York Museums Trust

**REQUEST FOR QUOTATION (RFQ)**

**Part 3 – Forms to be returned**

**QUOTATION REQUEST:**

# To Operate the Café within the York Castle Museum

**Issued:**

**Deadline for responses:**

# Introduction

Please ensure that all questions within this document are completed and returned as part of your quotation. Failure to address all questions may result in your quotation being considered non-compliant.

**SELECTION CRITERIA**

# Supplier Information

|  |  |  |
| --- | --- | --- |
| **Scoring Criteria – Information only (I).** A supplier may be excluded on the grounds of providing insufficient or false information. | | |
|  | Name of Supplier | |
|  | | |
|  | Registered office address of Supplier | |
|  | | |
|  | Company Registration Number / Registered charity number | |
|  | | |
|  | Registered VAT number | |
|  | | |
|  | Name of immediate and ultimate parent company or details of group structure (where applicable) | |
|  | | |
|  | Trading status   * 1. public limited company   2. limited company   3. limited liability partnership   4. other partnership   5. sole trader   6. third sector   7. other (please specify your trading status) | |
|  | | |
|  | Relevant classifications (state whether you fall within one of these, and if so which one)   * 1. Voluntary Community Social Enterprise (VCSE)   2. Small or Medium Enterprise (SME)   3. Sheltered Workshop   4. Public service mutual | |
|  | | |
|  | Contact details | |
| Supplier contact details for enquiries about this RFQ | | |
| Name: | |  |
| Job Title: | |  |
| Address: | |  |
| Tel No: | |  |
| Email Address: | |  |

# Minimum Insurance Requirements

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| --- | --- | --- |
| **Scoring Criteria – Threshold (T).** The following insurances are the minimum standard requirements. You must meet these requirements in order to ensure your quotation submission can be taken into consideration. If you are not able to provide the information requested in this section or meet the standards detailed then please do not submit a quotation as we will not be able to accept it. | | |
|  | Insurance Requirements | |
| **Insurance (please complete details set out below) – Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract, the levels of insurance cover indicated below.** | | |
| Please provide details of your Employers’ (Compulsory) Liability insurance | | |
| Required level of Insurance | | **Minimum Required £5m** |
| Insurer | |  |
| Policy Number | |  |
| Extent of Cover | |  |
| Expiry Date | |  |
| Attached Document File Reference | |  |
| Please confirm that you have or will have the necessary insurance in place should your quotation be accepted | |  |
| Please provide details of your Public Liability Insurance | | |
| Required level of Insurance | | **Minimum Required £5m** |
| Insurer | |  |
| Policy Number | |  |
| Extent of Cover | |  |
| Expiry Date | |  |
| Attached Document File Reference | |  |
| Please confirm that you have or will have the necessary insurance in place should your quotation be accepted | |  |
| Please provide details of your Professional Indemnity Insurance [If applicable] | | |
| Required level of Insurance | | **Minimum Required £1m** |
| Insurer | |  |
| Policy Number | |  |
| Extent of Cover | |  |
| Expiry Date | |  |
| Attached Document File Reference | |  |
| Please confirm that you have or will have the necessary insurance in place should your quotation be accepted | |  |
| Please provide details of your Product Liability Insurance [If applicable] | | |
| Required level of Insurance | | **Not Applicable** |
| Insurer | |  |
| Policy Number | |  |
| Extent of Cover | |  |
| Expiry Date | |  |
| Attached Document File Reference | |  |
| Please confirm that you have or will have the necessary insurance in place should your quotation be accepted | |  |

# Conflicts of Interest

YMT may exclude the Supplier if there is a conflict of interest which cannot be effectively remedied. The concept of a conflict of interest includes any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure.

