| **Request Number** | RFT2023-10 | **Request title** | Need Assessment for the After Hours, Multicultural Access and Homelessness Support Programs |
| --- | --- | --- | --- |
| **Respondent Business Details** |
| **Name of legal entity:** | Click or tap here to enter text. |
| **Trading name:** | Click or tap here to enter text. |
| **Registered address or address of principal place of business:** | Click or tap here to enter text. |
| **ACN:** | Click or tap here to enter text. | **ABN:** | Click or tap here to enter text. |
| **Contact Details** **for Submission:** | **Name :****Position :****Phone :****Email :** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Declaration** |
| The Respondent declares that it has the necessary skills, knowledge and experience to comply with the requirements of this document and that it has fully informed itself of all facts and conditions relating to this process.The person signing this declaration purports that it is authorised to make this Submission on behalf of the Respondent and has read, understood and accepts the Conditions of Request and that all information provided in this Submission is to the best of their knowledge true and correct. |
| -------------------------------------------------------------- | ------------------------------  |
| Signed | Dated  |
| Name: |  | Position:  |  |
| **1.0** | **Pre-qualification** |
| 1.1 | Agreement terms and conditionsDoes the Respondent agree to comply with the terms of the Agreement attached if an Agreement were to be entered into with WAPHA?*If No, the Respondent must complete the Non-Conformance Schedule and set out: the extent of non-compliance; including the alternative clauses or provisions, if any, or a description of any changes it proposes to the Service Agreement; and the reason for non-compliance.* | [ ]  Yes[ ]  No |
| 1.2 | InsurancesDoes the Respondent have the required insurances specified in the Agreement? If yes complete insurances table below. | [ ]  Yes[ ]  No |
| Public Indemnity (Not less than $20MM) |
| Insurer : | Click or tap here to enter text. | Policy Number : | Click or tap here to enter text. |
| Amount : | $Click or tap here to enter text. | Expiry Date : | Click or tap to enter a date. |
| Professional Indemnity (Not less than $10MM) |
| Insurer : | Click or tap here to enter text. | Policy Number : | Click or tap here to enter text. |
| Amount : | $Click or tap here to enter text. | Expiry Date : | Click or tap to enter a date. |
| Professional Indemnity for Clinician (Not less than $10MM) – (*if providing clinical services*) |
| Insurer : | Click or tap here to enter text. | Policy Number : | Click or tap here to enter text. |
| Amount : | $Click or tap here to enter text. | Expiry Date : | Click or tap to enter a date. |
| 1.3 | InsurancesIf no to 1.2, does the Respondent confirm that that the required insurances will be obtained prior to the commencement of Services relevant to this Request? | [ ]  Yes[ ]  No |
| **2.0** | **Disclosure and Compliance** |
| 2.1 | Organisation Type a.Is the Respondent a not-for-profit entity?For the purposes of this Request, the Respondent is a "not-for-profit entity" if it meets the requirements of the Australian Taxation Office to be treated as a “not-for-profit-organisation”. | [ ]  Yes[ ]  No |
| 2.2 | Organisation Type b.If yes to 2.1 is the Respondent registered with the Australian Charities and Not-for-profits Commission’s (ACNC) Register?If NO, *what evidence is available that the organisation*  *it meets the requirements of the Australian Taxation Office to be treated as a “not-for-profit-organisation”.* | [ ]  Yes[ ]  No |
|  |
| 2.3 | Financial Information a.Is the Respondent’s financial information available via the Australian Charities and Not-for-profits Commission’s (ACNC) Register, and does the Respondent agree that WAPHA can use this information in lieu of the Respondent providing it as part of its Submission? Respondents are responsible for ensuring that the information available via the ACNC Register is correct and that no material changes to the information have occurred since it was reported to the ACNC**.** | [ ]  Yes[ ]  No |
| 2.4 | Financial Information b.If no to the above the Respondent has attached audited annual financial statements for the most recent two financial years including profit and loss statements for each year, balance sheets as at the end of each year and a statement of cash flows for each year? If No, please provide an explanation below. | [ ]  Yes[ ]  No |
|  |
| 2.5 | Nature of RespondentIs the Respondent acting as an agent or trustee for another person or persons, or is it acting jointly or in association with another person/s (in a consortium), or does it intend to do so in connection with the performance of the Services relevant to this Request?If Yes, please provide details including if relevant a description of the proposed legal structure and relationships. | [ ]  Yes[ ]  No |
|  |
| 2.6 | Sub-contractingDoes the Respondent intend to engage Sub-Contractors in connection with the performance of the Services relevant to this Request?If Yes, provide for each sub-contractor all relevant details including as appropriate, Company name, ABN/ACN, Contact Person and details, proof of relevant accreditations for each sub-contractor and services that will be provided. | [ ]  Yes[ ]  No |
|  |
| 2.7 | Existing MaterialDoes the Respondent nominate any information as Existing Material in relation to Clause 9. Intellectual Property Rights of the Agreement? If Yes, provide detail below. | [ ]  Yes[ ]  No |
