# Supplier Information

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

## **Supplier Identification and Location**

|  |  |
| --- | --- |
| Registered Name | Click or tap here to enter text. |
| Trading Name | Click or tap here to enter text. |
| ACN (if applicable) | 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. |

## **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. |

## **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>

## **Tiers, Categories & Regions**

Examples of Your business’s previous experiences provided in this application must reflect your chosen tier and category.

Tiers

Please indicate the tiers for which you wish to be considered for:

|  |  |  |
| --- | --- | --- |
| Level 1R - Up to and greater than $4 million | [ ]  Yes | [ ]  No |
| Level 2R - Up to $4 million | [ ]  Yes | [ ]  No |
| Level 3R - Up to $2 million | [ ]  Yes | [ ]  No |
| Level 4R - Up to $1 million | [ ]  Yes | [ ]  No |

Sub-Categories

Please indicate the construction sub-categories Your organisation wishes to be registered for:

|  |  |  |
| --- | --- | --- |
| Sub-category - Single Storey Dwellings | [ ]  Yes | [ ]  No |
| Sub-category - Two Storey Dwellings  | [ ]  Yes | [ ]  No |
| Sub-category – Apartments (multi-storey) | [ ]  Yes | [ ]  No |
| Sub-category - Refurbishments | [ ]  Yes | [ ]  No |

Regions

Please indicate the geographic locations where You are prepared to work:

|  |  |  |
| --- | --- | --- |
| Adelaide City and Metropolitan Area | [ ]  Yes | [ ]  No |
| Eyre Peninsula/West Coast | [ ]  Yes | [ ]  No |
| Far North  Previous experience in Far North? | [ ]  Yes | [ ]  No |
| Click or tap here to enter text. |
| Fleurieu Peninsula/Kangaroo Island | [ ]  Yes | [ ]  No |
| Mid North including Yorke Peninsula | [ ]  Yes | [ ]  No |
| Port Pirie/Port Augusta/Whyalla | [ ]  Yes | [ ]  No |
| Murraylands | [ ]  Yes | [ ]  No |
| Riverland | [ ]  Yes | [ ]  No |
| South-East | [ ]  Yes | [ ]  No |

## **Builders Licence**

Provide Your builders licence number and expiry date information (also include a copy as an attachment).

|  |  |  |
| --- | --- | --- |
| Builders Licence No. / Expiry Date: | BLD No. ……………………. | Date: …………………. |
| Registration is compliant to dwellings to be constructed in this contract? | [ ]  Yes | [ ]  No |
| Are you in the process of updating the conditions of your Contractor’s License ?  | [ ]  Yes | [ ]  No |
| If You answered ‘Yes’, provide details of your anticipated change of conditions:Click or tap here to enter text. |

## **Insurance**

Provide details of Your current insurance policies as follows:

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

|  |
| --- |
| **PRODUCT LIABILITY INSURANCE (Insurance of the Works)** |
| Policy Number |  |
| Policy Issuer Name |  |
| Policy Cover ($) |  |
| Expiry Date |  |

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

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

|  |
| --- |
| **PERSONAL ACCIDENT INSURANCE** *(if held)* |
| 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.*

## **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 |

## **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. Builders Licence current and compliant to category of building (Class 1a residential). – **provide copy** (refer to ***section 1.5***)
 |
| [ ]  Yes | [ ]  No |

|  |
| --- |
| 1. Form B - Statement of Intent (Builders List)– submit completed form to HousingProcurement@sa.gov.au
 |
| [ ]  Yes | [ ]  No |
| 1. Independent *Financial and Credit Risk Assessment Report* on the registered business that is dated no more than 6 months **– provide copy**
 |
| [ ]  Yes | [ ]  No |
| **SA Supply Chain**  |
| 1. 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 |
| 1. Supplier to confirm use of only South Australian based project managers, architects, designers, engineers, surveyors, planners and other professional services for the Authority’s construction contracts (if and where required).
 |
| [ ]  Yes | [ ]  No |
| 1. Supplier to confirm use of only South Australian based contractors and sub-contractors for the Authority’s construction contracts
 |
| [ ]  Yes | [ ]  No |
| 1. Supplier to confirm use of the listed SA Made/Manufactured products for the Authority’s construction contracts (as outlined in the *SA Supply Chain – SA Manufactured Products* document)
 |
| [ ]  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 7 mandatory requirements above OR write ‘NIL’. |
| Click or tap here to enter text. |

## **Sub-contractors and Suppliers**

|  |
| --- |
| Do you understand and accept that a list and details of sub-contractors, suppliers, professional services and manufacturers for a specific project are to be provided in each construction tender response and for appending to the contract? |
| [ ]  Yes | [ ]  No |

##  **Technical Ability and Experience**

|  |
| --- |
| 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 Builder* 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.*

##  **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 Builders List (***do not leave this blank***) |
| 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 prequalified list (***do not leave this blank***) |
| Click or tap here to enter text. |

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

##  **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. |

##  **Risk Management**

|  |
| --- |
| 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. |

## **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. |

##  **Statement of Intent**

|  |
| --- |
| Submit ***Form B*** Statement of Intent completed  |
| [ ]  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 (Builders List)”*** with Your application.

##  **Acceptance of Proposed Contracts**

*The ‘AS2124:1992 Contract Agreement’ & the ‘Design and Construction Agreement’ (“Proposed Contracts”)* detail the terms and conditions of the Authority’s Proposed Contracts 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 contracts: |
| [ ]  Having read and understood the Proposed Contracts, I confirm that these terms and conditions are acceptable. If successful, I agree to sign a contract(s) based on the Proposed Contracts.**OR**[ ]  Having read and understood the Proposed Contracts, I have proposed the following departures. If successful, I agree to sign a contract(s) based on the Proposed Contracts including such departures or such amended terms and conditions of contract as may be agreed with the Authority following negotiations.

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

<insert or remove rows as required> |
| Do You agree with the liability position in the proposed contracts? |
| [ ]  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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **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 Invitation to Supply (ITS) responses submitted by a supplier operating under the Pre-qualified Builders List must be prepared independently, without unlawful collusion with any other supplier or party in connection with the ITS process and must complete a declaration in relation to unlawful collusion, in a form provided by agencies, with all ITS responses? |
| [ ]  Yes | [ ]  No |
| If You answered ‘No’, provide an explanation:Click or tap here to enter text. |

##  **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 PC27, 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. |

## **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. |

##  **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 Pre-qualified Builders List in accordance with *“Specification and Guide to Becoming a Pre-qualified Builder”*, the Proposed Contracts 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 Contracts.

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 suppliers membership to the Pre-qualification Builders List, make changes to the scope, or other such changes as the Authority requires in relation to the Pre-qualification Builders List. Where such changes impact a supplier the Authority will endeavour to communicate the changes either via the [SA Tenders and 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. |