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**Application Form**

**MPI Approved Supplier of Advisory Services**

**May 2017**

**Please email your completed application to:** [**funding@mpi.govt.nz**](mailto:funding@mpi.govt.nz) **by 5pm June 9 2017**

**About the Applicant**

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| **Supplier**  **tips** | * This section gives MPI basic information about your organisation and identifies your Point of Contact for the duration of the application process. * If an item is not applicable e.g. you do not have a registered office complete the box by stating ‘not applicable’. |

**Business profile**

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| **Item** | **Detail** |
| Trading name: |  |
| Full legal name (if different): |  |
| Physical address: | [if more than one office – put the address of your head office] |
| Postal address: |  |
| Registered office: | [if you have a registered office insert the address here] |
| Business website: |  |
| Type of entity (legal status): | [sole trader / partnership / limited liability company / other please specify] |
| Company registration number: |  |
| GST registration number: | [if overseas please state] |
| Sectors serviced | [List primary industry sectors serviced e.g Sheep & Beef, dairy, mixed cropping] |

**Point of Contact**

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| **Item** | **Detail** |
| Contact person: | [name of the person responsible for communicating with MPI through the application process] |
| Position: |  |
| Phone number: |  |
| Mobile number: |  |
| Email address: |  |

**Response to the Requirements**

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| **Supplier**  **tips** | * In this section you are asked to provide your response to our Requirements by demonstrating your organisation’s ability to meet our pre-conditions criteria and have relevant capability and capacity * You may include information not specifically requested by us in this section. But only if it adds value and is relevant to the Requirements. |

**Pre-conditions**

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| **Supplier**  **tips** | * You must be able to answer ‘yes’ to each of these pre-conditions. * ‘Yes’ means that you can currently meet the pre-condition. It does not mean that you are planning to, or intend to at some time in the future. * If you cannot answer ‘yes’ to all, your application will not meet the basic Requirements and will be declined. |

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| **#** | **Pre-condition** | **Meets** |
| 1. | **Existing Clientele**  An applicant must either have existing clientele and currently be providing primary industry businesses with a form of advisory or consultancy services (as related and listed in section 2.2 of the guidelines document) or have had a previous history of doing so. | [Yes/No] |
| 2. | **Provision of existing business services**  An applicant must provide in their application, sufficient information about the business and the services they provide for MPI to be able to assess the suitability of the applicant as an approved supplier for this funding including maximum levels of work you could commit to under this agreement. | [Yes/No] |
| 3. | **Suitably qualified and experienced staff**  An applicant must declare all staff to be used a part of the contract and provide details of their experience and qualifications to demonstrate the quality of resource to be used. (this is to be completed in the next section under suitability) | [Yes/No] |
| 4. | **Price**  You must disclose/declare the maximum price per hour that you will charge to deliver services and include indicative disbursement costs. | [Yes/No] |
| 5. | **Contract terms** – indicate that you agree with all clauses in full under the draft contract agreement or agree subject to negotiating, stating which clauses you wish to amend. | [Yes/No] |

**Questions relating to suitability**

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| **Supplier**  **tips** | * Here you are asked to answer questions relating to your suitability to provide consultancy and advisory services to primary industries. Aim to give answers that are relevant, concise and comprehensive. * If there is a particular service you do not offer yourself but wish to become approved and subcontract this particular subject area, state this under number 6. * List all personnel you will use for this contract. Please include proof of their qualifications, ability and applicable experience. |

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| 1. **About you** |
| Please describe your business/organisation/sole trader (background, overall service offerings etc.) Please add here anything else you wish to tell us about your company. |
| [insert your answer here] |
| List the total number of primary industry businesses/clientele you currently service. Also include a list of the geographical areas the properties are located in. |
| [insert your answer here] |

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| 1. **Capability of the Applicant to deliver** |
| Explain how your business services meet or exceed our requirements to provide consultancy/advisory services to primary industries businesses with the earthquake affected regions. Attach your CV, details of qualifications, skills and any testimonials.  Detail and list the specific services that you can supply to the primary industries sector as part of the earthquake recovery process |
| [insert your answer here] |

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| Describe how you will deliver the requirements of work relating to earthquake recovery consultancy in a timely manner.  Include resources:  • Role & responsibilities  • Relevant relationships  • Facilities and Networks |
| [insert your answer here] |

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| 1. **Capacity of the Applicant to deliver** |
| Describe your organisation’s size, structure and number of staff. Explain why this is sufficient to deliver the requirements in full, on time, to specification and in the quantity required. |
| [insert your answer here] |
| Detail any limitations that current work commitments impose on your key personnel and sub-contractors in being able to deliver the Requirements |
| [insert your answer here] |
| Provide information about your operational and financial systems to track and manage delivery.  Detail how you propose to manage workload |
| [insert your answer here] |

