

**Appendix 1 – Response Form**

**2017-2020 EDUCATION DELIVERY**

**call for expressions of interest**

This call for expressions of interest has been issued by Sport England to gauge interest from organisations interested in developing and implementing work targeted around young people aged five upwards in education for the next three academic years (2017/18, 2018/19 and 2019/20).

Please answer every question then return this form by email to Katie Mitchell ([katie.mitchell@sportengland.org](mailto:katie.mitchell@sportengland.org)) no later than 15:00 on Friday 24 February 2017. A signed paper version of the submission also needs to be posted to Katie Mitchell at Sport England, 21 Bloomsbury Street, London WC1B 3HF. The paper copy of the submission can arrive after the email deadline.

When completing the table below please only complete the clear cells and not those shaded. Please completed as fully as possible, where an answer is not applicable please state this clearly.

## Part A: Organisation and Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation Details** | | | |
| Full name of organisation tendering (or of organisation acting as lead contact where a consortium bid is being submitted) | |  | |
| Registered office address (complete box below) | | Company or charity registration number |  |
|  | | VAT registration number |  |
| Name of immediate parent company |  |
| Name of ultimate parent company |  |
| Type of organisation | | i) A public limited co.  ii) A limited company  iii) A limited liability partnership  iii) Other partnership  iv) Sole trader  v) Other (please specify) | Yes / No |
| Yes / No |
| Yes / No |
| Yes / No |
| Yes / No |
| Yes / No |
| **Contact details** | | | | | |
| Contact details for enquiries about this expression of interest | | | | | |
| Name | |  | | | |
| Address | |  | | | |
| Post Code | |  | | | |
| Country | |  | | | |
| Phone | |  | | | |
| Mobile | |  | | | |
| Email | |  | | | |

|  |  |  |
| --- | --- | --- |
| Consortia and Sub-Contracting | 1. Your organisation is bidding to provide the services required itself 2. Your organisation is bidding in the role of Prime Contractor and intends to use third parties to provide some services 3. The Potential Provider is a consortium | Yes / No |
| Yes / No |
| Yes / No |
| If your answer is (b) or (c) please indicate in a separate annex (by inserting the relevant company/organisation name) the composition of the supply chain, indicating which member of the supply chain (which may include the Potential Provider solely or together with other providers) will be responsible for the elements of the requirement. | | |

## Part B - Economic and Financial Standing

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| --- | --- | --- | --- | --- | --- |
|  | **FINANCIAL INFORMATION** | | | | |
|  | Please indicate which of the following you would be willing to provide:-  **(Please indicate which one by placing an ’X’ the relevant box below)** | | | | |
| A copy of your audited accounts for the most recent two years | | |  | |
| A statement of your turnover, profit & loss account and cash flow for the most recent year of trading | | |  | |
| A statement of your cash flow forecast for the current year and a bank letter outlining the current cash and credit position | | |  | |
| Alternative means of demonstrating financial status if trading for less than a year | | |  | |
|  |  |  |  |  | |
|  | **INSURANCE** | | | | |
| 2.1 | Employer’s liability insurance is a legal requirement (except for businesses employing only the owner / close family members) and this should be at least £5 million. Please confirm that you have this in place. | | | | Yes/No |

## Part C – Response to the Delivery Areas of Work

For each **Delivery** area of work you wish to express interest in, please complete the form below (please note, a separate response sheet is available for **‘facilitative’** areas of work in Part D). We are expecting no more than 2-3 sides of A4 for each area of work. Please answer all of the questions. Clear cells have been left for you to add your answer, please extend these boxes as much as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector**  **(school/college/ university or transition)** |  | **Area of work** |  |
| **Tell us your idea** – what you want to do, who with, the scale and the change you want for the participants | | | |
|  | | | |
| **Track record** – Please outline your experience in this area of work – what have you done previously and how has this influenced this idea? | | | |
|  | | | |
| **Audience –** who is the audienceand what do you know about them? | | | |
|  | | | |
| **What are the estimated costs?** – staffing, delivery and overheads | | | |
|  | | | |
| Which of the 5 government **outcomes** do you believe this will impact on and how will you know you have made a difference? (Physical Wellbeing, Mental Wellbeing, Individual Development, Social and Community Development, Economic Development). | | | |
|  | | | |

## Part D – Response to the Facilitative Areas of Work

For each facilitative area of work you wish to express interest in, please complete the form below. We are expecting no more than 2 sides of A4 for each area of work. Please answer all of the questions. Clear cells have been left for you to add your answer, please extend these boxes as much as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector**  **(school/college/ university or transition)** |  | **Area of work** |  |
| **Tell us your idea** | | | |
|  | | | |
| **Track record** – Please outline your experience in this area of work | | | |
|  | | | |
| **What are the estimated costs?** – staffing, delivery and overheads | | | |
|  | | | |

## Part E – Declaration and Signature

|  |  |  |
| --- | --- | --- |
|  | I declare that to the best of my knowledge the answers submitted in this response form are correct. I understand that the information will be used in the process to assess my organisation’s suitability and I am signing on behalf of my organisation. I understand that Sport England may reject this response if there is a failure to answer all relevant questions fully or if I provide false/misleading information. | |
| **DECLARATION FORM COMPLETED BY** | |
| 4.1 | Name and Position: |  |
| 4.2 | Date: |  |
| 4.3 | Signature: |  |