

**DESIGNER EXPRESSION OF INTEREST FORM**

PUBLIC ART OPPORTUNITY

JINGILI PLAYSPACE

Chief Executive Officer

City of Darwin

GPO Box 84

DARWIN NT 0801

I/We, the undersigned having examined and acquired an actual knowledge of this call for Expressions of Interest, do hereby offer to perform the works / services herein described under contract, at the rates proposed in the completed schedules attached and in Strict Accordance with the Conditions Of Contract And Specification, Drawings (if any) And Schedules:

# ApplicAnt Details

# *Note: if applying as a team or collaboration please provide all team member names and roles at 7.8 Schedule of Secondary Consultants and their CVs as attachments. In this section identify a team leader to handle all contact with Council for the Expression of Interest stage.*

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| **1.1 DESIGNER DETAILS** |
| Name and Title |  |
| On behalf of(Full name of Firm / Individual) |  |
| Postal Address |  |
| ABNBNACN |  |
| Telephone | Business: After Hours:Mobile: |
| Facsimile |  |
| Email |  |
| Business / Trading Name |  |
| Name / s of Proprietors |  |
| GST registered |  |

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# Signature:

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| *Upon signing this Form, the Designer/s acknowledge/s having read and agreed to the Commission terms as set out in the Design Brief.* |
| Name:  | Date:  |

# MANDATORY REQUIREMENTS

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| **1.2 SCHEDULE OF INSURANCE** |
| **1.2.1** **Workers Compensation** |
| For Contractors employing workers:Policy numberName of InsurerDate of Expiry |  |
| For Contractors not employing workers (as defined in “Work Health Act” (1986) as amended) | I / We certify that I / we are not employing nor intending to employ workers on the Contract during the currency of the Contract. |
| **1.2.2** **Public Liability** |
| Name of InsurerPolicy NumberDate of Expiry |  |
| **1.2.3 Professional Liability** |
| Name of InsurerPolicy NumberDate of Expiry |  |

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| **1.3 QUALITY ASSURANCE** |
| Has Quality Accreditation been attained?CategorySub CategoryRating |  |
| If No, has Quality Accreditation been sought?If Yes, to whatCategorySub CategoryRating |  |

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| **7.4 DECLARATION OF BUSINESS STATUS** |
| SOLE TRADERFull name and address of proprietor RBN / ABN |  |
| PARTNERSHIPFull name and address of proprietor RBN / ABN |  |
| Name of Holding or Subsidiary Companies (if applicable) |  |
| I certify on behalf of the EOIer that to the best of my knowledge none of the Proprietors, Directors, Managers or their spouses is or has ever been bankrupt or a Director, Manager or Secretary of a Company that is being or has been wound up (whether voluntary or otherwise). |
| As sole trader / Partnership, I / We certify that the business is not trading under:- an arrangement and/or reconstruction (ie. restructuring a public company)- receiver and management- official management- an arrangement with creditors without sequestration (ie. without the proprietors being made bankrupt). |
| ALTERNATIVELY:The EOIer must provide details of each instance of the EOIer, his or her spouse, every partner and his or her spouse, every director, manager and their spouses being bankrupt or having entered into an arrangement with his or her creditors without proceeding to bankruptcy or having been a Director, Manager or Secretary or a company which is being or has been wound up or is trading under an arrangement with creditors |
| DETAILS |

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| **7.5 LOCAL CONTENT** |
| City of Darwin aims to support the local economy wherever possible and has a mandatory weighting of 20% local content on its commissions. Provide on this schedule detail of your company’s economic and social contribution to the Darwin region. This may include: * Location of business;
* Employment of local workforce;
* Provision of training opportunities for local residents;
* Procuring of supplies locally;
* Procurement of services locally;
* Other positive contributions to the local community
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| City of Darwin aims to support environmental sustainability wherever possible. Please make a brief statement regarding how you would address this in the delivery of these works. |  |

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| **7.6 QUALIFICATIONS / LICENCES / PROFESSIONAL AFFILIATION** |
| Provide details of key personnel to be engaged on the projects in terms of qualifications and relevant licences and certificates |
| NAME | QUALIFICATION / LICENCE /AFFILIATION | ROLE |
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| **7.7 SCHEDULE OF SECONDARY CONSULTANTS/Sub-contractors WHOM THE CONSULTANT/CONTRACTOR INTENDS TO EMPLOY ON THIS CONTRACT** |
| NAME & ADDRESS | PROPOSED SERVICE |
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| **7.8 SCHEDULE OF CURRENT COMMITMENTS AND RECENTLY COMPLETED SIMILAR WORKS** |
| **Work Description** | **Total Value of Work** | **Principal for whom Work Executed** |
| COMPLETED WORKS |
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|  |  |  |
|  |  |  |
|  |  |  |
| NOT YET COMPLETED WORKS |
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| **7.9 SCHEDULE OF FINANCIAL REFEREES** |
| EOIER’S BANK:Branch:Contact Person:Telephone Number: |  |  |
| BUSINESS REFEREE:Contact Person:Telephone Number: |  |  |
| BUSINESS REFEREE:Contact Person:Telephone Number: |  |  |
| Disclosure Declaration | I……………………………………………………………………………………….(full name including title if bearer of company or incorporated body)hereby authorise the above listed bank and/or companies nominated by me to provide a credit reference to Darwin City Council or it’s banker, if so requested.This authorisation is for the sole and confidential use of Darwin City Council for the purposes of assessment of the EOI hereby submitted. |

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| **7.10 COMPANY SEARCH** |
|  Please attach a copy of this search |

