



# Request for Quotation

## Part D – Return Schedules

Zimin Drive Shared Pathway

Civil Design

T25-04

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Closing Time and Date: **2pm Wednesday, 24th September, 2025**

Method of Lodgement: Electronic Quotation Response via Email or Dropbox

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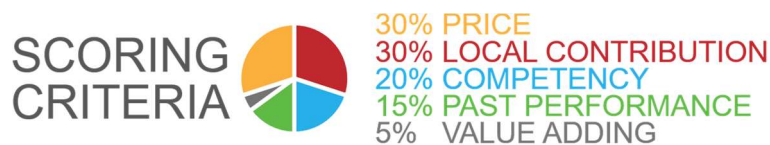
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## INSTRUCTIONS FOR RESPONDENT

The Respondent is requested to complete and submit the Return Schedules included in this Request for Quotation: Part D – Return Schedules. Respondents must use the same format provided by Council. Where applicable, please ensure that the signature blocks are appropriately executed. The completed schedules, declarations and supporting documents will constitute the Quotation Response. Council reserves the right to deem a Quotation Response non-conforming, pass them over or exclude them from further evaluation due to deviations from the format or lack of content. Any attachments or supporting documentation must clearly identify the relevant Return Schedule number. The following assessment criteria apply:

- **Mandatory Criteria** must be completed satisfactorily for a quotation to be awarded
- **Optional Criteria** may affect our decision to award a quotation
- **Scoring Criteria** will affect your quotation score



The Respondent must comply with the following instructions when completing the Return Schedules:

- The written quotation response must be contained within the relevant Return Schedules. Council will only rely upon the information in the Return Schedules to evaluate the Quotation Response.
- Supporting documents must reference the relevant Schedule number.
- Any photos should be attached separately as supporting documents and clearly reference the relevant schedule number
- No advertising or marketing is to be included in the Quotation Response.
- A conforming Quotation Response will include all non-optional documents listed below.

## SCHEDULE OF DOCUMENTS

Ref.	Assessment Criteria	Return Schedule	Completed
SCHEDULE 1	Mandatory	FORM OF QUOTATION	<input type="checkbox"/>
SCHEDULE 2	Mandatory	RESPONDENT DETAILS	<input type="checkbox"/>
SCHEDULE 3	Mandatory	INSURANCES, LICENSES, AND REGISTRATIONS	<input type="checkbox"/>
SCHEDULE 4	Mandatory	SOLVENCY	<input type="checkbox"/>
SCHEDULE 5	Mandatory	STATUTORY DECLARATION OF NON-COLLUSION	<input type="checkbox"/>
SCHEDULE 6	Optional	CONTRACT DEPARTURES	<input type="checkbox"/>
SCHEDULE 7	Scoring (30%)	PROPOSAL COST	<input type="checkbox"/>
SCHEDULE 8	Scoring (30%)	LOCAL CONTRIBUTION	<input type="checkbox"/>
SCHEDULE 9	Scoring (20%)	COMPETENCY	<input type="checkbox"/>
SCHEDULE 10	Scoring (15%)	PAST PERFORMANCE	<input type="checkbox"/>
SCHEDULE 11	Scoring (5%)	VALUE-ADDING	<input type="checkbox"/>

Ref.	Assessment Criteria	Other Documents	Completed
RATES	Price (30%)	Part E – Return Schedules - Pricing	<input type="checkbox"/>

## SCHEDULE 1 – FORM OF QUOTATION

TO: Katherine Town Council

(a) We the undersigned ('Respondent') [NAME] \_\_\_\_\_

submit the following Quotation Response for T25-04 - Zimin Drive Shared Pathway

in accordance with the Request for Quotation conditions outlined in Request for Quotation: Part A - Quotation Information and Conditions.

- (b) By submitting this Quotation Response, the Respondent warrants and represents that it has made its own enquiries and investigations and has obtained professional advice and all other relevant information to inform itself of all risks and contingencies which may affect its proposal and any submitted prices. The Respondent warrants and represents that it has allowed for all such risks and contingencies in its Quotation Response.
- (c) The Respondent confirms that its Quotation Response conforms to the requirements of the Request for Quotation (please tick the applicable box/es).

