining structures |  |

|  |  |
| --- | --- |
| Architectural and Urban Design Services | |
| * Preliminary design schemes for building projects |  |
| * Design and documentation |  |
| * Tender and contract administration services |  |
| * Other architectural advice and services |  |
| * Urban design and master planning |  |

* 1. Architectural Practice Board of South Australia Registration (Architects Only)

|  |  |
| --- | --- |
| Registration Number: |  |
| Conditions or Restrictions |  |

* 1. Insurance

Provide details of Your current insurance policies as follows:

|  |  |
| --- | --- |
| **PUBLIC LIABILITY INSURANCE** | |
| Policy Number |  |
| Policy Issuer Name |  |
| Policy Cover ($) |  |
| Expiry Date |  |

|  |  |
| --- | --- |
| **PROFESSIONAL INDEMNITY INSURANCE** | |
| Policy Number |  |
| Policy Issuer Name |  |
| Policy Cover ($) |  |
| Expiry Date |  |

|  |  |
| --- | --- |
| **WORKCOVER COMPENSATION AND EMPLOYER'S LIABILITY** | |
| Policy Number |  |
| Policy Issuer Name |  |
| Policy Cover ($) |  |
| Expiry Date |  |

*Note: Provision of copies of current certificates in support of the above completed information are OPTIONAL to be provided with Your application.*

* 1. Supplementary Details

Identify if You are one or more of the following: You can attach any necessary evidence.

|  |  |  |
| --- | --- | --- |
| Not-for-Profit Organisation | * Yes | * No |
| Aboriginal Business Enterprise | * Yes | * No |
| Aboriginal Community Controlled Organisation | * Yes | * No |
| Australian Disability Enterprise | * Yes | * No |
| Social Enterprise | * Yes | * No |
| Small-Medium Enterprise | * Yes | * No |
| Women-Owned Business | * Yes | * No |

* 1. Sub-contractors

|  |  |
| --- | --- |
| Do you intend to engage a sub-contractor/s to deliver any part of the Authority’s requirement? | |
| * Yes | * No |

|  |  |
| --- | --- |
| **Sub-contractor 1:** | |
| Trading Name | Click or tap here to enter text. |
| Registered Name | Click or tap here to enter text. |
| ACN/ABN | Click or tap here to enter text. |
| Address of registered office | Click or tap here to enter text. |
| Contact Person: Name & Title | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Period of association | Click or tap here to enter text. |
| Goods/Services to be provided | Click or tap here to enter text. |
| Estimated $ value of Goods/Services | Click or tap here to enter text. |

<insert additional tables for additional subcontractors>

* 1. Mandatory Requirements

Does Your application comply with the following mandatory requirements? Provide details or attach supporting documents as evidence of Your compliance with each of the mandatory requirements listed below.

|  |  |
| --- | --- |
| 1. Form B - Statement of Intent (Architects Only)– submit completed form to [HousingProcurement@sa.gov.au](mailto:HousingProcurement@sa.gov.au) | |
| * Yes | * No |
| 2. Supplier to confirm they are a South Australian Business (as defined in the *Specification and Guide to Becoming a Pre-qualified Builder* document) | |
| * Yes | * No |
| 3. Supplier to confirm use of only South Australian based contractors and sub-contractors | |
| * Yes | * No |

*Please note: Mandatory requirements are pass/fail and if not met as described above, may result in an application not being considered further. The Authority reserves the right to clarify any detail of the mandatory requirements with a respondent prior to completing assessment of all requirements and in the determination of an application not being considered further.*

|  |
| --- |
| As necessary, explain below any relevant information about Your responses to the mandatory requirements OR write ‘NIL’. |
|  |

* 1. Technical Ability and Experience

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| --- |
| Organisational Structure – provide details of Your organisational structure and the business units (including any necessary diagrams). |
| Click or tap here to enter text. |
| Capacity - provide relevant company information regarding the scale and scope of Your current operations, presence and operations in South Australia, including a description of Your current pipeline of work. |
| Click or tap here to enter text. |
| Past Experience - provide details about Your specific capabilities and experience in the delivery of services comparable to the requirements outlined in *Specification and Guide to Becoming a Pre-qualified Supplier* document.  Include details of previous or current work, including work with the public sector, related to meeting the Authority’s requirements. At least three (3) examples should be provided. |
| Click or tap here to enter text. |

|  |
| --- |
| Innovation - provide details of any innovative solutions, systems or processes that may add value to the delivery of the Authority’s requirements. |
| Click or tap here to enter text. |

*Please note: You may include an attachment clearly labelled for each of the above sections.*

* 1. Quality Assurance

|  |
| --- |
| Quality Systems - provide details on Your quality system and/or describe how You propose to monitor the quality of Your performance if selected onto the Pre-qualified Supplier List. |
| Click or tap here to enter text. |
| WHS Systems - provide details on Your Workforce Health and Safety System (WHS) (including Safe work method statement – if applicable) and/or describe how You propose to monitor WHS if selected onto the Pre-qualified Supplier List. |
| Click or tap here to enter text. |

