



SCHEDULE 1: Tender Details and Pricing Form

TENDER FORM

Central Tablelands Water
30 Church Street, BLAYNEY NSW 2799

Name of person submitting schedule of rates:

Name of company tendering:

ABN (if applicable).....

Address:

Telephone Number: Contact:.....

Email Address:.....

Hereby, tenders to supply materials or services for (please complete services being offered and schedules being submitted):

		Standard hours 7:00 am - 4:00 pm \$/hr	After Hours 4:00pm - 7:00 am \$/hr	Weekend / Public Holidays \$/hr
1	Hourly Rates:			
1.1	Senior Electrician			
1.2	Qualified electrician			
1.3	Apprentice Electrician			
1.4	Labour			
1.5	ASP Level 2 services			
1.6	After hours loading.	N/A		
1.7	Other (Describe)			
2	Call-Out Fees:			
2.1	Standard Call-out			
2.2	Emergency Call-out			

Signed for the Contractor by: Date:.....

Name (in block letters): (Authorised Officer)

In the Office Bearer capacity of:

3	Traveling (fixed \$ per location) Provide Office Location (Not including Labour)	Location of Depot	\$ per km (each way)	
3.1	Travel per Km from Depot			
3.2	Other			
4	Specialised Services:	Level 2 Electrical Works \$/hr	Program Logic Control (PLC) Services \$/hr	SCADA / Telemetry \$/Hr
4.1	Engineer			
4.2	Technician			
4.3	Electrician			
4.4	Labour			
4.5	Other (Describe)			
4.6	Other (Describe)			
5	Materials and Equipment:			
5.1	Standard Materials: Cost + % markup			
5.2	Specialised Equipment Rental: Describe detail of equipment including unit and rate	Unit (Hr/Day)	\$ per unit	
5.2a				
5.2b				
5.2c				
5.2d				
5.2e				

Signed for the Contractor by: Date:

Name (in block letters): (Authorised Officer)

In the Office Bearer capacity of:



Schedule 2: Capability and Capacity

The Contractors must provide a cover letter that clearly outlines their capabilities, the types of electrical work they are competent to undertake, and evidence of relevant licences and qualifications.

The cover letter should detail the contractor's NSW Electrical Licence number, any Accredited Service Provider (ASP) authorisations (if applicable), and demonstrate compliance with statutory requirements under the Electricity (Consumer Safety) Act and WHS legislation. Additionally, contractors should summarise their industry experience, including similar projects completed, and highlight key personnel qualifications to confirm technical competency and adherence to Australian Standards.

Signed for the Contractor by: Date:

Name (in block letters): (Authorised Officer)

In the Office Bearer capacity of:



SCHEDULE 3: Safety System

The contractor is to provide details of their safety system that will be used whilst working on any CTW projects or sites. A general SWMS or procedures used to identify risks / hazards, and the controls must be submitted with the contractor's submission.

Signed for the Contractor by: Date:

Name (in block letters): (Authorised Officer)

In the Office Bearer capacity of:



SCHEDULE 4: Summary of Insurances

Submit with quotation. The contractor is to provide details of each insurance policy it holds relevant to the works to be conducted with CTW. The mandatory requirements are listed in the table below, please add to this your other relevant insurances you hold and maintain.

Attach copies of the certificates of currency of all insurances with your submission.

Insurance Description	Mandatory	Value	Insurer name	Expiry
Workers Compensation	Yes	As per NSW Law		
Public Liability	Yes	\$20 million		
Products liability	Yes			
Motor Vehicle	Yes	As per NSW Law		
Other (Describe)				

Signed for the Contractor by: Date:

Name (in block letters): (Authorised Officer)

In the Office Bearer capacity of:



SCHEDULE 5: Statement of Integrity

"I certify that this offer is made without prior understanding, agreement or connection with any corporation, firm or person submitting a bid for the same materials, supplies, or equipment and is in all respect fair and without collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorised to sign this quotation on behalf of the Contractor."

Respondents Authorised

Representative Name:

Date:

Respondents Authorised

Representative Signature:

Signed for the Contractor by: Date:

Name (in block letters): (Authorised Officer)

In the Office Bearer capacity of: