

3 Respondent's Submission

3.1 Response Form

The Chief Executive Officer

Town of Port Hedland

PO Box 41

Port Hedland WA 6721

I/We (Registered Entity Name): _____

(BLOCK LETTERS)

of: _____

(REGISTERED STREET ADDRESS)

ABN _____ ACN (if any) _____

Telephone No: _____ Facsimile No: _____

E-mail: _____

In response to: Food and Beverage Operator - Marapikurrinya Park Incubator Pop-up:

I agree that I am bound by and will comply with this EOI and its associated schedules, attachments, all in accordance with the requirements contained in this EOI signed and completed.

I acknowledge that there is no cost payable by the Town of Port Hedland towards the preparation or lodgement of this submission, irrespective of any outcome.

Dated this _____ day of _____ 20____

Signature of authorised signatory of Respondent: _____

Name of authorised signatory (BLOCK LETTERS): _____

Position: _____

Telephone Number: _____

Authorised signatory Postal address: _____

Email Address: _____

PART 3 – COMPLETE AND RETURN THIS PART

3.2.1 Qualitative Criteria

Qualitative Criteria	Weighting	Provided
<p>A. Experience</p> <p>Respondents must include details of:</p> <p>Details of experience in providing food and beverage services, including:</p> <ul style="list-style-type: none"> • Qualifications and experience • Type of service offered • Location/s • Hours and number of days per week in your current operation (if applicable). 	<30%>	<p>Tick if attached</p> <p align="center"><input type="checkbox"/></p>
<p>B. Resources</p> <p>Respondents must include details of:</p> <ul style="list-style-type: none"> • A business profile that includes details on the size, scale and core operation of the business including key team members. • Readiness to enter the market (hold or ability to obtain relevant permits prior to signing the lease agreement). 	<30%>	<p>Tick if attached</p> <p align="center"><input type="checkbox"/></p>
<p>C. Quality</p> <p>Respondents must include details of:</p> <ul style="list-style-type: none"> • Proposed menu • Details of how the pop-up will be activated • Details of social media and related advertising or marketing related information • Any customer feedback and review to support your EOI. • Compliance with Town of Port Hedland food health and safety requirements. 	<30%>	<p>Tick if attached</p> <p align="center"><input type="checkbox"/></p>
<p>D. Uniqueness</p> <ul style="list-style-type: none"> ▪ How is your proposal different from existing offerings? (Unique Selling point). 	<10%>	<p>Tick if attached</p> <p align="center"><input type="checkbox"/></p>

PART 3 – COMPLETE AND RETURN THIS PART

3.2.2 Compliance Criteria

Key Compliance Areas	Provided
A: Insurance Public and Product Liability \$20 million (or ability to obtain if successful).	Tick if attached <input type="checkbox"/>
B: Delivery Provide details of your earliest commencement date. Any other details which may relate to the commencement of these services.	Tick if attached <input type="checkbox"/>
C: Exclusions Are there any special conditions and any exclusions or departures to the License Agreement and this EOI invite.	Tick if attached <input type="checkbox"/>

Note:

- ❖ Web links should not be included in this submission and are not evaluated
- ❖ Respondents should assume the evaluation panel has no previous knowledge of individuals/organisations, services provided, or recent experience
- ❖ Respondents must evidence any claims, statements or examples referenced
- ❖ Respondents must respond to all qualitative criteria.