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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:  |