☐ **YES**, the Quotation Response fully conforms

☐ **YES**, an Alternate Proposal Response is also submitted

If submitting an **Alternative Proposal**, the Respondent must include any supplementary material including pricing, to demonstrate that the alternative will fully achieve or exceed Council's requirements. Also, the Respondent must specifically outline the key advantages of the Alternative Proposal. In addition to completing the Return Schedule for the Alternative Proposal, Respondents must complete the following table:

#	Alternative Option	Key Advantage

- (d) The Respondent agrees to keep the Quotation Response open for acceptance and shortlisting by the Council for a period of 90 calendar days.
- (e) The Respondent warrants that its Quotation Response was made without any connection, knowledge or arrangements with any other Respondent or industry group except as disclosed in the Quotation Response.
- (f) The Respondent understands that Council is not bound to accept any Quotation Response and is under no obligation to proceed at any stage during or after the Closing Date.
- (g) The Respondent offers to deliver the Specification at the prices specified in the Quotation Response.
- (h) The Respondent confirms that it and any proposed subcontractors and/or licensees are not insolvent, bankrupt, in liquidation or under administration or receivership.
- (i) The Respondent confirms its capacity to deliver the Specification and to enter into a contract in the format provided in the Request for Quotation: Part C and that there is no restriction under any law to prevent it from quoting.

- (j) The Respondent consents to Council undertaking reasonable enquiries to validate and confirm details provided by the Respondent in the Quotation Response.
- (k) The Respondent warrants that neither the Respondent, nor any of its officers, employees, agents or subcontractors has, in relation to the preparation, lodgement or assessment of the Quotation Response:
- a. improperly obtained confidential information,
  - b. received improper assistance,
  - c. engaged in collusive quoting, anti-competitive conduct or any other similar conduct with any other Respondent or other person, or
  - d. attempted to improperly influence an officer of Council or approached any Council representative (other than as permitted in this Request for Quotation).
- (l) The Respondent notes that giving false or misleading information is a serious offence and confirms that all information provided in this Quotation Response is true and correct in every material respect.

Legal Name:

\_\_\_\_\_

Trading Name:

\_\_\_\_\_

ABN or ACN:

\_\_\_\_\_

Address of Registered Office:

\_\_\_\_\_

Postal Address:

\_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

Telephone:

\_\_\_\_\_

DATE

\_\_\_\_\_

day of

\_\_\_\_\_

in the year

\_\_\_\_\_

SIGNED BY

\_\_\_\_\_

Full name:

\_\_\_\_\_

Position:

\_\_\_\_\_

WITNESSED BY

\_\_\_\_\_

Full name:

\_\_\_\_\_

Position:

\_\_\_\_\_

## SCHEDULE 2 – RESPONDENT DETAILS

### Schedule 2A: Additional Respondent Details

Information Required	Respondent's Response
Head Office Address:	
Local Branch Office Address:	
Telephone Number(s):	
Name of Directors:	
Name of Parent Company:	
Names of Subsidiary and Associated Companies:	
Is the Respondent acting as a trustee of a Trust?	
Name and Details of Respondent's Trust*	
Names and addresses of all of beneficiaries:	

\* **Note:** The Respondent is to include copy of trust deed, if applicable. Tick if attached: Yes ☐ No ☐

### Schedule 2B: Respondent Representative

Respondent to confirm person authorised to submit the Quotation Response, and to whom all liaison and notices will be directed.	
Name	
Position	
Telephone	
Email	
Office Address	
Postal Address	

### Schedule 2C: Execution

If the Tenderer was successfully awarded the Contract, please nominate below the preferred format in which your organisation would execute the contract (e.g. 2 directors or 1 (sole) director or 1 director and 1 company secretary under section 127 of <i>The Corporations Act</i> , by authorised representative under Power of Attorney and the date of that Power of Attorney, under company seal, or by other means).	
Format of Contract Execution	

## SCHEDULE 3 – INSURANCES, LICENSES, AND REGISTRATIONS

### Schedule 3A: Insurance

The Respondent is requested to complete the following table with insurance policy details and attach certificates of currency.

Insurance Type	Specific Insurance Requirements	Insurer	Policy number	Insured Amount (\$)	Expiry date	Cert of Currency Attached?
Public Liability	Not less than AUD20M and for the duration of the Contract.					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Product Liability	Not less than AUD20M and for the duration of the Contract.					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Contract Works	Not less than AUD5M and for the duration of the Contract.					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Professional Indemnity	Not less than AUD5M and for the duration of the Contract.					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Worker's Compensation	In accordance with NT Law					Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

### Schedule 3B: Mandatory Licenses and Registrations (If Applicable)

The Respondent is requested to complete the following table with license/registration details and attach copies of the certificates.

License/Registration Type	License/Registration No.	Registering Body	Expiry Date	Certificate Attached?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

CAL certification required for all building and construction contracts over \$100,000 as required by Northern Territory regulatory bodies.



