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

## **Supporting primary care sector response to family, domestic and sexual violence, and child sexual abuse (PAC105)**

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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. **Assessment Criteria** *(please note: words within images/tables etc will be included in word count)* |
| * 1. **Service Delivery Model -** *Word limit – [max. 2,000 words] (35% Weighting)* * Indicate which specialist area you are proposing to establish Link Worker/s and provide services in: * Domestic and Family Violence ​ * Sexual Violence * Child Sexual Abuse   Local context   * Articulate your vision for the scope of the Family Domestic Sexual Violence and Child Sexual Abuse (FDSV) Link Worker/s role and respective services that will be provided by the FDSV Link Worker/s in the ACT, including an understanding of the local context and the unique needs of your target population group and demonstrate how this service will meet those needs. * Consider distinct approaches for the different types of violence and different cohorts of people affected by violence. * Outline how this service would work within the ACT FDSV Services landscape and how it will integrate with other services and initiatives, without duplicating existing initiatives. * Include how you will involve people with lived experience, other FDSV service providers, primary care sector and ACT Government in the design and ongoing operation of the service, including development of training resources.   Service delivery   * How will the Link Worker/s deliver services that support FDSV victim-survivors and a busy General Practice environment, while ensuring better integration between primary healthcare sector and FDSV services sector. Your answer must include:   + Proposed strategy to engage with primary healthcare providers and other FDSV service providers.   + What supports will be provided to primary health care professionals (please include clinical and non-clinical employees) to create a safe climate for disclosure in the practices.   + How will the FDSV victim-survivors and primary healthcare staff engage with, and access services provided by the Link Worker/s.   + How will Link Workers support clients that are referred to your service. Include an example of how your organisation currently supports clients that are referred to your services.   + How will the service ensure that responses are strengths-based, inclusive, person-centered, trauma-informed, and culturally safe and appropriate.   + Proposed operating hours.   Data collection   * Client management systems or clinical software currently utilized by your organization and any interoperability that exists with other platforms. * How referrals are received and sent securely. * Proposed data collection and reporting, including how your organisations will demonstrate program outcomes and experience measures. * How a specifically designed Customer Relationship Management (CRM) tool developed by a third party will be integrated into existing reporting workflows to track General Practice engagements and referral information as required for the Sax Institute-led national PHN FDSV Pilot Evaluation. |
| *Response:* |
| **1.2 Experience, skills and knowledge** *Word limit – [max. 800 words] (25% Weighting)*  Demonstrated skills, expertise, and experience in providing domestic and family violence and/or sexual violence and/or child sexual abuse support services and engaging in workforce capacity building activities. Your answer must provide evidence to demonstrate:   * A brief overview of FDSV services and programs you currently deliver. * Your organisation’s knowledge of and experience in providing navigation services including case coordination and safety planning to victim-survivors of FDSV; debriefing and case consultations with clinicians; and developing and maintaining referral pathways. * Your organisation’s knowledge of and experience in developing training modules and resources for a variety of audiences and co-facilitating training with other organisations. * Proposed or demonstrated collaboration and integration with FDSV sector. Include a list of any existing Memorandums of Understanding (MOUs) and/or Services Order (contract) with FDSV service providers. * Proposed and/or demonstrated collaboration and integration with ACT Community Services Directorate, peak bodies, non-government organisations (NGOs), private providers and First Nations Organisations. Include a list of any existing MOUs and/or contracts with key stakeholders. * Ability and experience to engage with stakeholders and develop and maintain collaborative partnerships to support service integration and deliver training. |
| *Response:* |
| **1.3 Workforce** *(1 page staffing profile and max. 500 words - 20% Weighting)*  Describe the proposed staffing profile for CHN FDSV Pilot Program, indicating:   * Expected FTE staff and their experience delivering similar services. * If the staffing profile are existing staff or if staff will need to be recruited or sub-contracted. * Strategies that your organisation will deploy for recruitment (e.g., secondment, sub-contracting arrangements). * Mechanisms in place to ensure adequate supervision/ debriefing. * Cultural competency training. * Trauma-informed and specialist training in domestic and family violence, sexual violence, and child sexual abuse. * If the existing or recruited workforce does not currently have experience in delivering direct services to people who experience domestic and family violence or sexual violence or child sexual abuse, outline how the workforce will be upskilled. |
| *Response:* |
| **1.4 Governance Structure and Systems** *Word limit – [max. 700 words] (10% Weighting)*  Outline your proposal for key governance structures and systems for establishing FDSV Link Worker role/s within your organisation, and incorporate considerations for:   * Adequate identification of risk and appropriate mitigation strategies and contingencies. * Clinical accountability, decision making and reporting processes. * Details of proposed consortium arrangements where a solo provider cannot demonstrate capability across all three specialised areas (DFV, SV and CSA).   *Note: Respondent should be aware of the requirement to demonstrate support from other prospective consortium members including agreement in principle to contributing the equivalent of 0.2 FTE of staff time from each prospective consortium member to enhance the capacity of the proposed FDSV Link Worker Pilot.* |
| *Response:* |
| **1.5 Budget and Value for Money** *(Max. 1 page itemised budget and max. 500 word response - 10% Weighting)*   * The proposal must include an itemised budget, within funding available as outlined in Part B, and provide an explanation of how the proposal is going to deliver value for money. * The budget should adequately reflect resources required for establishment, development of training modules, recruitment and staffing the Link Worker/s, ongoing operational costs, communication, and promotion. These considerations are not necessarily exhaustive, and applicants are welcome to include additional budget items in order to provide greater detail. * Applicants are encouraged to budget in accordance with anticipated expenditure, details will be discussed during contract negotiation. * In compiling your budget, please note that:   + Administrative costs are capped at a maximum of 14.5% of proposed budget.   + Funding split for the three specialised areas are: Domestic and Family Violence (35%), Sexual Violence (29.2%), Child Sexual Abuse (35.8%) of the total funding. |
| *Response:* |
| **1.6 Additional requirements** *(Max. 300 words)*  Provide details regarding:   * Overview of current organisation structure * Any existing organisation-level clinical/corporate governance frameworks   Where appropriate, the above requirements may be provided as an attachment. |
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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** |  |