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| **7.11 BANKRUPTCY CLEARANCE SEARCH** |
|  Please attach a copy of this search |

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| **7.12 METHODOLOGY AND TIMEFRAMES** |
|  Provide Gantt Chart for Stage 1 and indicative timeframes for Stage 2 |

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| **7.13 FEE OFFER** |
| Attached to this specification is a Schedule of Rates which shall be completed and lodged with the EOI. Prices shall be submitted for each item in the Schedule. EOIs for "part only" of the Services will not be considered. Any EOI in which the Schedule is not fully completed may be regarded as informal and rejected. **Schedule of Rates prices tendered are to include labour, materials, transport, freight, fuel, overheads, profits, GST and other costs as applicable.** Any Quantities given in the Schedule are not guaranteed as to the amount of work to be undertaken under the Agreement. These Quantities shall be used for EOI assessment purposes only. All scheduled items shall be extended by the tenderer by multiplying the unit rate by the respective estimated frequency rate and entering the product in the amount column and extending the sum to the total.The Superintendent reserves the right to have any number of items in the Schedule of Rates carried out at the hourly rate specified and not as individual scheduled items. |
| Fee Offer  | $ 8000 GST Excl. |
| Outline below a **Schedule of Rates** for Stage 1 expenses: |
| **Item No.** | **Description** | **Estimated Quantity** | **Unit** | **Unit****Rate** | **Amount****(incl GST)** |
| **1**  |  |  |  |  |  |
| 1.1 |  |  |  | $  | $ |
| 1.2 |  |  |  | $ | $ |
| 1.3 |  |  |  | $ | $ |
| 1.4 |  |  |  | $ | $ |
| 1.5 |  |  |  | $ | $ |
| 1.6 |  |  |  | $ | $ |
| 1.7 |  |  |  | $ | $ |
| 1.8 |  |  |  | $ | $ |

**SELECTION CRITERIA**

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| **7.13 DESIGNER statement**  |
|  *Provide a brief conceptual statement interpreting the Design Brief. Describe how you would approach the opportunity.* |

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| **7.14 Capacity to deliver**  |
| *Provide an overview of relevant skills, experience and/or qualifications to successfully execute the project, including a demonstrated ability to engage stakeholders and community. Please provide any relevant details in regards to availability to complete the project within the timeframe as set out in the Design Brief. (max. 500 words)**NOTE: Please also attach Curriculum Vitae/s (no longer than two (2) A4 pages per Designer/team member) and an example of project management documentation.**.* |

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| **7.15 EXPERIENCE OF sIMILAR COMMISSIONS**  |
| *Provide examples of up to five recent projects which demonstrate your ability to deliver successful public art or similar projects and highlight your capacity to meet high standards of excellence. Please include a minimum of 3 referees. Additional attachments as evidence of project management competencies are invited.* |
| Project 1 |  |
| Date/s |  |
| Client |  |
| Value |  |
| Description |
| Project Referee name and position |  |
| Project Referee contact details |  |
| Project 2 |  |
| Date/s |  |
| Client |  |
| Value |  |
| Description |
| Project Referee name and position |  |
| Project Referee contact details |  |
| Project 3 |  |
| Date/s |  |
| Client |  |
| Value |  |
| Description |
| Project Referee name and position |  |
| Project Referee contact details |  |
| Project 4 |  |
| Date/s |  |
| Client |  |
| Value |  |
| Description |
| Project Referee name and position |  |
| Project Referee contact details |  |
| Project 5 |  |
| Date/s |  |
| Client |  |
| Value |  |
| Description |
| Project Referee name and position |  |
| Project Referee contact details |  |

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| **7.15 IMAGES**  |
| *Please provide images (max. ten [10]) of recent projects which demonstrate your ability to deliver successful public art or similar projects.* *Please ensure image files provided are .jpeg files no larger than 500kb per file, and that the image file names below correspond to the file names of the .jpeg files* |
| IMAGE 1 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 2 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 3 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 4 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 5 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 6 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 7 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 8 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 9 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |
| IMAGE 10 FILE NAME |  |
| Name of work |  |
| Date of completion |  |
| Dimensions / Materials  |  |
| Location |  |
| Client  |  |
| Brief description |  |

# EOI CHECKLIST

[ ]  Applicant Details

[ ]  Mandatory Requirements

 [ ]  Registration for GST

[ ]  ABN Registration

[ ]  Bankruptcy Clearance

[ ]  Statutory Licences/Registrations/Permits (Where applicable)

[ ]  Insurances (Public Liability, Product Liability, Workers Compensation)

[ ]  Compliance with relevant Codes, Standards and Specifications (Where applicable)

[ ]  Environmental Statements

[ ]  20% Local Content

[ ]  Selection Criteria

 [ ]  Schedule of Rates

[ ]  Timeline

[ ]  Designer Statement

 [ ]  Capacity to Deliver

* Current Curriculum Vitae (no longer than 2 pages for each team member)
* Example of Project Management documentation

[ ]  Experience of Similar Commissions (up to 5)

[ ]  Images

* No more than ten (10) digital images in JPEG format, maximum 500kb per image

[ ]  Declaration of Conflict of Interest (as per Item 12.3 in the Design Brief)

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OR

[ ]  I have no Conflict of Interest

Please ensure you sign the EOI Form before submitting it to: robyn.higgins@darwin.nt.gov.au by midnight (AEST) Friday 27 September 2019

*Note: the preferred candidate will be required to provide evidence of mandatory requirements such as insurance for the execution of the contract.*

*Please do not edit the format of the Artist EOI Submission Form.*