RFQ-SM25-024 – Media and Communications Training Provider

Service Provider Response Form

PART B Financial Proposal

(To be completed in full and returned on or before the Closing Date and Time specified in the RFQ)

Service Provider Details

Service Provider Name	
Service Provider ABN / Company Number / Registration Number	
Country of Registration	
Service Provider Address	
Service Provider Representative Name and Title	
Service Provider Representative Email	
Service Provider Representative Phone	

PART B – Financial Proposal (20% of Total Score)

The fees to be charged for providing the Services mentioned in **PART A - Response to the Technical Evaluation Criteria.**

Item #	Service / Item Description	Price in WST (exc. GST/VAT)	Applicable GST/VAT (WST)	Total Price (WST), including applicable GST/VAT	Service Provider notes if any

Notes:

1. The Total Price is an all-inclusive amount and includes fixed management fees, personnel costs, and all other costs to supply all the required outputs as per specification.

Service Provider Insurance Details
(Please indicate your current level of cover if any for each insurance type)

Insurance	Level of Cover
Public Liability	*Specify level of cover*
Professional Indemnity	*Specify level of cover*

References
(Please provide details of up to three referees we may contact in relation to your submission. We will not contact referees without first getting confirmation from you.)

Referee Name, Position Title and Organisation	Contact Details

Declaration:

I declare that I/we agree with the Terms and Conditions of the Request for Quote and that the information provided in Part B of the Response Form is accurate and correct.

Insert Name and Signature

Insert Position Title of Supplier Representative

Date: