



RESPONSE FORM

MOUNT SURPRISE TOWN MAINTENANCE – PART 3

TENDER NUMBER:	ESC 2025 - 023
CLOSING DATE:	FRIDAY 21 NOVEMBER 2025
CLOSING TIME:	3:00 PM



ETHERIDGE SHIRE COUNCIL

...The Golden Heart of the Gulf

1. TENDER RESPONSE

To: The Chief Executive
Officer Etheridge Shire
Council PO BOX 12
GEORGETOWN QLD 4871

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

COMPANY NAME:	
TRADING NAME: (If different from Above)	
CONTACT PERSON:	
OTHER AUTHORISED REPRESENTATIVE:	
ABN / ACN OF TENDERER:	
POSTAL ADDRESS:	
STREET ADDRESS:	
PHONE:	
MOBILE:	
OTHER CONTACT:	
EMAIL:	

TENDERERS INITIALS _____



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2. CHECKLIST

The following checklist has been provided to assist the Tenderer with completion and submission of its Tender. Where it is necessary to provide additional information, please ensure that all documents are clearly marked with the relevant attachment title to assist the evaluation panel with their assessment. All attachments must be clearly marked with the relevant paragraph number (e.g. "2.1 – Organisational Profile").

All pages within Part 3 must be completed and returned to the principal as they form part of the Tenderer's Tender Response.

2.1 ORGANISATIONAL PROFILE

Attach a copy of the Tenderer's organisation structure and provide background information on the Tenderer and label it "2.1 – Organisational Profile" .	"Organisational Profile"	Tick if attached ☐
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2.2 SUBCONTRACTORS

Does the Tenderer intend to subcontract any of the obligations of the Contractor under the Contract?	Yes / No	
If Yes, in an attachment labelled "2.3 – Subcontractors" provide details of the subcontractor(s) including: (a) the name, address and the number of people employed; and (b) the obligations that will be subcontracted.	"Subcontractors"	Tick if attached ☐

2.3 CONFLICT OF INTEREST

Will any actual or potential conflict of interest in the performance of the Tenderers' obligations under the Contract exist if the Tenderer is awarded the Contract, or are any such conflicts of interest likely to arise during the Contract?	Yes / No	
If Yes, please supply in an attachment detail of any actual or potential conflict of interest and the way in which any conflict will be dealt with and label it "2.4 – Conflict of Interest" .	"Conflict of Interest"	Tick if attached ☐

TENDERERS INITIALS _____



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2.4 INSURANCE COVERAGE

Tenderers are to supply evidence of their insurance coverage (including copies of certificates of currency) for every type of insurance specified below in an attachment labelled "2.4 – Insurance Coverage" .			"Insurance Coverage"	Tick if attached ☐
THIS TABLE MUST BE FULLY COMPLETED				
Type	Policy Number	Insurer	Expiry Date	
Public Liability				
Motor Vehicle Third Party Property Damage (Inc. in Registration)				
Comprehensive Plant and Equipment				
Workers Compensation (If Applicable)				

2.5 GOODS AND SERVICES TAX

Is the Tenderer registered or required to be registered under the GST Act?	Yes / No
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2.6 NON-CONFORMING TENDERS

Is the Tender a Non-Conforming Tender	Yes / No	
If yes, has the Tenderer also lodged a conforming tender separately, with a clear summary of all points of difference between this Tender and the conforming Tender in an attachment labelled "2.8 – Non-Conforming Tender Summary" ?	Yes / No	
	"Non-Conforming Tender Summary"	Tick if attached ☐

TENDERERS INITIALS _____



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3. SELECTION CRITERIA

Tenders that comply with the Conditions of Tendering shall be subjected to a price and non-price selection process in which the following criteria and weighting shall be used to determine the successful Tender/s.

Criteria	Weighting
Planned delivery of service (face to face interview)	30%
Local Preference (Reside in the community service)	30%
Value for Money	30%

TENDERERS INITIALS _____

Dated this _____ day of _____ 20____

Signature of Tenderer:

Name of Tenderer:

Signature of Witness:



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CONTRACTOR'S OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM QUESTIONNAIRE

This questionnaire forms part of the principal's tender evaluation process and is to be completed by Tenderers, submitted with their Tenders and labelled as "**Contractor's Occupational Health and Safety Management System Questionnaire**". The objective of the questionnaire is to provide an overview of the status of Tenderer's safety management system. Tenderers may be required to verify the responses noted in the questionnaire by providing evidence of their ability and capacity in relevant matters.

1. Has the Tenderer ever been convicted of an occupational health and safety offence?

If yes, provide details:

2. Has the Tenderer completed any Workplace Health and Safety Training/ Qualifications?

If yes, provide details:

3. Has the Tenderer read the Etheridge Shire Councils Workplace Health and Safety Policy?

Yes No

4. Does the Tenderer agree to comply with the Etheridge Shire Council Workplace Health and Safety Policy and the Workplace Health and Safety Act?

Yes No

Signed _____ Date _____

TENDERS INITIALS _____