Reef Trust Partnership

*Technical Panel and*

*Technical Advisory Group*

*Water Quality Program*

Expression of Interest Application Form

Issued Tuesday 13 October 2020

# Applicant Details

|  |  |  |
| --- | --- | --- |
| Applicant | Legal entity |  |
| Business name |  |
| ABN |  |
| ACN |  |
| Legal status | Individual  Company  Partnership  Overseas Incorporated Company  Trust  Other – please specify |
| Registered for GST | Yes  No |
| Street address |  | |
| Postal address |  | |
| Website |  | |
| Contact Officer for this application | Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Statistical information about the applicant organisation | Government organisation / Statutory Authority  Not-for-profit organisation  Indigenous organisation (Comprising a minimum of 50% ownership by Aboriginal and/or Torres Strait Islander people(s))  Other | |
| Technical advisor 1 | Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Technical advisor 2 | Name |  |
| Position |  |
| Email |  |
| Telephone |  |
| Technical advisor 3 | Name |  |
| Position |  |
| Email |  |
| Telephone |  |

\*please insert more technical advisor here if required.

# Expression of Interest

## APPLICANT EXPERIENCE

Provide separate capability statements for each individual advisor to be considered for the technical advisory panel. Capability statements should be a maximum of 2 pages and clearly identify relevant experience.

## SCHEDULE OF RATES

Indicate the estimated costs per applicant in accordance with the following table:

|  |  |
| --- | --- |
| **Applicant** | **Hourly/daily rate ($)** |
| Technical advisor 1 | $ |
| Technical advisor 2 | $ |
| Technical advisor 3 | $ |
| INSERT |  |

# Eligibility and Assessment Criteria

## ELIGIBILITY Criteria

The applicant should state whether the application complies with the following eligibility criteria and provide a brief explanation.

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Yes/No and explanation** |
| Applicant is operating in Australia and has an Australian Business Number (ABN) |  |
| Applicant’s confirmation that all actual, perceived or potential conflicts of interest relating to the project have been declared |  |
| Applicant holds, or is willing to hold, the required insurances. The following insurance types may be expected:   * Workers compensation * Public Liability (minimum required: $20,000,000 per occurrence) * Professional Indemnity (amount to be determined at a later date) * Motor Vehicles and Plant and Equipment Insurance (if applicable) |  |

# Applicant Compliance

## CONFLICT OF INTEREST DECLARATION

The following information is disclosed for the purposes of this Application. The Applicant must provide details of any actual, perceived or potential conflicts of interest that exist or may arise in connection with the provision of technical services. Successful candidates will be required to execute a conflict declaration upon contracting.

If there is nothing to declare, the Applicant must insert “**None**” in the space below.

|  |
| --- |
| In submitting this Application, the Applicant acknowledges and warrants that to the best of their knowledge and belief, and subject to any disclosures detailed below:   1. no family, business or pecuniary relationships exist between the Applicant and GBRF; 2. neither the Applicant not its officers, employees, contractors or family members have: 3. engaged in any unethical behaviour or sought and/or obtained an unfair advantage; or 4. received or will receive any pecuniary in in-kind advantage from any other Applicant.   In relation to this Application process:   1. no officer, employee, contractor or family member associated with the Applicant is or has been engaged by GBRF in a position or role that in any way related to the Application; 2. no officer, employee, contractor or family members associated with GBRF has been offered any benefit or inducement associated with this Application, including any offer relating to employment; and 3. other than specified below, neither the Applicant nor any of its officers, employees, contractors or family members have or are likely to have any Conflict of Interest.   The Applicant further undertakes to immediately notify GBRF in writing if any warranty contained in this Application Form becomes, or may become, incorrect. |
|  |

## DECLARATION IN RELATION TO KEY PERSONNEL

|  |  |
| --- | --- |
|  | Confirmation |
| **Not** a person who is an undischarged bankrupt | Yes |
| **Not** a person who has in operation a composition, deed or arrangement with his or her creditors under the law relating to bankruptcy | Yes |
| **Not** a person who has suffered final judgement for a debt and the judgement has not been satisfied | Yes |
| **Not** a person who has been convicted of an offence within the meaning of paragraph 85ZM(1) of the Crimes Act 1914 (Cth) Part VIIC | Yes |
| **Not** a person who is or was a Director or occupied an influential position in the management or financial administration of an organisation that has failed to comply with the grant requirements or obligations owed to the Commonwealth. | Yes |

# Applicant Execution

The Applicant:

1. acknowledges that the information provided by Great Barrier Reef Foundation was provided for the convenience of Applicants, and that the Great Barrier Reef Foundation will not be liable for any information provided or for any errors or omissions form such information.
2. ensures that all the information contained in the Applicant’s offer is complete, accurate, up to date and not misleading in any way.
3. agrees to contact Great Barrier Reef Foundation immediately if any information provided in this application changes or is incorrect.
4. consents that information provided in this application may be provided to Great Barrier Reef Foundation’s project partners, including Australian and Queensland Government agencies.
5. represents that the signatories below are authorised to execute this Application Form on behalf of the Applicant.

|  |  |  |
| --- | --- | --- |
| Date:  **EXECUTED** for and on behalf of:    Name of Applicant  by its authorised representative, in the presence of:    Signature of witness    Name of witness (block letters) | )  )  )  )  )  )  )  )  )  )  )  ) | Signature of authorised representative  By executing this offer the signatory warrants that the signatory is duly authorised to submit this offer on behalf of the applicant    Name of authorised representative (block letters)    Position of authorised representative |