*Please note: You may include an attachment clearly labelled for each of the above sections.*

* 1. Legal and Litigation

|  |
| --- |
| Provide details of any legal actions taken by or against Your organisation or a consortium party within the past 5 years OR write ‘NIL’. |
| Click or tap here to enter text. |
| Provide details of any adverse findings made against Your organisation or a consortium party by any regulatory body, including but not limited to ASIC, ICAC, or the Fair Work Ombudsman OR write ‘NIL’. |
| Click or tap here to enter text. |
| Provide a summary of any recorded breaches and/or current investigations in relation to the industrial relations record and the work health and safety record of You or a consortium party over the past 5 years OR write ‘NIL’. |
| Click or tap here to enter text. |
| Provide details of any investigation into Your organisation or a consortium party, any subsidiary or affiliated body, whether in Australia or overseas, by ASIC or any other government authority OR write ‘NIL’. |
| Click or tap here to enter text. |

* 1. Risk Management

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| --- |
| Provide details of the risk management strategies and practices that You would implement in the delivery of the Authority’s requirements, including strategies to minimise disruption and ensure continuity during any arising unplanned occurrence, ie such as the Covid-19 pandemic (do not leave this blank). |
| Click or tap here to enter text. |

* 1. Financial Viability

You are required to demonstrate that You have the financial viability to deliver the Authority’s requirements. The following questions apply to Your organisation, and its parent or any associated entities or any director(s), including any consortium members and partners where relevant.

|  |  |
| --- | --- |
| Are there any significant events, matters or circumstances which have arisen that could significantly affect Your operations? Have there been any:   * bankruptcy and/or de-registration actions within the past 12 months; or * insolvency proceedings (including voluntary administration, application to wind up, or other like action) either actual or threatened, against You in the past three years? If so, what (if any) remedial action has been taken? | |
| * Yes | * No |
| If You answered ‘Yes’, provide an explanation:  Click or tap here to enter text. | |
| Are You currently in default of any agreement, contract, order or award that would or would be likely to adversely affect Your financial capacity to deliver the Authority’s requirements? Are there any other factors which could adversely impact Your financial ability to successfully meet contractual obligations? | |
| * Yes | * No |
| If You answered ‘Yes’, provide an explanation:  Click or tap here to enter text. | |

* 1. Statement of Intent

|  |  |
| --- | --- |
| Submit ***Form B*** - completed Statement of Intent for your category (if applicable) | |
| * Yes | * No |

Public Authorities and private parties contracting to the Government of South Australia are required to comply with the South Australian Industry Participation Policy (SAIPP) and the supporting procedural and reporting requirements.

You must complete and submit ***“Form B - Statement of Intent (Architects)”*** with Your application.

* 1. Acceptance of Proposed Contracts

|  |  |  |
| --- | --- | --- |
| Clause | Concern | Proposed solution |
| <insert number> | <briefly describe Your concern about this clause> | <describe Your proposed alternative wording for the clause or Your solution> |

*The Procurement Services SA Standard Goods and Services Agreement with Authority Special Condition* (“Proposed Contract”) details the terms and conditions of the Authority’s Proposed Contract that may be used. The Authority needs to know whether or not You are prepared to do business based on the proposed contracts.

Please note: In deciding to approve or decline Your application the Authority will take into account Your organisation’s willingness to comply with the proposed contract terms and conditions.

|  |  |
| --- | --- |
| Select the statement below that best describes Your acceptance of the proposed contract: | |
| * Having read and understood the Proposed Contract, I confirm that these terms and conditions are acceptable. If successful, I agree to sign a contract(s) based on the Proposed Contract. * Having read and understood the Proposed Contract, I have proposed the following departures. If successful, I agree to sign a contract(s) based on the Proposed Contract including such departures or such amended terms and conditions of contract as may be agreed with the Authority following negotiations.   <insert or remove rows as required> | |
| Do You agree with the liability position in the proposed contract? | |
| * Yes | * No |
| If You answered ‘No’, You must provide an explanation and details of Your preferred position: Click or tap here to enter text. | |
| Please indicate which contract execution clause should be used when executing a contract or deed | |
| * Company (Sect. 126 Corp Act) * Company (Sect. 127 Corp Act) * Incorporated Association * Sole Director Company (Sec. 127 Corp Act) * Partnership * Sole Trader * Trustee * Other - Please Specify | |

* 1. Conflict of Interest

|  |  |
| --- | --- |
| Are You or any of Your partners, staff or consultants, aware of any actual or perceived conflict of interest or potential conflict of interest with any of the services/works that may be required as a result of this application process or in connection with the proposed membership of the list? | |
| * Yes | * No |
| If You answered ‘Yes’, provide an explanation:  Click or tap here to enter text. | |
| Do You or any of Your partners, staff or consultants agree to advise the Authority if their conflict of interest situation changes? | |
| * Yes | * No |
| If You answered ‘No’, provide an explanation:  Click or tap here to enter text. | |
| Do You understand that any Tender (ITS or RFQ) responses submitted by a supplier operating under the Pre-qualified Supplier List must be prepared independently, without unlawful collusion with any other supplier or party in connection with the tender process and must complete a declaration in relation to unlawful collusion, in a form provided by agencies, with all tender responses? | |
| * Yes | * No |
| If You answered ‘No’, provide an explanation:  Click or tap here to enter text. | |

