

Registration of Interest Form

Instructions to Respondents

Complete all sections of the table below and return it together with any attachments to:

Landscape.services@mandurah.wa.gov.au

By **2pm Thursday 11 July 2024**

Please ensure the email subject includes the title: Coodanup Foreshore – Public Sculptural Artwork

Respondent	
Registration of Interest Title	Coodanup Foreshore – Public Sculptural Artwork
Registered entity name of Respondent	
Business/Trading name (if applicable)	
Registered Street Address of Business	
Postal Address (if different from above)	
Business status	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/> Other: <name>
ACN	
ABN	
Are you a Local Supplier? (Permanent office located within the municipal area (district) of the City for at least six (6) months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a registered Aboriginal Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a registered Disability Enterprise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person	Name:
	Position:
	Email:
	Ph number:
Qualitative Criteria	
Experience 40%	Provide 3-5 examples of previous works of a similar nature. Each example is to include: <ul style="list-style-type: none"> • Description of the project including images/and or other media of the finished work • Project value

	<ul style="list-style-type: none"> • Commission Date and Completion Date • List any team members/ fabricator's/ subcontractors that you worked with
Statement of Approach 40%	A short statement on how you will respond to the artistic outcomes required by the City of Mandurah. Sketches and other media may be provided in support of this criteria
Referee's 20%	Provide 2 referee's details including name, position, telephone number and email address
Compliance	
Insurance Policies	Respondents must confirm whether they hold insurance policies in accordance with the requirements set out below
	Public Liability insurance for a minimum of \$20 million in respect of each claim: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Workers' Compensation Insurance in accordance with the Workers' Compensation and Injury Management Act 1981 (WA) or Income Protections/ Salary Continuance Insurance for sole traders; <input type="checkbox"/> Yes <input type="checkbox"/> No
	Professional Indemnity Insurance for not less than \$2 million <input type="checkbox"/> Yes <input type="checkbox"/> No
	Moter Vehicle and Equipment Insurance – third party legal liability limit \$30 million <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<p>If you answered No to any of the above, complete this section.</p> <p>If your insurance is lower than the amount required, should you be awarded the Contract will you increase your insurance or obtain the insurance to meet the City's requirements?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>*Where professional services and relevant Professional Indemnity Insurance are being provided by a sub-consultant, the Principal may request a direct engagement with the sub-consultant. NOTE: Respondents are responsible for all costs associated with complying with the above insurance requirements.</p>				
Insurance Policies	I/we are presently able to pay all of our debts in full as and when they fall due	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	I/we are not engaged in litigation as a result of which a liability of more than \$50,000 may arise	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	I/we have no outstanding claims made against our insurance policies at the time of this ROI	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	I/we agree to follow the City of Mandurah's Contractor work Health and Safety Guidelines and Procedure	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	If the answer is no to the any of the above questions, please attached additional supporting information				
Declaration of Conflict of Interest	Respondents must give details of any possible Conflict of Interest that exists or may arise in relation to the making and /or acceptance of their quote. If there is nothing to declare, please insert 'None to declare'.				

Authorisation

	As the authorised officer named below, I certify that:	
	(a) I am authorised to submit the response as the Respondents' representative.	
	(b) The Representative understands, accepts and has complied with the Registration of Interest Conditions;	
	(c) The Response is complete, accurate and not misleading in any way.	
	Name:	
Position:		
Signature:		
Date:		