

Suitability Assessment Questionnaire

for

<i>Assigned Certifier Services</i>
<i>Department of Education's Design and Build Schools 2020-2021 Contractor Framework Number 1</i>
<i>Lot 9</i>

PART 2

Applicant Details and Declaration

Used to respond to QC1 or QC2

PART 2: Applicant Details & Declaration

1.0 General

This document is used to respond to either QC1 or QC2. The Applicant must complete the relevant parts of this Part 2.

2.0 Applicant Details

2.1 Applicant

Only the Applicant or the Lead Member of an Applicant (where an Applicant is a Joint Venture, Consortium or Partnership) must complete this Section 2.1. Where the Competition is for a design team to be led by a particular design team member, the lead design team member should set the drop-down menu to read "Lead Applicant".

Name of Applicant:	Click or tap here to enter text.
Address of Registered Head Office:	Click or tap here to enter text.
Address(es) of Other Relevant Office(s):	Click or tap here to enter text.
Date Business Commenced Trading:	Click or tap here to enter text.
Company Telephone:	Click or tap here to enter text.
Company Email Address:	Click or tap here to enter text.

Fill in this box if the company is a subsidiary.

Name and address of parent company and interest parent has in Applicant's company (e.g. wholly owned by single parent company):
Click or tap here to enter text.

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2.2 Applicant's Authorised Representative (if different from 2.1)

Only the Applicant, or the Lead Member of an Applicant (where an Applicant is a Joint Venture, Consortium or Partnership), must complete this Section 2.2.

There is no need to enter address, telephone and email if identical to company details in 2.1.

Name of Authorised Representative:	Click or tap here to enter text.
Representative's Address:	Click or tap here to enter text.
Representative's Telephone:	Click or tap here to enter text.
Representative's Email Address:	Click or tap here to enter text.

2.3 Nature of Applicant

Applicant Note: only the Applicant, or the Lead Member of an Applicant (where the Applicant is a Joint Venture, Consortium or Partnership), must complete this Section 2.3.

Nature of Applicant (e.g. partnership, sole trader, private limited company, public limited company, Joint Venture):	Click or tap here to enter text.
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Complete the relevant box below

Limited Company (Public or Private)	Click or tap here to enter text.
Company Registration Number:	Click or tap here to enter text.
Year established:	Click or tap here to enter text.
Number of years actively trading under present name:	Click or tap here to enter text.
Name of Chairman/CEO/MD/Partner:	Click or tap here to enter text.
Interest of Chairman/CEO/MD/Partner in other companies:	Click or tap here to enter text.
Changes to group structures or mergers over the past 5 years:	Click or tap here to enter text.

This box below is to be filled in only by the Lead Member of a Partnership, a Consortium or any other type of Joint Venture:

Partnership, Consortium or a Joint Venture company	
Names of all members in Partnership, Consortium or Joint Venture company:	Click or tap here to enter text.
Was Partnership, Consortium or a Joint Venture company formed for this project?	Click or tap here to enter text.
If you answered 'No' above, state number of years actively trading under present name:	Click or tap here to enter text.
Method of financing Partnership, Consortium or Joint Venture company:	Click or tap here to enter text.

Applicant Note: Where the Applicant is one or more human or legal persons such as a Joint Venture, Consortium or Partnership, details of **each member** [who is not the Lead Member] of the Applicant must be provided in Schedule I – Details of Applicant Members.

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2.4 Additional Applicant Company Details¹

If required by the CA, additional details of the Applicant's Company are requested below.

Click or tap here to enter text.

Click or tap here to enter text.

2.5 Reliance on the Capacity of Other Entities²

Only the Applicant or the Lead Member of the Applicant (where the Applicant is a Consortium, Joint Venture or Partnership) must complete this Section 2.5.

Is the Applicant, or any member of the Applicant (where the Applicant is a Consortium, Joint Venture or Partnership), relying on the capacity of other entities (including Specialist Skill Providers, where a Specialist Skill Provider **is not** the Applicant itself), for the purposes of meeting any of the Qualification Criteria in this Competition? (Enter Yes or No).

Click or tap here to enter text.

Applicant Note: Where the Applicant relied upon the capacity of other entities, details of each entities relied upon must be provided in Schedule II – Entities Relied Upon.

¹ CA – set out any additional details required in the first row. The Applicant completes the second row. If not in use, enter N/A.

