**PART B – TO BE COMPLETED AND RETURNED WITH REQUESTED DOCUMENTS**

**Form of Tender – Hackney CVS (Connect Hackney: Projects to help prevent or reduce social isolation and loneliness for Black, Asian and Minority)**

To: Tony Wong (Connect Hackney Programme Director)

(Please return to: [info@connecthackney.org.uk](mailto:info@connecthackney.org.uk)

Date: Click here to enter a date.

I/We have read and understood the Invitation to Tender for ‘Connect Hackney – Projects to help prevent or reduce social isolation and loneliness for Black, Asian and Minority Ethnic (BAME) people aged 50+ and improve wellbeing’ and do hereby offer to execute and complete in accordance with the Specification and the Conditions of Tendering outlined in Part A.

I/We understand that Hackney CVS (Connect Hackney) may accept all, part, or none of the tender proposed.

I/We undertake in the event of your acceptance to enter into a formal Service Level Agreement as required by Hackney CVS (Connect Hackney).

I/We confirm that Name of YOUR ORGANISATION HERE that all information supplied is accurate to the best of our knowledge and we agree to notify Hackney CVS (Connect Hackney) of any material changes in the organisation’s position.

I/We certify that this offer is made without prejudice to our liability for breach of any of our obligations under the Service Level Agreement and (the bidder) shall be liable for and shall indemnify **Hackney CVS (Connect Hackney)**against any liability, loss, costs, expenses, claims or proceedings.

Should any errors in pricing or errors in arithmetic be discovered before acceptance of this offer submitted by me/us, I/we shall correct these errors immediately by e-mail to [info@connecthackney.org.uk](mailto:info@connecthackney.org.uk) for the attention of Tony Wong. **Hackney CVS (Connect Hackney)**reserves the right to consider my/our revised bid and withdraw its offer to enter into a Service Level Agreement with me/us.

I/we acknowledge that if I/we return a tender bid and if I/we act or shall act in contravention of the terms within this ITT, **Hackney CVS (Connect Hackney)**will be entitled to cancel the Service Level Agreement and to recover the amount of any loss and expense resulting from such a cancellation.

|  |  |  |  |
| --- | --- | --- | --- |
| For and behalf of:  **NAME OF BIDDER** | Click here to enter text. | Date: | Click here to enter a date. |
| 1st Signature: | Click here to enter text. | | |
| Print Name / Job Title: | Click here to enter text. | | |
| 2nd Signature: | Click here to enter text. | | |
| Print Name / Job Title: | Click here to enter text. | | |

**Who can sign?**

|  |  |
| --- | --- |
| Unincorporated charity | Chief Officer and Chair or Treasurer |
| Incorporated charity/ company within the meaning of the Companies Act | Any two of Chief Executive, Company Secretary or a Director |
| Partnership or Consortium that is not a legal entity in its own right | Any two of Chief Executive, Company Secretary or a Director of the lead organisation |
| Bidders should note that in case of a partnership/consortium bid, the lead organisation will be required to accept responsibility for service delivery and will be held liable on behalf of the consortium or other partners as per the contract terms and conditions. A robust partnership agreement needs to be included with this submission.  Bidders should also note that if information concerning a potential partner in the form of a consortium member is provided in the bid, the bidder will not be able to make changes to the use of that member during the term of the contract without obtaining prior written consent from Connect Hackney. | |

**PLEASE NOTE THE WORD LIMIT AND WEIGHTING OF EACH QUESTION, PROVIDING ALL OF THE INFORMATION AND SUPPORTING DOCUMENTATION REQUESTED.**

**Please note the text boxes expand automatically as you type.**

**About your organisation**

Organisation name (please ensure that you provide the legally registered name of your organisation):

|  |
| --- |
| Click here to enter text. |

|  |  |
| --- | --- |
| Address: | Click here to enter text. |
| Name of the main contact person for this application: | Click here to enter text. |
| Position in organisation: | Click here to enter text. |
| E-mail address: | Click here to enter text. |
| Telephone Number: | Click here to enter text. |
| Organisation website: | Click here to enter text. |

Is this the person who will be responsible for delivering this project, if the application is successful?

Yes  No

If the answer is **no**, please provide the name, contact details and position of the person if known?

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Contact Details (Email/Telephone Number) | Click here to enter text. |
| Position in organisation | Click here to enter text. |

What type of organisation are you (please tick all that apply)?

