Request for Quotation ISO 20252:2019 Market, opinion and social research, including insights and data analytics

Date:

Contact Name:

Title:

Business Name:

Headquarters Address\*:

Postal Address (if different):

Phone:

Fax:

Email:

*\*Additional locations to be added in a separate section of this form – see page 6.*

**Scope of Service**

ISO 20252:2019 Market, opinion and social research, including insights and data analytics

**Authorized Representative** (President, CEO or representative authorized by President/CEO)

The following individual is authorized to represent the company in all matters concerning CIRQ audit, certification and payment for services rendered. This person has the authority to commit the organization to compliance with all certification requirements for the standards identified in the scope of service section of this application.

Name:

Title:

Postal Address:

Phone:

Fax:

Email:

**Business Specifications**

1. Are you a Full-Service research company? Yes No
2. What percentage of your business is Quantitative research and what percentage is Qualitative research*?*

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1. If your business is not a full-service research company, please describe your business type.

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4. Please provide a description of the products, services, activities provided by your business. This should result in a draft Statement of Applicability (SoA), which will describe the complete scope of market research services your organization provides, as they apply to Annexes A – F (minimum of 1 Annex must be selected).

5. Is the ISO certification intended to cover the entire organization as described in #4 above? Yes No

If no, please provide a description of the scope/breadth of the business system to be evaluated for certification:

6. What marketing research functions, if any, do you outsource?

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7. Do you own and manage any panels of potential respondents? Yes No

8. How many locations does your business have?

9. Where is your headquarters located?

10. Please list all locations

11. What are your normal business hours?

12. What are the lengths of shifts (if applicable)

*When determining staff counts throughout this application please use the following guidelines:*

|  |  |  |  |
| --- | --- | --- | --- |
|  | | *a. b.* | *Do include all staff involved in the implementation of projects for clients*  *Do include all senior management and management of staff involved in the implementation of* |
|  | *projects for clients* |
|  |  | *c.* | *Do include IT staff involved with applications development specific to client projects* |
|  |  | *d.* | *Do not include administrative, human resource, or finance staff members* |
|  |  | *e.* | *Do not include interviewers or others who collect data, but do include data collection supervisors* |

13. How many total full time and regular part time staff does your organization have, considering

all locations?

14. How many full time and/or regular part time research staff work on-site at your **headquarters** location?

15. Please summarize the number and title/role of your **headquarters** on-site staff (i.e., 7 managers, 12 project directors, 6 research managers, etc.): attach additional sheets, if necessar*y*

*The overall total at #15 should match the answer at #14*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title/Job Description** | **Full Time** | **Regular Part Time** | **Total Number of Staff in this Role** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total Number of Staff at this Location |  |  |  |

16. What functions are performed at your headquarters locations in the process of delivering your services to the client?

17. If your business has more than one location, briefly describe the information technology structures in place that would allow access to documents from other locations for the purpose of undertaking remote or virtual audits. (Please note: this information will assist in estimating the audit length and cost.)

18. Who developed your system? (e.g., consultant name, quality manager, office manager, etc.)

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19. What is the name of your Quality Manager?

20. Does your organization hold any current system certifications? Yes No

If yes, please detail: When was your most recent audit? When is your next audit due? Certification standard(s), Certification Body & No.

21. How did you hear about CIRQ and its services? Comments:

22. I verify that the above information is accurate. CIRQ’s cost estimate is subject to revision based on

additional information garnered as a result of the audit and certification process.

Signature

Title:

\*See next page to list additional locations.

**Additional Locations** *(if applicable – for more locations, please make copies of this section.)*

Contact Name:

Title:

Business or Trading Name:

Local Address:

Postal Address (if different):

Phone:

Fax:

Email:

Products, Services or Activities produced/conducted **at this location**:

Please summarize the number and title/role of staff **at this location** (i.e., 7 managers, 12 project directors,

6 research managers, etc.): *attach additional sheets, if necessary*

|  |  |  |  |
| --- | --- | --- | --- |
| **Title/Job Description** | **Full Time** | **Regular Part Time** | **Total Number of Staff in this Role** |
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|  |  |  |  |
| Total Number of Staff at this Location |  |  |  |