|  |
| 2.8 | Criminal offencesHas the Respondent; or any Director or other Officer of the Respondent; or any Specified Personnel or nominated Sub-Contractors been convicted of a criminal offence that is punishable by imprisonment or detention? The Respondent is not required to disclose convictions that are spent convictions under the Spent Convictions Act 1998 (WA) or equivalent legislation of another State or Territory of Australia. If Yes, insert details below. | [ ]  Yes[ ]  No |
|  |
| 2.9 | Legal actionsHas the Respondent previously had any legal actions taken against it or does it currently have any legal actions outstanding? If yes insert details below. | [ ]  Yes[ ]  No |
|  |
| 2.10 | Conflicts of interestAre there any circumstances, arrangements or understandings which constitute, or may reasonably be perceived to constitute, an actual or potential conflict of interest with either the Respondent’s obligations under this Request or in connection with the performance of the Services relevant to this Request by the Respondent? If Yes, provide detail below. | [ ]  Yes[ ]  No |
|  |
| **3.0** | **Qualitative** |
| 3.1 | **EXPERIENCE (30%) – MAX WORDS 750**Describe your organisations previous experience and expertise in providing the services, or similar services, to those detailed in the draft Activity Schedule including addressing:1. Strong knowledge and experience of priority stakeholder groups (WA context) for each program area;
2. Desktop research skills;
3. Population health data collection and analysis
4. Document preparation including graphic design;
5. Experience of consultation and achieving outcomes with diverse groups of people, particularly those living in rural and remote regions, multicultural communities and those experiencing homelessness.
6. Strong project management skills and experience; and
7. Ability to work under pressure and meet agreed deadlines
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| 3.2 | **SERVICE METHODOLOGY (40 %) – MAX WORDS 1000**Detail the methodology that will be used to achieve the Service Outcomes detailed in the draft Activity Schedule including:1. Literature review related to the specialist areas;
2. Health data analysis;
3. Understanding of current patient/client journey pathways for accessing primary health care services for multicultural community members, people experiencing or at risk of homelessness and in the after-hours period;
4. Stakeholder consultation plan including consumers, peak agencies, general practice, community organisations and service providers;
5. Communication plan;
6. Market scan and analysis of existing services, gaps and outcomes;
7. Collaboration to develop recommendations for commissioning; and
8. Presentation of findings.
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| 3.3 | **ORGANISATIONAL CAPACITY (30%) – MAX WORDS 750**Provide an overview of your capacity to deliver the Services in draft Activity Schedule detailing:1. existing personnel and infrastructure that can be used to develop the needs assessments;
2. resources (equipment, infrastructure, personnel, partnerships etc.) that will be required to be obtained/procured to effectively deliver service specifications;
3. your organisations existing local knowledge of and presence in the relevant areas;
4. project plan with timeframes and major milestones; and
5. key risks that may impact on project delivery and provide explanation of how these risks will be mitigated and/or managed.
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| 4.0  | **Budget** |
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| **Respondent to Complete:****Respondents can submit a response for one or all of the program areas (needs assessment). Respondents must however, provide a separate submission and budget proposal for each program area being tendered for.****\* The Respondent must provide a separate budget for each program area needs assessment.**The Respondent must provide a fixed fee based on [xx] hours per annum as detailed in the Specification:$ ………………………. (excluding GST)\*Given the hours and fixed fee provided above, the Respondent must also provide the hourly rates proposed to be charged for the provision of the Services, stratified on the basis of the staffing requirements and levels assessed by the Respondent as being required to meet the Specification. The proposed hourly rates must include all management and supervision hours and charges. |
| **Description of Services** | **Name & Position of Consultants** | **Hours Allocated To Services Per Consultant** | **Hourly Rate A$** | **Total Cost (EX GST)** |
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| **Other Costs – Please Specify:** |  |  |
| **Travel and accommodation (if applicable provide details)** | **$** |
| Disbursements or other charges (if applicable provide details) | **$** |
| **TOTAL** | **$** |
| The Respondent should indicate whether the above hourly rates also apply to hours over and above the stated hours. If not, please advise the applicable rates. |

Note: All fees and charges must be fully declared in your response. Any fees and charges that are not clearly identified in your response will not be accepted when approving payments for engagements under this contract. |
| The Respondent is to list below any attachments that form part of its submission. The Respondent is not to attach generic or voluminous marketing materials. Each Attachment is to be named as listed below and up-loaded as a separate Attachment. |