## SCHEDULE 4 – SOLVENCY

Letter signed by practising accountant	
Accountant Name	
Registration	
<p>Please attach evidence of your accreditation to your Proposal.</p> <p>For this letter to be accepted it must:</p> <ul style="list-style-type: none"> <li>• be dated no earlier than 7 days prior to the date on which the Proposal is submitted,</li> <li>• state that the Respondent has the financial capacity to meet the cashflow requirements of the Specification, and</li> <li>• state the Respondent's financial 'current ratio'.</li> </ul>	

Item	Tick Yes or No
1. Is the Respondent currently, or has the Respondent at any time in the last 5 years been, unable to pay its debts as and when they become due and payable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is a liquidator or provisional liquidator currently appointed in respect of the Respondent or has one been appointed in respect of the Respondent in the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is, or at any time in the last 5 years has, a controller, manager, trustee, receiver, receiver and manager, administrator or similar officer been appointed to the Respondent or any asset of the Respondent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. In the last 5 years, has any application (not being an application stayed, withdrawn or dismissed within 14 days) been made to a court for an order, or has an order been made, a meeting convened, or a resolution passed, for the purpose of: <ul style="list-style-type: none"> <li>- appointing a person referred to in paragraphs 2 or 3;</li> <li>- winding up or de-registering a party; or</li> <li>- proposing or implementing a scheme of arrangement</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. In the last 5 years has any application (not being an application stayed, withdrawn or dismissed within 14 days) been made to a court for an order, or has an order been made, a meeting is convened, a resolution is passed or any negotiations commenced, for the purpose of implementing or agreeing: <ul style="list-style-type: none"> <li>- a moratorium of debts of any party;</li> <li>- any other assignment, composition or arrangement (formal or informal) with a party's creditors; or</li> <li>- any similar proceeding or arrangement by which the assets of a party are subjected conditionally or unconditionally to the control of that party's creditors or a trustee,</li> <li>- or any agreement or other arrangement of the type referred to in this paragraph 5 been ordered, declared or agreed.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

MANDATORY  CRITERIA

## SCHEDULE 5 – STATUTORY DECLARATION OF NON-COLLUSION

### *Oaths Act 1867*

The Respondent must complete and submit with Proposal.  
All Submitted information will be treated as confidential.

I, \_\_\_\_\_ (Print name),

of \_\_\_\_\_ (Respondent's Organisation),

do hereby solemnly declare and affirm the following;

1. I hold the position of \_\_\_\_\_ and am duly authorised by the Respondent's Organisation to lawfully proclaim the following and, after having made due inquiry believe the following to be completely accurate to the best of my knowledge.
2. Neither the Respondent nor the Respondent's Agents or Servants have entered into any contract or agreement to offer payment of any kind to a trade association or representative of the Council in the event of a winning selection for shortlisting by this Respondent's Organisation.
3. Neither the Respondent nor the Respondent's Agents or Servants have had any knowledge of the proposals submitted by its competitors nor did the Respondent furnish information of the enclosed Proposal to any source external to the Respondent's Organisation prior to the Proposal Closing Date.
4. Neither the Respondent nor the Respondent's Agents or Servants have entered into any contract or agreement to offer payment of any kind to an unsuccessful Respondent in the event of a winning selection for shortlisting.
5. The Respondent is not aware of any facts which would affect the decision of Council in accepting the Submission nor has the Respondent attempted to acquire information relevant to the evaluation/selection process by soliciting the Council or their Representatives, Agents or Servants.
6. Neither the Respondent nor the Respondent's Agents or Servants have entered into any agreement with other Respondents or third party which results in a payment of unsuccessful submission fees.
7. The contents of this document are true and correct to the best of my knowledge and in no way have been written under duress of any form.

I make this solemn declaration as to the matter aforesaid, according to the law in this behalf made, and subject to the punishment by law provided for any wilfully false statement in any such declaration.

**Signature of Respondent:** \_\_\_\_\_

**Subscribed and declared at:** \_\_\_\_\_

**This:** \_\_\_\_\_ **Day of** \_\_\_\_\_ **(Year)** \_\_\_\_\_

**Before me:** \_\_\_\_\_ (Print name)

**Witness:** \_\_\_\_\_ (Signature)

*(The declaration must be witnessed by a person as an authorised person according to the Statutory Declarations Regulations 2018)*

## SCHEDULE 6 – CONTRACT DEPARTURES (OPTIONAL)

Where the Respondent proposes to submit alternative drafting of the proposed Contract clauses in Part C – Conditions of Contract; details of the departures must be provided below. Importantly, the Respondent must note that:

1. Comments on various clauses or risk allocation under the Contract will not be considered unless accompanied by the specific drafting of the proposed replacement clause. The specific drafting of the Respondent's proposed alternative clauses must be included in this Schedule.
2. Alternative drafting may be considered as a non-conformance by the Council for the purpose of mandatory requirements.

