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| **Part A: CUAAFA2024 Quote Form** | | | |
| To:[*Insert name of Contractor and contractor contact person]*  This Quote incorporates the Department of Finance: General Conditions of Contract [**August 2023**], the Common Use Arrangement (CUAAFA2024), the attachments (if applicable) and the Customer (Buying Entity) Contract (if applicable).  Please respond to this quote by [*Insert preferred submission method, e.g. by email to Customer Contact specified below or by Tenders WA*] prior to: | | | |
| Quotation Closing date and time: | | | |
| **CUSTOMER DETAILS** | | | |
| Date of Issue: | | | |
| Customer/State agency name: | | | |
| Quotation Description: | | | |
| Quote Number: | | | |
| Address for service delivery: | | | |
| Customer Contact Person and position title: | | | |
| Customer Contact phone/mobile number: | | | |
| Customer Email: | | | |
| **SERVICE REQUIREMENTS** | | | |
| Service Category Selection: *[please check box of applicable category]* | | | |
| A. Audit Services |  | 1. Commercial Advisory Services |  |
| B. Forensic Audit Services |  | 1. Financial Assessments \* |  |
| C. Probity Services |  | 1. Program, Project & Business Reviews |  |
| D. Risk Advisory Services |  | 1. Actuarial Services |  |
| E. Financial, Accounting & Taxation Advisory Services | | |  |

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| \* For (G.) Financial Assessment Services (please select) | | | |
| 1. Customised Assessments [*insert details in Scope of Work/Other Requirements]* | | |  |
| Standard Turn-around Assessment (5 days) | | | |
| 1. Standard Financial Assessment Report | | |  |
| 1. Standard Financial & Performance Assessment Report | | |  |
| 1. Detailed Financial Assessment Report | | |  |
| 1. Detailed Financial & Performance Assessment Report | | |  |
| Priority Turnaround Assessment (3 days) | | | |
| 1. Standard Financial Assessment Report | | |  |
| 1. Standard Financial & Performance Assessment Report | | |  |
| 1. Detailed Financial Assessment Report | | |  |
| 1. Detailed Financial & Performance Assessment Report | | |  |
| Other Services | | | |
| 1. Update of Prior Assessment & Reassessment (≤ 6 weeks old) | |  | |
| 1. Electronic copy of previous Assessments | |  | |
| 1. Monitoring Assessment for a Contract in Progress | |  | |
| Scope of Work / Other Requirements (or attached):  ***[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 CUA is for outcome-based services with a scope - it is not intended for temporary personnel services.* | | | |
| Estimated Start Date: |  | | |
| Estimated Finish Date: |  | | |
| Extension options *(if any or delete row):* | | | |
| Qualitative Criteria *(if any or delete row)*: | | | |
| Special Conditions *(if any or delete row):* | | | |
| Insurance:  [Select: As per Schedule 1 of the Request [read below]  *The following minimum insurances and liability caps automatically apply:*  *Professional Indemnity    - $2m per instance and in aggregate.*  *Public Liability                 - $10m per instance and unlimited in aggregate.*  *Workers’ Compensation - $50m.*  *or procurement with moderate to high risks may require higher insurances and liability caps. If the insurance requirements differ from Schedule 1 of the Request, please specify in this section of the quote form.*  *Other Insurances (if any or delete e.g. Technology (Cyber) Liability, Motor Vehicle Third party):* | | | |
| Contract Management Requirements*(if any or delete row):*   *(e.g., Contact details, Reporting, Meetings, Key Performance Indicators etc.)* | | | |
| Payment Schedule (if any):  *(e.g., Payment monthly, in arrears or 50% at milestone 1 and 50% at delivery of Project Outcomes.)* | | | |
| Preferred Payment Method: *[select Purchasing Card and/or EFT]* | | | |

NOTE: ORDERING FINANCIAL ASSESSMENT SERVICES

The ordering of Financial Assessment Services may be via the Contractor(s) online system or as otherwise agreed.

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| **PART B: CUAAFA2024 CONTRACTOR OFFER** | |
| To: *[Insert name of Customer/State agency and customer contact person]* | |
| For Customer Quote Number: *[Insert quote number provided in Part A: Customer Details]* | |
| **CONTRACTOR’S DETAILS** | |
| Contractor: | |
| Registered Address or Principal Place of Business: | |
| Address for Receiving Contractual Advice: | |
| Contractor ABN and ACN: | |
| Contractor Contact Person: | |
| Contact phone/mobile number: | |
| Email: | |
| **CONFLICT CHECKS** | |
| *The Contractor acknowledges its obligations under Part B, Clause 30 of the General Conditions of Contract (August 2023) 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).]* | |

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| **CONTRACTORS RESPONSE TO QUOTE FORM** | | | | | |
| *[Insert Additional Information, Attachments in Response to Quote (if required).  If insurances and liability caps differ from Schedule 1 of the Request, Respondents must provide certificates of currency demonstrating the revised insurances]* | | | | | |
| **Position Title** | **Nominated Personnel** | **Hourly Rates** | | **Hours per nominated personnel** | **Total Cost per nominated personnel (Inc GST)** |
| **Excl GST** | **Inc GST** |
|  |  | $ | $ |  | $ |
|  |  | $ | $ |  | $ |
| Disbursements*(if applicable provide details)* | | | | | $ |
| **TOTAL** | | | | | $ |
| Accepted Payment Method:  [Select Purchasing Card/EFT] | | | | | |

I (the Contractor) certify that the above prices and information are in accordance with the terms, conditions and pricing of CUAAFA2024 for Audit and Financial Advisory Services.

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| Signature: | |
| Name: | Date: |

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| **Part C: CUAAFA2024 Customer’s Acceptance of Offer** |
| To: *[Insert name of Contractor and contractor contact person]* |
| For Customer Quote Number: *[Insert quote number provided in Part A: Customer Details]* |
| **CUSTOMER CONTRACT DETAILS** *[insert or delete rows below as required]* |
| Customer or State agency name: *(Required)* |
| Address for service delivery: |
| Customer Contact Person and position title: |
| Contact phone/mobile number: |
| Customer Email: |
| Service Category: |
| Start Date: |
| Finish Date: |
| Extension options (if any): |
| Pricing details: |
| Other details (if any): |

Delegated Authority’s Signature:

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