

FINGAL COUNTY COUNCIL

FRAMEWORK FOR RESPONSE and GENERAL MAINTENANCE in WEST (D15) AND SOUTH FINGAL

Suitability Qualification Questionnaire – February 2026

Ref	Information Required	Response
1.0	General Information	NOT subject to Evaluation
1.1	State full title of firm (i.e. The title under which the firm trades)	
1.2	State the trading status of the firm (i.e. PLC, Sole trader, partnership, Limited Company etc.)	
1.4	Company Address	
1.5	Registered Company Number (If applicable)	
1.6	Date business commenced (If less than 10 years old)	
1.7	Name of main contact	
1.8	Telephone Number	
1.9	Fax Number	
1.10	e-mail	
1.11	If the firm is part of a group please provide the name and registered address of the group	
2.0	Tax Compliance	Pass / Fail
2.1	Does your firm have a current tax clearance certificate – Yes / No	
2.2	Current tax clearance number– Yes / No	
2.3	Registered VAT Number– Yes / No	
3.0	Insurances	Pass / Fail
	Public liability insurance (Minimum sum insured €6,500,000)	Name of insurer: Policy number: Renewal date: Limit of indemnity: Excess:
	Employers liability insurance (Minimum sum insured €13,000,000)	Name of insurer: Policy number: Renewal date: Limit of cover: Excess:

	Contractors all risk insurance	Name of insurer: Policy number: Renewal date: Limit of cover: Excess:
4.0	Declaration	Pass / Fail
	Have you completed the Declaration at the end of this document? Yes/No (Failure to do so and failure to answer “No” to each question on the Declaration will result in a “Fail” assessment)	
5.0	Compliance with National Pay/Wage agreements	Pass / Fail
	Is your firm compliant with all aspects of the National Pay/Wage agreements Yes/ No	
6.0	Health and Safety	Pass/Fail
	Is your firm going to undertake the roll of Project Supervisor Construction Stage directly – Yes/No	
	If the answer is “No” who will fulfil the roll of Project Supervisor Construction Stage? (Enter name of individual or Firm)	
	If the answer is “No” the answers to the following questions should be based on the training, knowledge and experience and other resources of the individual or firm named as fulfilling the roll of Project Supervisor Construction Stage.	
	Does your firm possess an accredited safety management system e.g. OHSAS 18001, ILO 2001, Safe – T – Cert (CIF/CEF or equivalent) - Yes/ No	
	If the answer is “No” tenderers should demonstrate a robust internal H&S Management system by providing: i) an outline of their Safety Statement ii) evidence of how they manage health and safety on their projects iii) an example of how risk assessments are undertaken. iv) details of how they assess	

	competency for persons engaged in a project v) details of how they assess the health and safety resources required for a project. vi) evidence of relevant qualifications and/or relevant safety training for management and staff.	
	Has your firm worked on projects of similar size, scale and scope as this project – Yes/No	
7.0	Financial Standing	Not subject to Evaluation
7.1	Approximate annual turnover for last 3 years, relevant to this tender purpose i.e. General Response & Maintenance Works	2024 € Relevant works: € 2024 € Relevant works: € 2025 € Relevant works: €
7.2	Name of Main Banker	
7.3	Address of Main Bankers	
7.4	Telephone Number of Main Bankers	

8.0	Management & Personnel	Pass / Fail		
8.1	Please give staffing numbers for following over the last 3 years			
	Staff numbers	<u>2025</u>	<u>2024</u>	<u>2023</u>
8.2	Contracts Manager			
8.3	Site Foremen			
8.4	Directly employed skilled operatives			
8.5	Directly employed unskilled operatives			
8.6	Please attach further sheets to list all tradesmen and operatives, including sub-contractors where applicable which you propose to engage on this contract. Please also give details of staff available to provide clerical/admin backup in terms of dealing with Telephone calls, Processing Task Orders, Invoicing etc. (Attach further sheets if required)			

9.0	Relevant experience of Response Maintenance Works & Refurbishment Works	Pass / Fail
9.1	Tenderers must be able to demonstrate that they have provided an Emergency Response Service in residential property maintenance/management for substantial dwelling stocks (over 500 units) within the last three years. Tenderers must also be able to demonstrate that they have successfully completed a contract in similar property maintenance and repair (not individual refurbishment and extensions) to occupied dwellings of a minimum annual value of €400,000.00 in each of the last three years. Please provide 3 nr examples below. Example 1: Example 2: Example 3:	
9.2	Cat 1 type projects. Give details of three recently completed Relevant Projects. The following section must be completed under the headings below. Project No. 1 - 2025, Project No. 2 – 2024, Project No. 3 - 2023 which involved refurbishment & minor building works on public/private sector residential dwellings. Number of dwellings completed where the turnaround time of 5 to 6 weeks was achieved, public/private sector, location, and approximate total value for each entire year associated with these works should be given.	
	2025 Dwellings completed in 2025 in total – where a turn-around time of 5 to 6 weeks was achieved: Public/Private Sector body: Locations: Approximate value of the works for all the units completed in 2025 as above criteria: Brief description:	

	2024 Dwellings completed in 2024 in total – where a turn-around time of 5 to 6 weeks was achieved: Public/Private Sector body: Locations: Approximate value of the works for all the units completed in 2024 as above criteria: Brief description:	
	2023 Dwellings completed in 2023 in total – where a turn-around time of 5 to 6 weeks was achieved: Public/Private Sector body: Locations: Approximate value of the works for all the units completed in 2023 as above criteria: Brief description:	
10.0	References	
	Please give details of two referees with whom you have worked. The Council may decide to contact the referees named if it so desires.	
	Name Position Organisation Address Telephone Number	
	Name Position Organisation Address Telephone Number	

FINGAL COUNTY COUNCIL

DECLARATION

THIS DECLARATION, DULY COMPLETED MUST BE SUBMITTED, WITH THE FORM, BY ALL APPLICANTS FOR COUNCIL WORKS

Name of Applicant: _____

Address : _____

Country: _____

Please tick as appropriate:

Has the applicant ever:

1) Been made bankrupt, had a receiving or administration order made against it or made any arrangement or composition with its creditors or become otherwise insolvent or is the subject for a petition or sequestration of its assets?

Yes []

No []

2) Passed a resolution or been the subject of an order of the court for the applicants winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, or had a receiver, manager or administrator on behalf of a creditor appointed in respect of the applicant's business or any part thereof or is the subject of proceedings for any part of the above procedures or is the subject of similar procedures under the law of any other State than the Republic of Ireland?

Yes []

No []

3) A director or partner who has been convicted of a criminal offence or committed an act of grave professional misconduct relating to the conduct of, or in the course of, his profession or business?

Yes []

No []

4) Not fulfilled its obligations relating to the payment of taxes or social security contributions in the Republic of Ireland or any State in which the service provider is located.?

Yes []

No []

5) Been guilty of serious misrepresentation in providing information to a public buying agency?

Yes []

No []

6) Contrived to misrepresent their Health & Safety Information, Quality Assurance Information, or any other information relevant to this application?

Yes []

No []

THIS FORM MUST BE SIGNED BY AN AUTHORISED OFFICER OF THE APPLICANT'S ORGANISATION. WHERE THE ORGANISATION IS A LIMITED COMPANY THEN THE AUTHORISED PERSON MUST BE A DIRECTOR OF THAT COMPANY.

I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being removed from tender lists.

SIGNATURE: _____

DATE: _____

NAME: _____

TEL: _____

POSITION: _____

FAX: _____