Clause	Alternative Drafting	Reason / Qualification

## SCHEDULE 7 – PROPOSAL COST

The Respondent must provide their maximum Proposal cost to deliver the Specification.

The Proposal cost must be submitted in Australian currency and be GST exclusive.

### Schedule 4A: Proposal Cost

Proposal Cost	Signed
<div>\$</div> <div>Excluding GST</div>	

### Schedule 4B: Itemised Pricing Schedule

Item Description	Item Quantity	Payment Frequency	Cost Excl. GST
			\$
			\$
			\$
			\$

### Schedule 4C: Hourly Rate for Services Rendered Outside of Scope

Item Description	Rate Excl. GST	Current Until
	\$	
	\$	

**Note:** It is the Respondent's responsibility to ensure the full scope of works is allowed for within their Proposal cost. Pricing schedules must be included with all Proposals to assist with the assessment.

MANDATORY  CRITERIA

## SCHEDULE 8 – LOCAL CONTRIBUTION

### Schedule 8A: Local Economic and Employment Contribution

Council aims to encourage the development, growth and sustainability of the local economy within Katherine and the Big Rivers region (Big Rivers).

Respondents are to confirm if they are any, or all, of the following:	
(a) Katherine or Big Rivers owned and operated <i>Primary office must be located within Katherine or Big Rivers</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Operation(s) or office(s) in Katherine or Big Rivers; and utilising employees who usually reside within Katherine or Big Rivers	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) NT operated with employees who usually reside within Katherine or Big Rivers	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) NT operated with employees who usually reside within the Northern Territory	Yes <input type="checkbox"/> No <input type="checkbox"/>
Respondents who identify as (a), (b), or (c) above, must provide details below to demonstrate their local presence:	
Address of local operation/office	
Function of local operation/office	
Number of employees in the local operation/office and/or residing in Katherine or Big Rivers	
Business activities, and proportion of services performed in Katherine or Big Rivers	
<p>Provide details of how your business currently contributes, or will contribute, to employment generation and future economic growth within <b>Katherine, Big Rivers and/or NT</b>.</p> <p>This may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>• New local employees engaged for the Contract,</li> <li>• Temporary local labour hire arrangements,</li> <li>• Incorporation of employment opportunities for vulnerable groups (for example Indigenous, gender equality, long term unemployed, people with a disability or mental illness, disengaged youth and the aged) within the community,</li> <li>• Training and skills development initiatives, apprenticeships, school-based apprenticeships and or Cadet placements, work experience etc.,</li> <li>• Partnerships with Northern Territory based TAFE/Universities, or TAFE/University pathways for employees</li> </ul>	

## Schedule 8B: Local Advancement and Social Contribution

Provide details and supporting evidence of any local advancement and social contribution activities your business undertakes, or will undertake, which enhances **Katherine, Big Rivers and/or NT**.

This may include, but is not limited to:

- Support or partner with local community groups or not-for profit organisations to build their capacity,
- (These organisations include economic, sporting, social and recreational clubs or groups.)
- Volunteering activities that strengthen the community,
- Support or undertake initiatives or events that contribute to the personal health, wellbeing or safety of locals,
- Contribution towards affordable and appropriate housing and living standards,
- Supporting or understanding initiatives or events that contribute to an inclusive community and opportunities for all.

## Schedule 8C: Aboriginal or Torres Strait Islander Business and Engagement

Do you declare that your business is:	
<ul style="list-style-type: none"> <li>• 50% or majority owned by Aboriginal or Torres Strait Islander persons; or an equal Joint Venture agreement with a majority owned Aboriginal or Torres Strait Islander business entity</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide supporting documentation.	<input type="checkbox"/> Attached
<ul style="list-style-type: none"> <li>• A business whose workforce consists of at least 25% Aboriginal or Torres Strait Islander persons</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide signature: _____ date _____	<input type="checkbox"/> Signed
Does, or will, your business engage Aboriginal business in its supply chain in the delivery of this Contract? If yes, please provide details. (No personal information required.)	