* 1. Publish Tender and Contract Information

|  |  |
| --- | --- |
| You understand that if a contract is entered into, the Authority may disclose that contract and/or information in relation to it either generally to the public, or to a particular person as a result of a specific request.  [**Freedom of Information Act 1991 (SA)**](http://www.legislation.sa.gov.au/lz/c/a/freedom%20of%20information%20act%201991.aspx)  [**Premier and Cabinet Circular, Disclosure of Government Contracts**](https://dpc.sa.gov.au/documents/rendition/B17980) | |
| * Yes | * No |
| If You answered ‘No’, provide an explanation:  Click or tap here to enter text. | |

* 1. Collection of Further Information

|  |  |
| --- | --- |
| You agree to authorise the Authority to:   1. collect any information about Your organisation, except commercially sensitive pricing information, from any relevant third party, including a referee, or previous or existing client 2. use such information in the evaluation of this application.   You agree that all such information will be confidential to Authority. | |
| * Yes | * No |
| If You answered ‘No’, provide an explanation:  Click or tap here to enter text. | |

* 1. References

Please supply the details of up to three referees to support Your ability to provide the Authority’s requirements. Include a brief description of the goods and/or services that Your organisation provided and when.

**Please Note**: In providing these referees You authorise us to collect any information about Your organisation, except commercially sensitive pricing information, from the referees, and use such information in the evaluation of Your application. You also agree that all information provided to us by the referee will be confidential to us.

|  |  |
| --- | --- |
| **Referee 1:** | |
| Name of referee |  |
| Name of organisation |  |
| Title of referee |  |
| Address |  |
| Phone Number |  |
| Email Address |  |
| Nature of business with supplier – goods and/or services provided and when delivered |  |
| **Referee 2:** | |
| Name of referee |  |
| Name of organisation |  |
| Title of referee |  |

|  |  |
| --- | --- |
| Address |  |
| Phone Number |  |
| Email Address |  |
| Nature of business with supplier – goods and/or services provided and when delivered |  |
| **Referee 3:** | |
| Name of referee |  |
| Name of organisation |  |
| Title of referee |  |
| Address |  |
| Phone Number |  |
| Email Address |  |
| Nature of business with supplier – goods and/or services provided and when delivered |  |

# Supplier Declaration

The Supplier applies for membership of the Professional Services List in accordance with *“Specification and Guide to Becoming a Pre-qualified Supplier”*, the Proposed Contract and any other attachments, amendments, updates or changes to the application provided to You (“Statement of Requirements”).

## Acceptance

The Supplier acknowledges that this application remains valid and open for acceptance for ninety

(90) days from the date it is received by the Authority.

## Improper Assistance

The Supplier confirms this application has been compiled without the improper assistance of employees or former employees of the South Australian Government (State), without the use of illegally obtained information and there has not been any unlawful collusion with any other Supplier or party in connection with this application.

## Supplier's Warranty

The Supplier warrants that it has read and understands the Statement of Requirements documentation and has fully acquainted itself with all matters relating to the Proposed Contract.

The Supplier acknowledges that if any part of this application is incomplete or otherwise not in accordance with the Statement of Requirements documentation the Authority may reject or set aside the application.

The Supplier warrants that all information contained in this application is entirely correct, true and accurate at the time that it is submitted and has not, in this application or as part of the application process, provided any inaccurate or misleading information to the Authority or representatives of the Authority.

The Supplier accepts that the Authority may, at its absolute discretion, revoke a supplier’s membership to the Professional Services List, make changes to the scope, or other such changes as the Authority requires in relation to the Professional Services List. Where such changes impact a supplier the Authority will endeavour to communicate the changes either via the [SA Tenders and](https://www.tenders.sa.gov.au/) [Contracts](https://www.tenders.sa.gov.au/) website or by direct contact with affected suppliers.

The Supplier understands that if any part of this declaration is found to be false, the Authority reserves the right (regardless of subsequent dealings) to reject this application or terminate any contracts entered into by the parties under the panel.

The Supplier confirms that it is trading solvent and able to meet its debts as and when they fall due in the normal course of business.

By signing this declaration, the signatory below represents, warrants and agrees that they have been authorised by the Supplier to make this declaration on its behalf.

|  |  |
| --- | --- |
| Authorised Person Signature: |  |
| Authorised Person Name: | Click or tap here to enter text. |
| Title/Position: | Click or tap here to enter text. |
| Name of organisation | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |
|  | |
| Witness Signature: |  |
| Witness Name: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |

OFFICIAL