

The Health Improvement Commission

Substance Use Tender Process

Application Form A: Organisational Information

**PLEASE READ THE TENDER INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

Application forms should be completed electronically. If you have any questions or need any assistance to complete the application form, please call 210422 or email [andrea.nightingale@health](mailto:andrea.nightingale@health)improvement.gg

This form should only be completed and submitted ONCE, even if your organisation is tendering for more than one service.

**ABOUT YOUR ORGANISATION**

**SECTION 1: CONTACT DETAILS**

Name of the organisation

|  |
| --- |
|  |

Address of the organisation

|  |  |
| --- | --- |
|  | |
|  | Post Code: |

Website address

|  |
| --- |
|  |

Main contact for the application *(this should be a person closely involved who can discuss the application)*

|  |
| --- |
|  |

Position held by main contact in the organisation

|  |
| --- |
|  |

Contact address (if different from above address)

|  |  |
| --- | --- |
|  | |
|  | Post Code: |

Daytime phone number E-mail address

|  |  |  |
| --- | --- | --- |
|  |  |  |

**SECTION 2: ABOUT YOUR ORGANISATION**

1. Is your organisation (tick all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| i) a charity |  | (ii) a limited company |  | (iii) a company limited by guarantee |  |
| iv) a Partnership |  | (v) a sole trader |  | (vi) other |  |
| If “other” please specify |  | | | | |

Charity registration number (if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Registration number |  | Registry name |  |
| Date of Registration |  | | |
| Registered address (if different from above) |  | | |

1. What does your organisation do and who does it help/work with? (100 words maximum)

|  |
| --- |
|  |

1. How many people are involved in running your organisation?

|  |  |  |  |
| --- | --- | --- | --- |
| Management/Committee members |  | Full-time paid employees |  |
| Part-time paid employees |  | Volunteers |  |
| Sessional Workers |  |  |  |

**SECTION 3: FINANCIAL INFORMATION**

1. What was your turnover in each of the last 3 years?

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| --- |
|  |

1. Has your organisation met the terms of its banking facilities and loan agreements (if any) during the past year?

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  | If “No” what were the reasons, and what has been done to put things right? |

1. Has your organisation met all its obligations to pay its creditors (including sub-contractors) and staff during the past year?

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  | If “No” please explain why not |

1. What are the usual sources of income for your organisation? Please specify if these are from the public, States of Guernsey, grant giving organisations, business, private donors or a combination of sources.

|  |
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1. If asked, would you be able to provide at least one of the following?

|  |  |  |
| --- | --- | --- |
| A copy of your most recent accounts, prepared by an accountant (for the last two years if this applies). | Yes | No |
| A certificate prepared accountant endorsing your organisation’s turnover, profit and loss and impact of a project of this nature and value on your business. | Yes | No |
| A statement of your turnover, profit & loss account and cash flow for the most recent year of trading. | Yes | No |
| A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position. | Yes | No |

**SECTION 4: INSURANCE**

Please provide details of your current insurance cover: please clarify whether cover is i) for each and every single claim or ii) in the aggregate.

The Commission’s minimum suggested levels are provided:

|  |  |
| --- | --- |
| **1. Employer’s Liability:** £10m is an acceptable minimum. This cover should be "any one claim" without an aggregate. | Details:  *Please tick one of the following:*  [ ] Cover is for each and every single claim  [ ] Cover is in the aggregate |
|
| **2.Public Liability:** £5m is the accepted minimum (note the trend is now towards £10m). | Details:  *Please tick one of the following:*  [ ] Cover is for each and every single claim  [ ] Cover is in the aggregate |
|
| **3. Professional Indemnity:** £2m is the accepted minimum. Usually this is any one claim and in the aggregate. | Details:  *Please tick one of the following:*  [ ] Cover is for each and every single claim  [ ] Cover is in the aggregate |
| Other (please provide details): |  |
| Please provide a summary of any claims made against you in the past five years. |  |
| If you have any claims currently being made against your insurance, please give details |  |

**SECTION 5: GOVERNANCE, POLICIES & PROCEDURES**

1. Will you be able to provide the Commission copies of the service’s policies and procedures, instructions and related documents and/or other literature as requested?

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  | If “No” please explain why not |

1. Do your policies and procedures cover all necessary legal, regulatory, operational, administrative and financial matters, including, but not limited to safeguarding, data protection, complaints and equal opportunities?

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  | If “No” please explain why not |

1. Does your organisation have a Business Continuity, Disaster Recovery or Risk Management plan?

Please describe how your organisation ensures continued provision to service users should there be a major event; for example, a pandemic (e.g., COVID-19), unexpected loss of staff, or a fire or utility failure resulting in temporary loss of your facilities.

|  |  |  |
| --- | --- | --- |
| Yes |  |  |
| No |  | If “No” please explain why not |

1. Please explain your organisation’s complaints procedure.

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|  |

**DECLARATION**

The Health Improvement Commission understands and upholds its obligations under GDPR data protection regulations.

I am authorised to make the application on behalf of the organisation named in Section 1.

I confirm that the information contained in this application is correct and that if funding is awarded it will be used only for the Service(s) specified and according to the terms and conditions of the awarded contract.

I/we undertake that the amount of my/our quotation/tender (note that you will be asked to include this in Application From B) has not been calculated by agreement or arrangement with any person other than yourselves and that the amount of my/our quotation/tender has not been communicated with any other person other than yourselves (except where disclosure has been made in confidence to obtain quotations necessary for the preparation of the tender response or for insurance purposes) and will not be communicated to any person until after the closing date for the submission of quotations/tenders.

I/we undertake that we have not entered into any agreement with any other person that they will refrain from submitting a Tender Response or cause them to alter the amount of any Offer.

I undertake that we will not make any announcement, advertise, publicise, or make any reference, wholly or in part, in relation to this invitation to tender and the Services defined herein.

The details of this application will be entered onto a Health Improvement Commission database for the purpose of processing. The data will not be used for any other purpose without seeking and obtaining your consent and will be handled in line with our Data Protection Policy.

|  |  |  |
| --- | --- | --- |
| Signed: |  | Date: |

**REMEMBER TO KEEP A COPY OF THIS FORM FOR YOUR RECORDS**

**Please submit this form (saved as a PDF\*) along with at least 1 completed Form B**

**Send forms and enclosures to:**

**andrea.nightingale@healthimprovement.gg**

\* To save this form as a PDF, select file > Save As > and select PDF in the drop-down list of the “Save as Type” box.