² As described in Section 1.9 of QC1 or Section 1.6 of QC2 (Reliance on Resources) as appropriate.

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SCHEDULE I - APPLICANT MEMBERS

Where an Applicant is a Joint Venture, Consortium or Partnership, each Applicant member, who is not the Lead Member, named in Section 2.3 must complete the table below. Where additional tables are required Click the “+” symbol that becomes visible at the end of table when you are completing a form-field to add details of additional members.

Applicant Member Name³:	Click or tap here to enter text.
Element responsible for:	Click or tap here to enter text.
Qualification Criteria responded to:	Click or tap here to enter text.
Address of Registered Head Office:	Click or tap here to enter text.
Address(es) of Other Relevant Office(s):	Click or tap here to enter text.
Date Business Commenced Trading:	Click or tap here to enter text.
Most recent Business Accounting Period From/To	Click or tap here to enter text.
Business Name ⁴	Click or tap here to enter text.
Business Address	Click or tap here to enter text.
Company Registration Number ⁵	Click or tap here to enter text.
Business Registration Number	Click or tap here to enter text.
Tax Reference Number	Click or tap here to enter text.
Self-assessment tax returns Accounting Period ⁶	Click or tap here to enter text.
Business Telephone:	Click or tap here to enter text.
Business Email Address:	Click or tap here to enter text.
Company Type:	Click or tap here to enter text.
Year established:	Click or tap here to enter text.
Number of years actively trading under present	Click or tap here to enter text.
Chairman/CEO/MD:	Click or tap here to enter text.
Name of Interest of Chairman/CEO/MD in other companies:	Click or tap here to enter text.
Changes to group structures or mergers over the past 5 years:	Click or tap here to enter text.
Where the member is a subsidiary	
Name and address of parent company and interest parent has in Applicant member company (for example, wholly owned by single parent company):	Click or tap here to enter text.
Parent Company Registration No.:	Click or tap here to enter text.
Parent Company Tax Reference No.:	Click or tap here to enter text.

³ State the full name of the Applicant's company as it is registered with the Companies Registration Office (CRO) or equivalent in country of establishment. Refer to the CRO for requirements for registration of companies.

⁴ State the Applicant's full business name as registered with the CRO (or equivalent in country of establishment). Refer to the CRO for requirements for registration of business names.

⁵ CRO No. or equivalent.

⁶ for Revenue Commissioners or equivalent in other tax jurisdictions.

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SCHEDULE II - ENTITES RELIED UPON

Where in Section 2.5, an Applicant declares that it relies upon the resources of other entitles, each entity must complete the tables below and provide the evidence required in Section 1.9 of QC1 or Section 1.6 of QC2, as appropriate. Where additional tables are required, click on the “+” symbol that appears at the end of table when you are entering details in the right hand column).

Name Of Entity Relied Upon by Applicant⁷:	Click or tap here to enter text.
Element responsible for:	Click or tap here to enter text.
Qualification Criteria responded to	Click or tap here to enter text.
Address of Registered Head Office:	Click or tap here to enter text.
Address(es) of Other Relevant Office(s):	Click or tap here to enter text.
Date Business Commenced Trading:	Click or tap here to enter text.
Most recent Business Accounting Period	Click or tap here to enter text.
Business Name ⁸	Click or tap here to enter text.
Business Address	Click or tap here to enter text.
Company Registration Number ⁹	Click or tap here to enter text.
Business Registration Number	Click or tap here to enter text.
Tax Reference Number	Click or tap here to enter text.
Self-assessment tax returns Accounting Period for Revenue ¹⁰	Click or tap here to enter text.
Business Telephone:	Click or tap here to enter text.
Business Email Address:	Click or tap here to enter text.
Name and address of parent company and interest parent has in Applicant member company (for example, wholly owned by single parent company):	Click or tap here to enter text.
Parent Company Registration No.:	Click or tap here to enter text.
Parent Company Tax Reference No:	Click or tap here to enter text.

⁷ State the full name of the Applicant's company as it is registered with the Companies Registration Office (CRO) or equivalent in country of establishment. Refer to the CRO for requirements for registration of companies.

⁸ State the Applicant's full business name as registered with the CRO (or equivalent in country of establishment). Refer to the CRO for requirements for registration of business names.

⁹ CRO No. or equivalent

¹⁰ or the equivalent in other tax jurisdictions

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3.0 APPLICANT DECLARATION

On behalf of [Click or tap here to enter text.](#), I

- a) confirm that all data subjects whose personal data is provided in the SAQ Submission have consented to the processing of such personal data by us, the Applicant, the Contracting Authority, the evaluation team and the supplier of the etenders.gov.ie website, for the purposes of our participation in this Competition or that we otherwise have a legal basis for providing such personal data to the Contracting Authority for the purposes of our participation in this Competition and that we will provide evidence of such consent and/or legal basis to the Contracting Authority upon request;
- b) declare that as at the date of submission of the SAQ Submission, the Applicant meets all requirements or minimum standards (as appropriate) set out in the Qualification Criteria;
- c) confirm that for those Qualification Criteria in the Questionnaire, where the response type is marked "Declaration Required", supporting documentation to substantiate the declaration made at b) above will, where requested, promptly and within the timeframe specified, be provided;
- d) confirm that for those Qualification Criteria in the Questionnaire, where the response type is marked "Evidence Required", the required evidence is included in the SAQ Submission;
- e) confirm that, insofar as required in Section 2.1 of the Project Particulars in the Questionnaire:

A completed ESPD for the Applicant, each member of a Consortium, Joint Venture or Partnership, and any entity being relied upon for the purposes of this Questionnaire is included in the SAQ Submission;
or

A completed Appendix A for the Applicant, each member of a Consortium, Joint Venture or Partnership, and any entity being relied upon for the purposes of the Questionnaire, is included in the SAQ Submission;

- f) disclose the following registrable interests¹¹ involving the Applicant, members of the Applicant (where the Applicant is a Consortium, Joint Venture or Partnership), entities relied upon by the Applicant or any member of the Applicant (where the Applicant is a Consortium, Joint Venture or Partnership), subcontractor(s) and the Contracting Authority, members of the Government, members of the Oireachtas, or employees and officers of the Contracting Authority;

[Click or tap here to enter text.](#)

- g) disclose the following conflict of interest or potential conflict of interest¹² on the part of the Applicant, members of the Applicant (where the Applicant is a Consortium, Joint Venture or Partnership), entities relied upon by the Applicant (where the Applicant is a Consortium, Joint Venture or Partnership), subcontractor or individual employee(s) or agent(s) of an Applicant, or members of the Applicant, entities relied upon, subcontractor(s);

[Click or tap here to enter text.](#)

- h) Declare, that insofar as the Project Particulars in the Questionnaire state that Regulation (EU) No 833/2014 as amended by Council Regulation (EU) 2022/576 - Sanctions Against Russia applies, there will be no Russian involvement in the contract exceeding the limits set in Article 5k of Council Regulation (EU) No 833/2014 of 31 July 2014 concerning restrictive measures in view of Russia's actions destabilising the situation in Ukraine, as amended by Council Regulation (EU) No 2022/578 of 8 April 2022.

In particular, I declare that:

- (i) the Applicant (and none of the Applicant Members) is not a Russian national, or a natural or legal person, entity or body established in Russia;
- (ii) the Applicant (and none of the Applicant Members) is not a legal person, entity or body whose proprietary rights are directly or indirectly owned for more than 50% by an entity referred to in point (i) of this paragraph;

¹¹ Enter "NIL" to declare the Applicant has no registered interests to declare; or enter details of registered interests

¹² Enter "NIL" to declare the Applicant has no conflicts of interests to declare; or enter details of conflicts of interest interests

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- (iii) neither I nor the Applicant is a natural or legal person, entity or body acting on behalf or at the direction of an entity referred to in point (i) or (ii) above; and
 - (iv) there is no participation of over 10% of the contract value of subcontractors, suppliers or entities whose capacities the Applicant (or Applicant Members) relies on, by entities listed in points (i) to (iii) above.;
- i) declare that insofar as the Project Particulars states that the Foreign Subsidies Regulation applies to the Competition that the Applicant has completed and enclosed form FS-PP in accordance with the FSR Annex;
- j) declare that the Applicant is not guilty of misrepresentation in supplying or failing to supply the information requested in response to the Questionnaire.

Signed¹³:

Date: Click or tap here to enter text.

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

For and on behalf of the Applicant

¹³ Only the Applicant or the Lead Member of Applicant signs this Declaration and the signature must be that of a Director/Principal.