



Bulloo
Shire

Part 3A
TENDERER'S SUBMISSION FORM

Request for Tender (RFT):	Noccundra Airstrip Fence Supply & Installation
Closing Time:	04:00 PM Wednesday, 14 January 2026
RFT Number:	T2025-2026-211

Tenderer <i>(please complete)</i>
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1. RESPONDENT'S SUBMISSION FORM

To: **The Chief Executive Officer**
 Bulloo Shire Council
 PO Box 46
 Thargomindah QLD 4492

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

FULL NAME/S OF RESPONDENT:	
STREET ADDRESS OF RESPONDENT:	
ABN OF RESPONDENT:	
ACN OF RESPONDENT:	
TELEPHONE NO. OF RESPONDENT:	
FACSIMILE NO. OF RESPONDENT:	
POSTAL ADDRESS OF RESPONDENT: (For service of notices)	
E-MAIL ADDRESS OF RESPONDENT:	
NATURAL PERSON AUTHORISED TO REPRESENT THE RESPONDENT: (If the Respondent is a corporation)	
In response to Expression of Interest T2025-2026-104	
The Respondent agrees to be bound by and comply with the terms and conditions of the Expression of Interest. The consideration specified by the Respondent in the Price Schedule (if any) is indicative only.	

ADDENDUM NO.	ADDENDUM DATE	SUBJECT OF ADDENDUM
.....
.....
.....

This Tender Response (including the prices in Item 3.4, Price Information) is irrevocable for 90 days after the Closing Time unless extended by mutual agreement between the Tenderer and the Principal.

All terms used in this Tender Response bear the meanings assigned to them in the Conditions of Tender, Specification, General Conditions of Contract and Special Conditions of Contract, as the case may be.

This Tender Response is dated the _____
day of _____ 20_____

COMPLETE AND USE THIS EXECUTION CLAUSE IF THE TENDERER IS A CORPORATION:

THE COMMON SEAL of)
..... ACN)
is affixed in accordance with)
its constitution in the)
presence of:)

.....
Secretary/Director

.....
Director

.....
Name of Secretary/Director (print)

.....
Name of Director (print)

.....
Witness

.....
Name of Witness (print)

COMPLETE AND USE THIS EXECUTION CLAUSE IF THE TENDERER IS A CORPORATION BUT DOES NOT EXECUTE UNDER A COMMON SEAL:

EXECUTED by)
 ACN)
 by being signed by)
)
 a Director, and)
)
 , a Director/the Secretary in accordance)
 with section 127 of the *Corporations Act*)
 2001 in the presence of:)

.....
 Secretary/Director

.....
 Director

.....
 Name of Secretary/Director (print)

.....
 Name of Director (print)

.....
 Witness

.....
 Director/Secretary

.....
 Name of Witness (print)

.....
 Name of Director/Secretary (print)

COMPLETE AND USE THIS EXECUTION CLAUSE IF THE TENDERER IS A CORPORATION, DOES NOTE EXECUTE UNDER A COMMON SEAL AND HAS A SOLE DIRECTOR/SECRETARY:

EXECUTED by)
 ACN)
 by being signed by)
)
 the sole Director/Secretary in accordance)
 with section 127 of the *Corporations Act*)
 2001 in the presence of:)

.....
 Witness

.....
 Sole Director/Secretary

.....
 Name of Witness (print)

.....
 Name of Sole Director/Secretary (print)

COMPLETE AND USE THIS EXECUTION CLAUSE IF THE TENDERER IS AN INDIVIDUAL:

SIGNED by)
)
)
.....)
Print Name)
in the presence of:)

.....
Signature

.....
Witness

.....
Name of Witness (print)

**COMPLETE AND USE THIS EXECUTION CLAUSE IF THE TENDERER IS A PARTNERSHIP OF INDIVIDUALS
(every partner must sign – add more spaces if necessary)**

SIGNED by:)
)
)
.....)
Print Name)
in the presence of:)

.....
Signature

.....
Witness

.....
Name of Witness (print)

SIGNED by)
)
)
.....)
Print Name)
in the presence of:)

.....
Signature

.....
Witness

.....
Name of Witness (print)

2. CHECKLIST - Mandatory Information

All items in this section must be completed. Where it is necessary to provide additional information, please ensure that all documents are clearly marked with the relevant attachment title to assist the evaluation panel with their assessment. All attachments must be clearly marked with the relevant paragraph number (e.g. “**2.1 – Organisational Profile**”).

All pages within Part 3 must be completed and returned to the Principal as they form part of the Respondent’s Submission.

2.1. Organisational Profile

Attach a copy of the organisation’s structure and provide background information on the Respondent and label it “ 2.1 – Organisational Profile ”.	“Organisational Profile”	Tick if attached <input type="checkbox"/>
If corporations are involved, attach their current ASIC company extracts search including latest annual return and label it “ 2.1 – ASIC Company Extracts ”.	“ASIC Company Extracts”	Tick if attached <input type="checkbox"/>

2.2. Referees

Attach details of the Respondent’s referees, and label it “ 2.2 – Referees ”. The Respondent should give examples of work provided for its referees where possible.	“Referees”	Tick if attached <input type="checkbox"/>
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2.3. Agents

Is the Respondent acting as an agent for another party?	(Circle) Yes / No	
If Yes, attach details (including name and address) of the Respondent’s principal and label it “ 2.3 – Agents ”.	“Agents”	Tick if attached <input type="checkbox"/>

2.4. Trusts

Is the Respondent acting as a trustee of a trust?	(Circle) Yes / No	
If Yes, in an attachment labelled “ 2.4 – Trusts ”: (a) give the name of the trust and include a copy of the trust deed (and all related documents); and (b) provide the names and addresses of all beneficiaries of the trust.	“Trusts”	Tick if attached <input type="checkbox"/>

2.5. Subcontractors

Does the Respondent intend to subcontract any of the obligations of the Contractor under the contract?	<i>(Circle)</i> Yes / No	
If Yes, in an attachment labelled “ 2.5 – Subcontractors ” provide details of the subcontractor(s) including: (a) the name, address and the number of people employed; and (b) the obligations that will be subcontracted.	“Subcontractors”	Tick if attached <input type="checkbox"/>

2.6. Conflict of Interest

Will any actual or potential conflict of interest in the performance of the Respondent’s obligations under the Contract exist if the Respondent is awarded the Contract, or are any such conflicts of interest likely to arise during the Contract?	<i>(Circle)</i> Yes / No	
If Yes, please supply in an attachment details of any actual or potential conflict of interest and the way in which any conflict will be dealt with and label it “ 2.6 – Conflict of Interest ”.	“Conflict of Interest”	Tick if attached <input type="checkbox"/>

2.7. Financial Position

Is the Respondent presently able to pay all its debts in full as and when they fall due?	<i>(Circle)</i> Yes / No	
Is the Respondent currently engaged in litigation as a result of which it may be liable for \$50,000.00 or more?	<i>(Circle)</i> Yes / No	
If the Respondent is awarded the Contract, will it be able to fulfil the obligations of the Contractor under the Contract from its own resources or from resources readily available to it and remain able to pay all of its debts in full as and when they fall due?	<i>(Circle)</i> Yes / No	
In order to demonstrate the Respondent’s financial ability to undertake the Contract, in an attachment labelled “ 2.7 – Financial Position ” include a profit and loss statement and the latest financial return for the Respondent and each of the other proposed contracting entities, together with a list of financial referees from its bank and/or accountant.	“Financial Position”	Tick if attached <input type="checkbox"/>

2.8. Quality Assurance

Does the Respondent have any documented quality assurance or quality assurance systems?	<i>(Circle)</i> Yes / No	
If the Respondent proposes to subcontract, does its subcontractor have a “third party” quality management system in place?	<i>(Circle)</i> Yes / No	

Supply evidence or details of the Respondent's quality assurance position and where relevant of its Respondent's or subcontractor's position, in an attachment labelled "2.8 – Quality Assurance" .	"Quality Assurance"	Tick if attached <input type="checkbox"/>
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2.9. Insurance Coverage

Respondents are to supply evidence of their insurance coverage (including copies of certificates of currency) for every type of insurance specified below in an attachment labelled "2.9 – Insurance Coverage" .		"Insurance Coverage"	Tick if attached <input type="checkbox"/>
Type	Value (\$)		
Public Liability	\$20,000,000		
Product Liability (if applicable)	\$20,000,000		
Professional Indemnity (if applicable)	\$20,000,000		
Workers Compensation	\$		

2.10. Goods and Services Tax

Is the Respondent registered or required to be registered under the GST Act?	(Circle) Yes / No
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2.11. Work Health and Safety

Respondents must complete Appendix A "Respondent's Safety Record" and submit it marked "Respondent's Safety Record".	"Respondent's Safety Record"	Tick if attached <input type="checkbox"/>
Respondents must complete Appendix B "Contractor's Work Health and Safety Management System Questionnaire" and submit it marked "Contractor's Work Health and Safety Management System Questionnaire".	"Contractor's Work Health & Safety Management System Questionnaire"	Tick if attached <input type="checkbox"/>

3. SELECTION CRITERIA

3.1 Compliance Criteria

Please select 'Yes' or 'No' whether the Respondent has complied with the following compliance criteria:

Description of Compliance Criteria	
(a) Compliance with the Specification contained in the Expression of Interest.	Yes / No
(b) Compliance with the conditions of the Expression of Interest.	Yes / No
(c) Compliance with attendance at any mandatory briefing or site inspection.	Yes / No N.A.
(d) Compliance with the Quality Assurance requirement for this Expression of Interest.	Yes / No
(e) Compliance with lodgement of this Respondent's Submission Form by the Closing Time.	Yes / No
(f) If indicative pricing is requesting in the Expression of Interest—compliance with and completion of Item 3.3 Price Schedule.	Yes / No N.A.

3.2 Qualitative Criteria

Before responding to the following qualitative criteria, Respondents must note the following:

- All information relevant to the Respondent's answers to each criterion must be contained within its Submission;
- Respondents are to assume that the evaluation panel has no previous knowledge of the Respondent's organisation, its activities or experience;
- Respondents must provide full details for any claims, statements or examples used to address the qualitative criteria; and
- Respondents must address each issue outlined within a qualitative criterion.

<p>A) Relevant Experience</p> <p>Describe the Respondent's experience in completing /supplying requirements similar to the requirements stated in the Specification and Expression of Interest. Respondents must, as a minimum, address the following information in an attachment and label it "3.2 – Relevant Experience":</p> <ul style="list-style-type: none"> (a) Provide details of similar work; and (b) Detail the scope of the Respondent's involvement including details of outcomes; and (c) Provide details of issues that arose during the project and how these were managed; and (d) Demonstrate sound judgement and discretion; and (e) Demonstrate competency and proven track record of achieving outcomes. 	<p>Weighting 40%</p>	
	<p>"Relevant Experience"</p>	<p>Tick if attached</p> <p><input type="checkbox"/></p>

<p>B) Respondent's Resources</p> <p>Respondents should demonstrate their ability to supply and sustain the necessary:</p> <ul style="list-style-type: none"> (a) Plant, equipment and materials; (b) Key personnel; <ul style="list-style-type: none"> I. Include their roles in the performance of the Contract; and II. qualifications, with particular emphasis on experience of personnel in projects with a similar requirement; and III. Membership of any professional or business association; and (c) Any contingency measures or back up of resources including personnel (where applicable). <p>Provide this information in an attachment and label it "3.2 – Respondent's Resources".</p>	<p>Weighting 25%</p>	
	<p>"Respondent's Resources"</p>	<p>Tick if attached</p> <p><input type="checkbox"/></p>

<p>C) Demonstrated Understanding</p> <p>Respondents should detail the process they intend to use to achieve compliance with the requirements of the Specification, including:</p> <ul style="list-style-type: none"> (a) Training processes (if required); and (b) A demonstrated understanding of the scope of work. <p>Provide this information in an attachment and label it "3.2 – Demonstrated Understanding".</p>	<p>Weighting 25%</p>	
	<p>"Demonstrated Understanding"</p>	<p>Tick if attached</p> <p><input type="checkbox"/></p>

D) Local Content Respondents should demonstrate they are a business local to the Bulloo Shire and meet the definition in Council's Procurement Policy. As a minimum, Respondents should highlight their level of commitment to local employment and sourcing of local goods where possible and label it "3.2 – Local Content" .	Weighting 10%	
	"Local Content"	Tick if attached <input type="checkbox"/>

3.3 Price Information

No indicative pricing is required in the Submission of this Expression of Interest. Schedule of rates will be discussed with the successful Respondent and will include the following:

- a) hourly rate;
- b) callout; and
- c) vehicle and phone usage.

APPENDIX A**RESPONDENT'S HEALTH AND SAFETY RECORD -INCIDENT HISTORY**

Project	Date of Notice (Last 5 years)	Type of Notice <input checked="" type="checkbox"/>	Reason Notice Issued
		<input type="checkbox"/> Prohibition Notice <input type="checkbox"/> Infringement Notice <input type="checkbox"/> Electrical Safety Protection Notice <input type="checkbox"/> Unsafe Equipment Notice <input type="checkbox"/> Enforceable Undertaking	
		<input type="checkbox"/> Prohibition Notice <input type="checkbox"/> Infringement Notice <input type="checkbox"/> Electrical Safety Protection Notice <input type="checkbox"/> Unsafe Equipment Notice <input type="checkbox"/> Enforceable Undertaking	
		<input type="checkbox"/> Prohibition Notice <input type="checkbox"/> Infringement Notice <input type="checkbox"/> Electrical Safety Protection Notice <input type="checkbox"/> Unsafe Equipment Notice <input type="checkbox"/> Enforceable Undertaking	
		<input type="checkbox"/> Prohibition Notice <input type="checkbox"/> Infringement Notice <input type="checkbox"/> Electrical Safety Protection Notice <input type="checkbox"/> Unsafe Equipment Notice <input type="checkbox"/> Enforceable Undertaking	

APPENDIX B
CONTRACTOR'S WORKPLACE HEALTH AND SAFETY (WHS)
MANAGEMENT SYSTEM QUESTIONNAIRE

This questionnaire forms part of the Principal's Submission evaluation process and is to be completed by Respondents, submitted with their Submissions and labelled as "Contractor's Workplace Health and Safety Management System Questionnaire". The objective of the questionnaire is to provide an overview of the status of the Respondent's Safety Management System. Respondents may be required to verify the responses noted in the questionnaire by providing evidence of their ability and capacity in relevant matters.

WHS Act 2011, s20 Duty of persons conducting businesses or undertakings involving management or control of workplaces

In this section, person with management or control of a workplace means a person conducting a business or undertaking to the extent that the business or undertaking involves the management or control, in whole or in part, of the workplace.

The person with management or control of a workplace must ensure, so far as is reasonably practicable, that the workplace, the means of entering and exiting the workplace and anything arising from the workplace are without risks to the health and safety of any person.

WHS Act 2011, s21 Duty of persons conducting businesses or undertakings involving management or control of fixtures, fittings or plant at workplaces

In this section, person with management or control of fixtures, fittings or plant at a workplace means a person conducting a business or undertaking to the extent that the business or undertaking involves the management or control of fixtures, fittings or plant, in whole or in part, at a workplace.

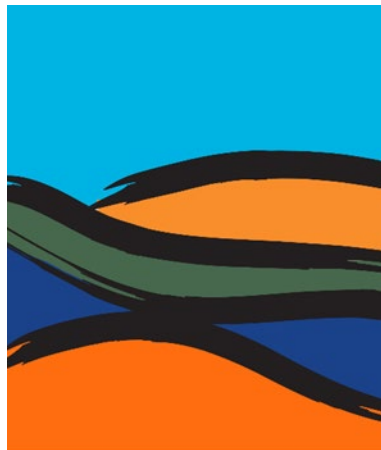
The person with management or control of fixtures, fittings or plant at a workplace must ensure, so far as is reasonably practicable, that the fixtures, fittings and plant are without risks to the health and safety of any person.

WHS POLICY AND MANAGEMENT		
	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
Does the Respondent have a written WHS Policy or Commitment Statement?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, provide a copy of the Policy.		
If no, briefly explain reasons:		
Does the Respondent have a WHS organization chart?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, provide a copy.		
Does the Respondent clearly identify and advise the WHS responsibilities for all workers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, provide details of how workers are advised.		
Does the Respondent hold managers accountable for WHS performance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, provide details of how accountability is managed.		
WHS INDUCTIONS		
Is the Respondent inducted to the Bulloo Shire Council?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If Yes, provide the date:		
Are the Respondent's workers inducted with the Bulloo Shire Council?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, provide the date:		
SAFE WORK PRACTICES AND PROCEDURES		
Acknowledgement: The Respondent acknowledges that all incidents are to be recorded internally, however also reported to Bulloo Shire Council. All incident information provided to the Bulloo Shire Council, will assist in continual improvement. The Action Organisation (Bulloo Shire Council or Respondent) will be determined at the awarding of the Contract.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Which personnel of the Respondent are responsible for investigating incidents?		
Does the Respondent's incident reports contain prevention recommendations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Who is responsible for implementing recommended incident remedial actions?		
Does the Respondent have a process/procedure for plant hazard identification, inspections, maintenance, repairs for plant operated/owned/managed by the Respondent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Respondent have processes and procedures for the handling, storage, use and disposal of hazardous chemicals and dangerous goods?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If Yes, provide details.		
Does the Respondent have processes and procedures for emergency response – appropriate emergency plans, communications plans, first aid equipment, trained and current first aiders?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, provide details.		
WHS TRAINING		
Does the Respondent provide WHS training to its workers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
For this Submission, forecast what training is likely to be needed by the workforce and how you intend delivering it:		
Provide a summary or examples of WHS training courses provided for, or undertaken by workers during the past 12 months.		
Does the Respondent maintain records of all training and induction programs undertaken by workers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WHS INSPECTION		
Does the Respondent conduct regular health and safety inspections at work sites under their control or management?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Respondent retain the inspection checklists?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Who normally completes workplace health and safety inspections?		
How long are the inspection checklists retained?		
How do the Respondent's workers report hazards at workplaces? Provide brief summary.		
WHS COMMUNICATION, COOPERATION AND CONSULTATION		
How does the Respondent consult, cooperate and communicate with the client, other PCBU, workers and others? Provide brief summary on methodology.		
Does the Respondent have a company WHS advisor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes, provide details of the WorkSafe QLD Work Health and Safety Certificate of Authorisation.		
WHS PERFORMANCE MONITORING		
Does the Respondent have WHS performance on the agenda for management meetings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the Respondent have senior management involved in the analysis of WHS performance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>



Bulloo
Shire

Part 3B
TENDERER'S SUBMISSION FORM
Pricing Schedule

Request for Tender (RFT):	Noccundra Airstrip Fence Supply & Installation
Closing Time:	04:00 PM Wednesday, 14 January 2026
RFT Number:	T2025-2026-211

Bulloo Shire Council**Noccundra Airstrip Fence Supply & Installation****Schedule of Rates***Tenderer* _____

Item	Description	Unit Cost Per KM \$ Excl GST	Total Project Cost \$ Excl GST
1	Site clearing and preparation, supply & Installation of 4.967km 6ft chain mesh anti-climb security fence & Site cleanup as per specifications		
GST Amount			
Total (Incl GST)			