

**Third Sector EDI Grant Scheme Evaluation**

**Application for Tender**

This form must be completed for your proposal to be considered.

# Please carefully read the tender document when completing this application form and clearly explain how your project will meet the tender.

Queries about the grants scheme and tender application can be sent to jeremy.bacon@bacp.co.uk

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# Application scoring process

Eligible applications will be assessed by the weighting in the table below.Each application will be scored on what extent it provides ‘minimal’, ‘clear’, or ‘detailed’ evidence for each of the criteria.

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| Panel Scoring Criteria | **Score %** |
| **Readiness to deliver the evaluation** | Experience of similar evaluation work | **30** |
| Experience of project personnel |
| Understanding of relevance of this project to BACP |
|  **The proposal** | Suitability of methodology | **40** |
| Ability to meet the evaluation brief |
| Recognition and mitigation of risks |
| **Value and impact** | Likelihood of evaluation comprehensively capturing knowledge and learning from the project | **30** |
| Added value to the project |
| Strength of final report, based on proposal and previous work. |

# Evaluation proposal

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| **Your organisation**Please tick each that your project covers |
| **Organisation name** |  |
| **Company no. (if registered)** |  |
| **Organisation address** |  |

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| **Lead applicant’s details** |
| Title |  |
| Forename |  |
| Surname |  |
| Post(s) held |  |
| Contact email |  |
| Contact telephone number |  |

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| **Details of your evaluation proposal** |
| Readiness to deliver  | Provide details of 2 similar evaluations carried out by your organisation. (500 words max) |  |
| Describe the experience and relevant knowledge of personnel who will deliver this evaluation.(400 words max) |  |
| Explain your understanding of why the evaluation of this project is important to BACP(400 words max) |  |
| Evaluation activity | Describe your evaluation proposalPlease include:*Rationale and ‘fit’ with the project being evaluated.**Activities to be carried out and by whom.**Expectations of the delivery organisation.**Timeframes and milestones in the evaluation*.(1,000 words max) |  |
| Explain how the activities described above will meet the objectives of capturing knowledge and learning from the project.(400 words max) |  |
| Detail any risks associated with your proposal and how these will be mitigated.(300 words max) |  |
| Value and Impact | Provide details of all measures to be used to demonstrate the knowledge and learning from the project. (300 words max) |  |
| Describe how the evaluation report will be structured and presented.(300 words max) |  |
| Describe any additional value your proposal offers to the overall objectives of the EDI grant scheme pilot project.(300 words max) |  |

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| **References**Please provide details of two individuals from organisations for which you have completed similar evaluation work (including links to final reports where available).  |
| Referee 1 | NameOrganisationContact detailsLink to report |
| Referee 2 | NameOrganisationContact detailsLink to report |

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| **Project Budget**Please provide a breakdown of costs associated with planning and delivering your evaluation proposal |

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| **Service**  | **Quantity/Days**  | **Unit costs/Day rate**  | **Total**  |
| Pre contract set up meeting with BACP and delivery organisation  (online or in person, TBC)   |   |   |   |
| Bi-weekly email updates on progress   |   |   |   |
| Synthesis of existing data, research and literature   |   |   |   |
| Development of evaluation plan   |   |   |   |
| Design of materials   |   |   |   |
| Evaluation activities   |   |   |   |
| Monthly project group meeting  |   |   |   |
| Development of full written research report and other reporting outputs including Power Point presentation of key learning and findings.  |   |   |   |
| **Sub-total**  |   |   |   |
| **VAT at 20%**  |   |   |   |
| **Total Price including VAT and expenses *(this figure will be used to calculate your price score)***   |   |   |   |