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| 1. **Key personnel** | |
| Provide details of your key personnel to be used as part of this contract.  *Add further key personnel as required in the boxes below.* | |
| **Key personnel #1:** **Proposed project manager for this contract:** | |
| Name: |  |
| Qualification/s: |  |
| Relevant experience: |  |
| Time commitment: | State the proposed amount of time this person will spend in the delivery of the Requirements |
| Constraints: | State any constraints the person has in participating in delivery |
| **Key personnel #2** | |
| Name: |  |
| Qualification/s: |  |
| Specialisation: | Briefly describe the area that this person specialises in. Explain how the specialisation is relevant to the delivery of the Requirements. |
| Relevant experience: |  |
| Time commitment: | State the proposed amount of time this person will spend in the delivery of the Requirements |
| Constraints: | State any constraints the person has in participating in delivery |
| **Key personnel #3** | |
| Name: |  |
| Qualification/s: |  |
| Specialisation: | Briefly describe the area that this person specialises in. Explain how the specialisation is relevant to the delivery of the Requirements. |
| Relevant experience: |  |
| Time commitment: | State the proposed amount of time this person will spend in the delivery of the Requirements |
| Constraints: | State any constraints the person has in participating in delivery |

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| 1. **Proposed sub-contractors** | |
| State any sub-contractors you are proposing to use as part of this contract, in the tables below. | |
| Disclosure: | Respondents must indicate if they intend any person or organisation, who is not an employee, to sub-contract any part of the deliverables. The sub-contractor’s details must be provided below. |
| Sub-contractor #1 |  |
| Sub-contractor’s name: |  |
| Address: |  |
| Specialisation: |  |
| This sub-contractor’s deliverables: |  |
| Relevant experience: |  |
| Time commitment: | State the proposed amount of time this person will spend in the delivery of the Requirements |
| Constraints: | State any constraints the person has in participating in delivery |
| Sub-contractor #2 |  |
| Sub-contractor’s name: |  |
| Address: |  |
| Specialisation: |  |
| This sub-contractor’s deliverables: |  |
| Relevant experience: |  |
| Time commitment: | State the proposed amount of time this person will spend in the delivery of the Requirements |
| Constraints: | State any constraints the person has in participating in delivery |

**Proposed Contract**

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| **Supplier**  **tips** | * In the Application Guidelines document, MPI have given a web link on its website to download a copy our Proposed Contract. We need to know whether or not you are prepared to do business based on the Proposed Contract. * If you have any points that you wish to make about the Proposed Contract this is where you tell us. Note below any suggestions or changes you wish to propose. * It is important that you are able to explain why your proposed changes are important to you. * Not accepting the proposed contract in its current form may result you being unsuccessful in the application process. |

Choose one or the other (tick box):

Having read and understood the Proposed Contract, I confirm that these terms and conditions are acceptable. If successful, I agree to sign a Contract based on the Proposed Contract.

OR

Having read and understood the Proposed Contract, I have the following suggestions to make. If successful, I agree to sign a Contract based on the Proposed Contract subject to negotiating the following clauses:

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| **Clause** | **Concern** | **Proposed solution** |
| [insert clause number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |
| [insert clause number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |

**Pricing**

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| **Supplier**  **tips** | * In the guidelines document MPI indicated you are required to provide normal charging rates (per hour) for services. * In preparing your pricing information you must consider and state where may rates differ, for instance, types of rates for specific services, differing rates for differing staff/experience used, rates for inspections, site visits or travel charges |

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| **Item** | **Unit price**  **excluding GST** |
| [e.g. named product] | [$ X] |
| [e.g. person’s daily fee rate] | [$ X] |
| [e.g. person’s daily fee rate] | [$ X] |

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| **Other Information on pricing** |
| [insert here, if you wish to further elaborate on any pricing structures] |

**Declaration**

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| **Applicant’s Declaration** | | |
| **Topic** | **Declaration** | **Respondent’s declaration** |
| **Conflict of Interest declaration:** | The applicant warrants that it has no actual, potential or perceived Conflict of Interest in submitting this Application, or entering into a Contract to deliver the service requirements. Where a Conflict of Interest arises during the application process the applicant will report it immediately to MPI’s Point of Contact. | **[agree / disagree]** |
| **Details of conflict of interest:** if you think you may have a conflict of interest, briefly describe the conflict and how you propose to manage it or write ‘not applicable’. | | |
| **DECLARATION**  **I/we declare that in submitting this application and this declaration:**   1. **the information provided is true, accurate and complete and not misleading in any material respect** 2. **I/we have secured all appropriate authorisations to submit this application, to make the statements and to provide the information in the application and I/we am/are not aware of any impediments to enter into a Contract to deliver the required services.** 3. **I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the application may result in the application being eliminated from the application process and may be grounds for termination of any Contract awarded as a result of the application process.**   **By signing this declaration the signatory below represents, warrants and agrees that he/she has been authorised by the applicant to make this declaration on its/their behalf.** | | |
| **Signature:** |  | |
| **Full name:** |  | |
| **Title / position:** |  | |
| **Name of organisation:** |  | |
| **Date:** |  | |