## SCHEDULE 9 – COMPETENCY

### Schedule 9A: Solution and Methodology

Provide details of your proposed **solution(s) and methodology**. In doing so, please demonstrate:

- (a) a description of your project management processes and methodologies,
- (b) an understanding of the project objectives and deliverables,
- (c) an understanding of potential problems that may arise as well as potential resolutions,
- (d) your organisation's approach to identifying, assessing, and mitigating risks within projects,
- (e) a plan for commissioning and handover.

## Schedule 9A: Fit for Purpose

### Understanding of Project Objectives and Deliverables:

Describe how your proposed solution meets the required standards and specifications outlined in the Scoping documentation. Address adherence to non-functional requirements.

### Operational Availability:

- i. Please indicate the specific hours during which your support services are available to help operations across all modules pre-and-post-project? *Council's ordinary hours are 8am-5pm Mon-Fri ACST.*
- ii. What support will be made available on Council's payroll processing days? *(Fortnightly on Tuesdays)*

### Service Level Agreements (SLA):

Outline your response times and how you ensure adherence to agreed SLAs.

SLA Attached? Yes ☐ No ☐

Annexure 1 – Requirements Spreadsheet Completed? Yes ☐ No ☐



## Schedule 9B: Capacity

<b>Key Personnel:</b>				
Provide details of key personnel who will have primary responsibility for the performance of the Contract.				
Role in this Contract	Name	Service period with your business	Years in Industry	Key Skills and Qualifications

<b>Subcontractors (If Applicable):</b>			
If subcontracting any work under the Contract, please provide details of proposed subcontractors, licensee or partners.			
Name of Subcontractor	Role of Subcontractor	Period of association with your business	Estimated value of work to be Subcontracted

<b>Account Management:</b>
Indicate if a dedicated account manager will be assigned and explain their role in the project's success. Specify how they can be contacted (e.g., phone, email, regular meetings, etc.,).

<b>Resources and Infrastructure:</b>
Indicate the resources, infrastructure, and tools available to support the project.

<b>Project Timeline:</b>
How will your organisation ensure the project timeline is met?

## Schedule 9C: Quality

### Project Management Processes and Methodologies:

Provide details of your standardised project management processes and methodologies.

### Risk Mitigation Strategies:

Share your approach to identifying, assessing, and mitigating risks within projects.

### Collaboration, Commissioning, and Handover:

- a) Describe your approach to collaborating with Council to achieve project goals, including how you will address Council's limited staff capacity.
- b) Explain your method for implementation and training. Specify the methods you propose to use, such as trainer-led sessions, online learning modules, hands-on workshops, or other techniques.
- c) Detail your strategy for commissioning and handover, including transitioning to Council staff, ensuring system readiness, and post-handover support.

## SCHEDULE 10 – PAST PERFORMANCE

The Respondent must provide the following information to demonstrate its capability and experience to deliver the Specification. The Respondent is invited to include any other information which may be material or relevant to the Respondent's selection in the shortlisting process.

### Schedule 10A: Respondent Background

Provide a brief overview and history of your organisation (2-3 paragraphs). Include the duration of your organisation's operations, an outline of key strategies, and notable achievements relevant to your sector.

### Schedule 10B: Similar Completed Contracts

Provide details of three completed projects undertaken in the last 5 years which are similar to the specification. Preference will be given to examples involving other Australian councils or similar entities.

Project Name	Scope performed relevant to this Request for Proposal	Start Date	Completion Date

### Schedule 10C: Referees

Provide details of at least three current or recent referees for contracts similar to the Specification for this Request for Proposal, completed within the last 3 years.

Relevant Project 1	
Dates	
Referee Name and Role	
Organisation	
Contact Phone Number	
Email address	
Project Overview	
Contract Period	
Value (\$)	
Relevant Project 2	
Dates	
Referee Name and Role	
Organisation	
Contact Phone Number	

Email address	
Project Overview	
Contract Period	
Value (\$)	

Relevant Project 3	
Dates	
Referee Name and Role	
Organisation	
Contact Phone Number	
Email address	
Project Overview	
Contract Period	
Value (\$)	

MANDATORY  CRITERIA

## SCHEDULE 11 – VALUE-ADDING

Provide a brief overview of any additional value which you believe you will bring to this project.

This may include, but is not limited to:

- A summary of any cost saving initiatives or opportunities that you have identified or recommend,
- Describe any additional features or capabilities included within this Proposal that go beyond Council's specified requirements,
- Does your Proposal include ongoing support, training, or additional resources that will benefit the organisation after implementation (e.g. a dedicated Account Manager post-project),
- Extensive and high-quality products, services, and support materials,
- Business philosophies or undertakings which align with the values of Katherine Town Council.

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