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| **Compliance****Please answer all the following questions relating to your organisation’s financial viability, insurance, compliance with equality legislation, environmental management and health and safety compliance.** |
| Particulars | **Yes** | **No** |
| Are there any mergers/acquisitions, either recent (past 2 years) or imminent? |  |  |
| If yes, please provide details |  |  |
| **Are there any proceedings either actual or threatened against your organisation, its parent, associated entitles or any Partner/Director of the organisation or have there been any such proceedings in the last five years?**  |  |  |
| **If yes, what, if any, remedial action has been taken in respect of these actions** |
| **Are there any bankruptcy actions against a Partner or Director associated with the organisation, its parent or associated entities, or has been there been any within the last five years?** |  |  |
| If yes, please provide details |  |  |
| **Have there been any deregistration or professional complaints against any Partner, Director, Senior Manager of the organisation, its parent or associated entities in the last five years or currently in under review and not yet resolved?** |  |  |
| If yes, please provide details |  |  |
| **Are there any insolvency proceedings, actual or threaten against the organisation, its parent or associated entities in the last five years, or has the organisation been notified in relation to the potential of such proceedings in the future?** |  |  |
| If yes, please provide details |  |  |
| **Please provide an outline of the accreditations, registrations, certificates and licenses your Organisation holds that are relevant to the services required.** |  |  |
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| **Please provide details of your professional indemnity insurance and a copy of your insurance certificate. The successful organisation will be required to supply a copy of their certificate annually.**  |  |  |
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| **Please provide details of any limitations or exclusions in your professional indemnity insurance, including by not limited to failure of the team members to follow the organisations External Audit procedures, failure of the organisation to follow the organisations Quality Assurance procedures** |
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| **Please provide details of your insurance for Public Liability and Employers Liability.** |
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| **Please outline any other relevant insurance policies you hold in for organisation or partners names.** |  |  |
|  | Yes | No |
| In the last three years, has your organisation had a complaint upheld following an investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in any jurisdiction other than the UK), on grounds of alleged unlawful discrimination?  |  |  |
| If yes, please provide details |  |  |
| If you use sub-contractors, do you have processes in place to check whether the above circumstances apply to these other organisations? |  |  |
| Please self-certify that your organisation has a Health and Safety Policy that complies with current legislative requirements. A copy of this will be required if you progress to the ITT stage of this process.  |  |  |
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| Has your organisation or any of its Directors, Partners or Executive Officers been in receipt of enforcement/remedial orders in relation to the Health and Safety Executive (or equivalent body) in the last 3 years? |  |  |
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| If you use sub-contractors, do you have processes in place to check whether any of the above circumstances apply to these other organisations? |  |  |
| If you use sub-contractors, do you have processes in place to check whether any of these organisations have been convicted or had a notice served upon them for infringement of environmental legislation?  |  |  |
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| Within the past five years, has your organisation’s directors or partner or any other person who has powers of representation, decision or control been convicted of any of the following offences? (This includes 3rd party partners and subcontractors) | **Yes** | **No** |
| Conspiracy within the meaning of section 1 or 1A of the Criminal Law Act 1977 or article 9 or 9A of the Criminal Attempts and Conspiracy (Northern Ireland) Order 1983 where that conspiracy relates to participation in a criminal organisation as defined in Article 2 of Council Framework Decision 2008/841/JHA on the fight against organised crime; |  |  |
| Corruption within the meaning of section 1(2) of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906; |  |  |
| The common law offence of bribery |  |  |
| The offence of cheating the Revenue |  |  |
| Fraudulent trading within the meaning of section 458 of the Companies Act 1985, article 451 of the Companies (Northern Ireland) Order 1986 or section 993 of the Companies Act 2006; the offence of conspiracy to defraud; |  |  |
| Fraud or theft within the meaning of the Theft Act 1968, the Theft Act (Northern Ireland) 1969, the Theft Act 1978 or the Theft (Northern Ireland) Order 1978; |  |  |

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| Within the past three years, please indicate if any of the following situations have applied, or currently apply, to your organisation. | **Yes** | **No** |
| Has been guilty of serious misrepresentation in supplying the information required for the verification of the absence of grounds for exclusion or the fulfilment of the selection criteria; |  |  |
| Your Organisation is guilty of grave professional misconduct, which renders its integrity questionable; |  |  |
| Please confirm that your Organisation complies with the Anti Bribery Act 2010 and that you have in place an Anti-bribery policy and procedures? A copy of this will be required if you progress to the ITT stage of this process. |  |  |
| Please confirm that your Organisation complies with the Modern Slavery Act 2015 and that you have a formal statement confirm this? A copy of this statement will be required if you progress to the ITT stage of this process. |  |  |
| Do you adhere to any external standards (i.e. ISO 9001)? |  |  |

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| **Declarations and signatures** |
| **I confirm that the information given on this form is complete and correct, that all co- applicants on this form have seen a copy of this application, and that I shall be actively engaged in the work of this project and responsible for its overall management.**Signature of Lead Applicant:Name: Date: |