## **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**
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| **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**
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| **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** |  |