Limited company Charity CIC  CIO

Other (please specify below):

|  |
| --- |
| Click here to enter text. |

Please give your charity, company or other reference numbers below (if applicable)

Charity Number:

|  |
| --- |
| Click here to enter text. |

Company Number:

|  |
| --- |
| Click here to enter text. |

Are you a branch of a larger organisation? Yes No

If **yes**, what is the name and address of the larger organisation, including postcode? Please note that the larger/parent organisation may have some legal responsibility if you are awarded the tender, so you must ensure that you are able to demonstrate that you have the full endorsement of your parent organisation at the time of submitting this tender.

|  |  |
| --- | --- |
| Name of organisation | Click here to enter text. |
| Address | Click here to enter text. |

Please provide a short summary of the aims and objectives of your organisation.

Click here to enter text.

Which BAME community/communities will your organisation be delivering the project for?

Click here to enter text.

Which language(s) do older members of the community mainly use for written communications?

Click here to enter text.

**Partnership working**

Are you delivering your project in partnership with any other organisation(s)?

Yes No

If the answer is **yes** and you are working in a partnership, please provide details of the organisation the name and position of the signatory to the partnership agreement?

|  |  |
| --- | --- |
| Name of organisation | Click here to enter text. |
| Name of signatory to the partnership agreement | Click here to enter text. |
| Contact Details (Email/Telephone Number) | Click here to enter text. |
| Position in organisation | Click here to enter text. |

What type of organisation is the organisation you are signing a partnership agreement with (please tick all that apply)?

Limited company Charity CIC  CIO

Other (please specify below):

|  |
| --- |
| Click here to enter text. |

**Consortium working**

Are you delivering you project in consortium with other organisation(s)?

Yes No

If the answer is **yes** and you are working in a consortium, in a separate document please provide details of the organisation in the consortium, name and position of the signatories to the consortium agreement?

Please check the below box to confirm that the signed partnership or consortium agreement (*clearly outlining the role that the partner will play in the project’s delivery)* has been included in the application

Yes

**ASSESSMENT QUESTIONS**

1. Please outline your experience of working with people aged 50+ (including those who are lonely and socially isolated or at risk of being so) and what was the impact of your work? (350 words) 15%?

Click here to enter text.

1. Please provide a description of your project, and explain how it will help to prevent or reduce social isolation amongst older people from the selected BAME community/ies it will be engaging, and how your project will improve their wellbeing? Include any evidence that demonstrates the need for this work? (500 words) 25%

Click here to enter text.

1. Please provide a summary of your project staffing and volunteering roles, location, approach to delivery and the number of people you expect to reach – including the frequency of the service/ activity to be delivered. (250 words) 5%

(Also include the name of your project).

Click here to enter text.

1. Please explain how older people from the community/communities you will be working with will or have been involved in deciding on services or activities? (300 words) 10%

(See Appendix 6 – Co-production Charter for further information).

Click here to enter text.

1. Please tell us about how your project will identify and engage people at risk of or facing loneliness and isolation that are not known to your organisation? (400 words) 20%

Click here to enter text.

1. Please tell us about your experience of collecting outcomes data as part of a funded project or service, including any tools or processes that you have used. How do you think this could help you to use the Common Measurement Framework with project participants? (250 words) 5%

(See Appendix 8 for a copy of the Common Measurement Framework used for the Ageing Better national evaluation).

Click here to enter text.

1. Please tell us how you plan to monitor your projects performance and provide a summary of any risks to delivering this project? (250 words) 5%

Click here to enter text.

1. Please provide an outline of your organisation’s approach to safeguarding and how you will ensure the safety of any adults with care and support needs, children or young people participating in your project? (250 words) 5%

Click here to enter text.

1. Please provide a budget for your project, ensuring that the following headings are included. Please ensure the overall total of the cost is included. This can be submitted as a separate document but please ensure that the name of your organisation is on the budget. 10%

|  |  |
| --- | --- |
| * Staff cost * Premises and equipment * Volunteer costs | * Project delivery costs * Management cost * Other (please specify) |

Click here to enter text.

1. Do you need to declare a conflict of interest in relation to this submission?

Yes  No

If you have answered **yes**, please provide further details below on the nature of the conflict of interest. Please note that declaring a conflict of interest does not mean that your submission will not be considered, but the assessors will consider whether the conflict needs to be taken into account. This will also be communicated to you at the end of the process. If your submission is shortlisted for a panel interview, the assessors may discuss this with you.

Click here to enter text.

1. Please provide copies of the following documents:

|  |  |
| --- | --- |
| * Project Budget * Health and Safety Policy * Safeguarding Policy * Public Liability Insurance * Employers Liability Insurance | * Equality and Diversity Policy * Volunteer Policy (if volunteers are going to be involved in the delivery of your project) * Audited Accounts for the last financial year (2017-18) |

Please be aware that if you are successful in securing this tender, you will be required to abide by the Data Sharing Protocol in Appendix 7.