

## **REGISTRATION FOR**

## **SMALL ARCHITECTURAL PROJECTS**

# **APPLICATION and GUIDELINE**

Please return completed application

to: Project Development and Support

Prequalification (PO Box 158 Canberra City, ACT, 2602)

Level 3, Pod A3, Callam Offices, 50 Easty Street, Phillip ACT 2606.

Email: MPCprequalification@act.gov.au
Attention: Prequalification Registrar

#### **NOTE: Electronic submission of Application.**

Electronic Submission of all applications is preferred.

When preparing the application, please separately save each document as a pdf file.

When saving pdf files please save with a suitably descriptive title. Eg "Prof Indem Ins or Pub Liab Ins"

Emails to MPCprequalification@act.gov.au are limited to 10 Mb.

If your application exceeds this size, the ACT Government's file hosting service is "Objective Connect" for which you must obtain prior approval. Please Phone 6207 7154 or email MPCPrequalification@act.gov.au

## Purpose of this registration scheme

The purpose of this registration scheme is dedicated for small architectural firms (with less than 5 staff). It provides an alternative to the prequalification system which is required for design services for ACT Government projects.

#### **Registration Value**

This registration process is for small architectural services / projects with a fee value up to \$25,000. Larger projects will require full prequalification.

#### **Insurances**

If your registration is accepted by the Territory you will be required to provide the Territory with annual Certificates of Currency for your insurances. You will be notified when those Certificates are due.

#### **Form of Contract**

If you are successful in obtaining work with the Territory you will be required to enter into a Construction Related Consultancy Agreement with the Territory. A copy of this Agreement can be found at

 $\frac{https://www.act.gov.au/}{Consultancy-Agreement-RFT-version-February-2020.pdf}\,.$ 

#### Allocation of Work

The Territory will seek quotations from organisations who have registered. The form of the quotation and the information you will be asked to provide is at Attachment A.

#### **Number of Years in Business**

To be eligible for registration you must be in business for a minimum of 3 years.

## **Evidence of Registration – Australian Architects Board**

Evidence of your membership to the ACT Architects Board (eg a copy of your Registration card) must be provided. This registration will be verified.

# **Company Details**

Applicants must provide the following general information:

me of the company or city under which this Application is ng made and under which tenders I be submitted ading name (if different)	
of Entity	Public Company
	Private Company
	Individual
	Joint Venture
	Trust / Trustee
of registration of iny (if applicable)	
r ARBN	
ss of registered office	
address	
ess address	
	ng made and under which tender be submitted ading name (if different)  of Entity  of registration of applicable)  r ARBN  ss of registered office  address

J	Preferred address (please tick)	Address of Registered
		Office
		Postal Address
k	Contact for Prequalification enquiries (full name, position and email address)	Business Address
I	Telephone number	
m	Email address	
n	Website address	
0	Membership of industry associations (please list)	
р	No. of years trading	

# **Insurances / Registration**

Please provide details of the following insurances: *(copies of insurance certificates should be attached)* 

## Professional Indemnity (Minimum \$1m)

Insurer
Sum Insured
Expiry Date

#### **Public Liability (Minimum \$5m)**

Insurer
Sum Insured
Expiry Date

#### **Workers Compensation**

Insurer

No. of Workers Covered

**Expiry Date** 

#### **Long Service Leave Authority**

Yes

Provide evidence of registration with the Long Service Leave Authority if applicable.

## **Senior Management and Staffing Details**

Provide the names of personnel and a resume for each such person nominated.

NAME POSITION Resume Provided - Yes

# **Previous Experience**

Describe 3 to 5 projects you have undertaken in the last 12 to 24 months.

**General Information (please fill in for each project)** 

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1 TOJCCC I	
Project Name	
Project completion date	
Overall value of the project	
Project location	
Client organisation	
Client contact person	
Client contact details, ie telephone number	

## **Project 2**

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Project Name	
Project completion date	
Overall value of the project	
Project location	
Client organisation	

Client contact person	
Client contact details, ie telephone number	
Project 3	
Project Name	
Project completion date	
Overall value of the project	
Project location	
Client organisation	
Client contact person	
Client contact details, ie telephone number	
Project 4	
Project Name	
Project completion date	
Overall value of the project	
Project location	
Client organisation	

cheff contact person	
Client contact details, ie telephone number	
Project 5	
Project Name	
Project completion date	
Overall value of the project	
Project location	
Client organisation	
Client contact person	
Client contact details, ie telephone number	

specialist Architectural Services (II	st any specialist areas relevant to your mini,
Heritage	
Environmental sustainability	
Other	
Application Checklist	
Please tick the boxes to ensure all aspect	s of your application are complete
Company Detail	
Evidence of registration as an architect i	n the ACT
Insurances (copies attached)	
Previous Experience	
Specialist services	

## **ATTACHMENT A**

## **Form of Quotation**

You will be provided with a Brief to base your quote on and requested to fill in the following returnable schedules.

**RESPONSE TO** 

**REQUEST FOR** 

QUOTATION no. [insert]



#### PROVISION OF ARCHITECTURAL SERVICES FOR

**PROJECT ABC** 

ON BEHALF OF

THE ACT GOVERNMENT

**REPRESENTED BY** 

**MAJOR PROJECTS CANBERRA** 

**CONTRACT OFFICER:** 

PROJECT DEVELOPMENT AND SUPPORT

PHONE:

**EMAIL:** 

**ISSUE DATE dd Month yyyy** 

**CLOSING DATE: dd Month yyyy** 

**CLOSING TIME: 2:00PM CANBERRA TIME** 

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#### **CRITERIA 1**

**Demonstrate your understanding / appreciation of the Project:** 

CRITERIA 2
Provide the names of the team who will undertake the project:
CRITERIA 3
Financial Offer
CRITERIA 4
Timeframe to complete the project – statement about meeting the required timeframe