## **Request for Proposal (RFP) Response Form**

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| **Organisation Information** | |
| **Legal Entity Name** |  |
| **Trading/Business Name** *(if applicable)* |  |
| **Australian Business Number** *(ABN)* |  |
| **Entity Type** | Choose an item. |
| **Business Address** *(physical)* |  |
| **Business Address** *(mailing)* |  |
| **Telephone** |  |
| **Email** |  |
| **Contact details for RFP** | |
| **Name** |  |
| **Position** |  |
| **Phone** |  |
| **Email** |  |

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| 1. **Activity/Initiative** |
| **1.1 Proposal, Qualities and Attributes (40%)**  Provide a clear proposal of the initiative(s) to be delivered. This should include a description of the proposed model of support and considerations for how the proposed initiative(s) aligns with the TRISP objectives.  Response to include:   * Defining the scope of your initiative(s), including inclusion/exclusion criteria to participate in the initiative(s). * Explanation of the workforce required to implement this initiative. Please include a high-level recruitment strategy that explains whether the staffing profile will be accessing existing staff and describe any recruitment and training considerations. * Understanding of the current gaps in local suicide prevention/postvention services and description of how your initiative(s) will address this unmet need. * Explanation of how the proposed initiative(s) will support those in population(s) identified as high-risk of suicide or suicidal distress in our community. * Explanation of how the proposed initiative(s) will reach those in our community who are not currently accessing existing suicide prevention or mental health services. * A high-level timeline for the proposed initiative(s).   Word limit – [1,500] words – Please note: Words within images/tables etc will be included in word count. |
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| **1.2 Innovative and Sustainability (25%)**  Provide evidence of how your proposed initiative(s) will be innovative and sustainable.  Consider the following elements:   * What change do you envisage your initiative will create in the ACT region and to those who are isolated or disconnected in our high-risk populations? * How will this initiative encourage collaboration and partnerships with other suicide prevention stakeholders, service providers and the community, to enhance current suicide prevention activities, share resources and minimise duplication. * How will the initiative ensure improvements to suicide prevention services and client engagement outcomes in the short term and support continuing sustainable impacts in our community.   Word limit - [1,000] words. Please note: words within images/tables etc will be included in word count. |
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| **1.3 Governance Structure and Systems (10%)**  Outline your proposal for governance structures and systems for the proposed initiative(s), which may be based on existing governance within your organisation. Include consideration of:   * Processes for adequate identification of risk and appropriate mitigation strategies and contingencies. * Overarching governance structures and systems which outline accountability, decision making and reporting processes.   Word limit – [500] words. Please note: words within images/tables etc will be included in word count. |
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| **1.4 Experience, Skills and Knowledge (10%)**  Demonstrate your expertise in the following:   * Management and operation of a community focussed group/service/program in the local region. * Accessibility to resources/infrastructure/stakeholders to engage participants and deliver the proposed initiative(s).   Word limit – [300] words. Please note: words within images/tables etc will be included in word count. |
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| **1.5 Budget and Value for Money (15%)**  **Budget -** Respondent must provide a budget for the twelve month period.  Please demonstrate the following:   * Budget adequately reflects resourcing required for initiative(s) establishment and operation. * Itemised budget is cost effective, within funding available and provides value for money. * Budget has been developed in due consideration of the funding available as outlined in **Part B**.   In compiling your budget, please note that:   * Minimum budgeted activity/ies $10,000.00 and maximum $410,000.00. * Administrative costs are capped at a maximum of 14.5% of proposed budget. * Administration and service delivery costs should be specifically defined and itemised where practical.  All amounts included in the proposed budget must be GST-exclusive.   **Value for Money**  Demonstrate the following:   * How your proposal and pricing principles exhibit value for money. * If you are an existing service provider in the ACT, how will you leverage economies of scale to deliver efficiencies and ensure value for money? * The initiative(s) adds value to community within a short time frame and will continue to add value post funding period.   Word limit – [300] words – Value for Money. Please note, budget will not be included in the word limit. |
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| 1. **Assurances and Compliance** | | | | | |
| **2.1 Conflict of Interest**Provide details of any interests, relationships or clients which may or do give rise to a conflict of interest and the area of expertise in which that conflict or potential conflict does or may arise, plus details of any strategies for preventing and/or managing conflicts of interest (actual or perceived).Word limit – [250] words. | | | | | |
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| **2.2** **Risk management and mitigation strategies**: Provide details of all risk management strategies and practices of the Applicant that would be applicable or relevant in the context of the supply of services and/or goods.  Word limit – [250] words | | | | | |
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| **2.3** **Insurance information:** Provide details of all relevant insurances maintained by the Applicant. | | | | | |
| **Public Liability** | | | | | |
| **Insurance company** |  | | **Policy number** | |  |
| **Amount $** |  | | **Expiry date** | |  |
| **List any relevant exclusions:** | | | | | |
| **Professional Indemnity** | | | | | |
| **Insurance company** |  | | **Policy number** | |  |
| **Amount $** |  | | **Expiry date** | |  |
| **List any relevant exclusions:** | | | | | |
| **Work Cover (if applicable)** | | | | | |
| **Insurance company** |  | | **Policy number** | |  |
| **Amount $** |  | | **Expiry date** | |  |
| **List any relevant exclusions:** | | | | | |
| **2.4 Accreditation/Registration/Certification**:Provide relevant details as appropriate. | | | | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Standard/Obligation** | | |  | | |
| **2.5 Referees** | | | | | |
|  | | **Referee 1** | | **Referee 2** | |
| **Name** | |  | |  | |
| **Position** | |  | |  | |
| **Organisation** | |  | |  | |
| **Phone** | |  | |  | |
| **Email** | |  | |  | |
| **Relationship/details** | |  | |  | |

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| **DECLARATION** |

**Please read and sign the following declaration:**

* I have read and accept the Conditions outlined in Parts A, B & C in the RFP.
* I declare that the organisation is financially viable and able to provide the Service.
* I declare that all information provided in this application is true and correct.
* I understand and accept that information provided in this application will be stored by CHN in various formats including hard copy and/or electronic storage.
* I accept that the ‘*Standard Terms and Conditions (PHN)’* will form the basis of the Service Order and are not negotiable.
* I declare that as an applicant, this business is compliant with the Workplace Gender Equality Act 2012 (Cth).

I have supplied all the following Application requirements and supporting documentation (where required):

Completed Response form

Evidence of current Public Liability Insurance (eg. Certificate of Currency)

Evidence of current Professional Indemnity Insurance (eg. Certificate of Currency)

Evidence of Workers Compensation Insurance (eg. Certificate of Currency)

**Signed by authorised organisation representative:**

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| **Signature** |  |
| **Date** |  |
| **Name** |  |
| **Position** |  |