| **Request Number** | RFT2023-11 | **Request title** | Family, Domestic, and Sexual Violence Pilot – Supporting Primary Care via Local Link – PHN South |
| --- | --- | --- | --- |
| **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. Specific instances of services and programs and what outcomes were achieved and how these were evaluated or demonstrated; Ensure you include experience in working with children and adults experiencing violence or abuse, delivering training/coaching/mentoring for professionals, engagement with primary care providers or other health workers.
2. Specific existing partnerships and arrangements in place with health and other services relevant to the delivery of the Services detailed in the draft Activity Schedule.
3. The development, capture, and demonstration of outcomes (consider the Activity Outcomes detailed in the draft Activity Schedule).
4. Examples of collaborative partnerships that produced innovative services, resources, or other solutions.
 |
|  |
| 3.2 | **SERVICE METHODOLOGY (40 %) – MAX WORDS 1500**Detail the methodology that will be used to achieve the Service Outcomes detailed in the draft Activity Schedule including:1. Anticipated patient journey pathways for general practice patients who are willing to be referred to support services.
2. How the service will address needs and opportunities in primary care in relation to recognising and responding to patients affected by family, domestic and/or sexual violence (including child sexual abuse); tools and resources that may support an improved primary care response
3. How staff co-located with general practices and other location(s) in the region will be supported, including equipment, information technology, access to client record management, peer support and supervision. Please outline any requirements of the general practices that will be hosting the service.
4. Any locations (other than general practice locations specified by WAPHA) from which the Activity will be delivered from and to.
5. Anticipated operational days and hours the Activity will be delivered.
6. The proposed management and staffing structure including detailed employed and sub-contracted positions.
7. Details of other service partners who will be included in achieving integrated, safe, holistic service and referral pathways for general practice patients.
8. How your organisation will capture the information required for the national evaluation being conducted by the Sax Institute as detailed in B.7.9 in the Activity Schedule.
 |
|  |
| 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, infrastructure and facilities that can be used for the provision Services.
2. Resources (equipment, infrastructure, personnel, partnerships etc.) that will be required to be obtained/procured to effectively deliver the Services.
3. Your organisations existing local knowledge of presence and partnerships in the relevant area.
4. Key clinical and operations policies, procedures and guidelines in place to ensure a safe, relevant and high-quality service is provided and the ability to develop and maintain these specific to the Services.
5. An implementation plan with timeframes and major milestones.
6. Key risks that may impact on service delivery and provide explanation of how these risks will be mitigated and/or managed (please note WA Primary Health Alliance will be actively involved in supporting the relationship between the service provider and general practices); and
7. In very broad terms how much of your organisations funding would the Fees under this RFT comprise.
 |
| 4.0  | **Budget** |
| In making a value for money assessment of the Respondent’s submission please complete and submit the budget template provided with the Request documents at Part D on the basis that this represents a normal full year’s operational expenditure (e.g. allocate full year’s budget as if it was going to be used on a complete basis).The Budget will be deemed to include the cost of complying with all matters and things necessary or relevant for the performance of the Service Agreement.  |
| **Attachments** |
| 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. |
|  |