Where there is any indication that a conflict of interest exists or may arise then it is the responsibility of the Supplier to inform YMT, detailing the conflict in a separate Appendix. Provided that it has been carried out in a transparent manner, routine pre-market engagement carried out by YMT should not represent a conflict of interest for the Supplier.

|  |  |
| --- | --- |
| **Scoring Criteria – Information only (I).** A supplier may be excluded on the grounds of providing insufficient or false information. | |
|  | Is any Director, Partner, Associate or Company Secretary of the Supplier an employee or officer of the Authority or been employed by the York Museums Trust (YMT)? |
| Delete as appropriate – Yes / No (If Yes please provide details below) | |
|  | |
|  | Is any Director, Partner, Associate or Company Secretary of the Supplier a relative who is employed by, or is an officer of, YMT. |
| Delete as appropriate – Yes / No (If Yes please provide details below) | |
|  | |

# Economic and Financial Standing

This section will be used to assess the overall financial stability of your organisation. The threshold for each question is that the requested information is provided. The threshold for the whole of this section is that YMT is satisfied with your organisation’s financial stability.

In assessing an organisation’s financial stability, YMT will review the accounts and any relevant accompanying financial information submitted. They will calculate profit and working capital ratios and net worth and review turnover levels, observing trends over recent years.

Financial references and internal credit checks will be undertaken to analyse your organisation’s financial position and determine the level of risk it would represent to YMT, having regard to the contract requirement and value, criticality and the nature of the market. The assessment of risk is based on sound business judgement rather than just a mechanistic application of financial formulae. If YMT deems the financial position of the organisation to be acceptable, the threshold is passed.

Depending on timescales, further financial checks may be carried out by YMT between receipt of tenders and contract award which may impact on the contract award decision.

|  |  |
| --- | --- |
| **Scoring Criteria – Threshold (T).** | |
|  | Please provide copies of your audited accounts or the audited accounts for the last two financial years, including:   * balance sheet * profit and loss account, including turnover and cost of sales * full notes to the accounts * Directors' Report and Auditors' Report (where applicable). |
|  | |

**AWARD CRITERIA**

# Quality Questions

Suppliers must answer the following quality questions in order to quote for the work.

Where suppliers quote for more than one item, please make it clear which course/level your question and responses refer to.

|  |
| --- |
| Question 1: **Track record of providing successful catering services to the general public**   * *Please detail your experience of operating a café in a Museum / visitor attraction / heritage site environment*   Word limit: 1,000 Weighting: 45% |
| *Supplier Response* |
| Question 2: **Please describe the style of service, potential menu items that you would provide in the café at York Castle Museum and suggestions as to how the business could grow.**  Word limit: 800 Weighting: 15% |
| *Supplier Response* |
| Question 3: **Leadership/Staff**   * Please provide details, including personal profiles, of the following key members of your team who would take responsibility for services allocated by the YMT * How will you ensure business continuity in the event of injury, illness or staff turnover?   Word limit: 500 Weighting: 10% |
| *Supplier Response* |

# Pricing Schedule

Please provide details of the level of commission over and above the fixed rent you would pay York Museums Trust as a %

Please provide details of the level of commission for events hosted outside of normal operating hours over and above the fixed rent you would pay York Museums Trust as a %

Please provide details of the level of commission for events organised by the contractor over and above the fixed rent you would pay York Museums Trust as a %

Weighting 30%

Please enter text into yellow boxes only.

# Declaration

It is a mandatory requirement that organisations complete and return this signed declaration with their submission.

Electronic signatures or the name and position of the designated person is sufficient.

1. We hereby agree to provide the services as specified in the tender document and detailed above and to pay rent (as per the tender document) and commission (as detailed in the Pricing Schedule)
2. We confirm that the prices set out in this quotation exclude VAT.
3. We agree that this quotation, together with YMT’s written acceptance will be included within a contract between us.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Position |  |
| Signed |  | Position |  |

|  |  |
| --- | --- |
| Name of Organisation |  |
| Address |  |
| Telephone Number |  |
| Email |  |
| Contact Name |  |