**Quotation Form:**

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| --- | --- |
| Company name |  |
| Contact name (Single point of contact): |  |
| Address: |  |
| Telephone number: |  |
| E-mail address: |  |
| Company Registration number: |  |
| VAT Registration number: |  |

Please tick to confirm that you will be able to provide evidence of the following on request and will definitely be able to provide if your quote is successful: ✓

|  |  |
| --- | --- |
| Financial information.  *Either:*   1. *A copy of the most recent audited accounts for your organisation that cover the last two years of trading or for the period that is available if trading for less than two years.* 2. *A statement of the organisation’s turnover, Profit & Loss and cash flow position for the most recent full year of trading (or part year if full year not applicable) and an end period balance sheet, where this information is not available in an audited form.* 3. *A statement of the organisation’s cash flow forecast for the current year and a bank letter outlining the current cash and credit facility position.* |  |
| Details of your quality assurance method, experience and capabilities |  |
| Details of your environmental management method, experience and capabilities |  |
| Details of your risk management method, experience and capabilities |  |
| Equal Opportunities Policy |  |

Please list the insurances held by your company:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of insurance | Insurance Company | Policy number | Start and expiry date | Cover Value |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Copies of valid insurance certificates will be required if your quote is successful.*

Please tick to confirm that you agree that on completion the GC Business Growth Hub will own the IP of the report:

✓

|  |  |
| --- | --- |
| Our company agrees that on completion the GC Business Growth Hub will own the IP of the report: |  |

1. Outline your approach to delivery of the tasks as described in the specification.

|  |
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1. Please provide a timetable for delivery of the required services

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|  |

1. Please provide a payment schedule.