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

## **Tuggeranong Medicare Mental Health Centre (PAC111)**

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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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| **Part C: Assessment Criteria**Words in any graphics, images, and/or tables, unless specifically identified by the Assessment Criteria, will be counted as part of the maximum word count for each response. Attaching additional supplementary documents to the application is not permitted unless specifically identified. The following criteria will be used to access proposals.**Any words exceeding the maximum word count for each criterion will not be considered.**  |
| 1. **Local Service Model** *(max. 850 words) [Weighting 25%]*

Provide a high-level overview/summary of the proposed service model for the Tuggeranong Medicare Mental Health Centre. The service model must address how the organisation intends to deliver the four core elements of the Service Model for Head to Health Adult Mental Health Centres and Satellites. This response should also identify how the service model addresses specific local needs and contexts. Respondents are expected to propose specific solutions for alignment with the existing Canberra Medicare Mental Health Centre, also known as Canberra Head to Health (noting that these solution/s are ‘ideal scenario’ ideas only, and actual activities will be revisited with the successful lead agency). If applicable, this response may wish to identify areas of learning that will be pursued to inform the development and eventual improvement of the service model.*Optionally*, respondents may also submit a graphic/image representation of the proposed service model. This is limited to one A4 page and a maximum of 50 words, which will not be counted toward the word limit for this Assessment Criterion. This graphic may be used to visualise service elements or flow more effectively but should only contain information already detailed in the written response. It may be included as an attachment instead of using the RFP response form. |
| *[Response here]* |
| 1. **Responsive Practice** *(max. 350 words) [Weighting 15%]*

Describe how the proposed service will ensure that support provided to service users is strengths-based, inclusive, culturally safe, person-centred, and trauma-informed. |
| *[Response here]* |
| 1. **System Integration and Relationships** *(max. 350 words) [Weighting 15%]*

Propose avenues for the service to integrate, collaborate, and develop relationships with key regional stakeholders. This may include (but is not limited to) the Canberra MMHC (also known as Canberra Head to Health), the upcoming Head to Health Kids service, other mental health services and initiatives, primary care supports, the wider mental health, health, and human services systems, peak and advocacy bodies, and community members. |
| *[Response here]* |
| 1. **Experience** *(max. 300 words) [Weighting 10%]*

Summarise relevant experience in the provision of mental health support to adults. If applicable, respondents are encouraged to focus on experience providing service navigation support, assessments, short-to-medium term episodes of care (including psychological interventions), peer services, and/or multidisciplinary teams. Respondents may also wish to detail experience providing supports relevant to their specific proposed service model outlined in Criterion 1. |
| *[Response here]* |
| 1. **Governance Structure and Systems** *(max. 350 words) [Weighting 15%]*

Describe the organisation’s existing governance structure and processes, and detail how these organisational factors will support the service to deliver high-quality care. Consider how these governance structures and systems impact accountability, decision-making, and reporting processes and enable risk identification, mitigation, and management. *Optionally,* respondents may also attach a graphic representation of their current organisational structure. This is limited to one A4 page, and all words must be names, titles, or team/area/project/service designations. Any additional words or descriptions in this organisational structure graphic will not be considered. Words in this graphic will not be counted towards the word limit for this Assessment Criterion, and it may be included as an attachment instead of using the RFP response form. This graphic or the written response must indicate where under any existing governance structure the Tuggeranong MMHC would be directly managed.  |
| *[Response here]* |
| 1. **Recruitment** *(max. 300 words and 1-page staffing profile) [Weighting 10%]*

Outline a proposed recruitment strategy, including estimated recruitment timelines and/or milestones and potential opportunities, barriers, and risks. This response must also include a proposed staffing profile that reflects the operational needs of the proposed service model outlined in Criterion 1, including service roles, relevant or preferred skills or qualifications, and FTE levels. Words in this profile will not be counted towards the word limit for this Assessment Criterion. The profile is limited to one A4 page and may be included as an attachment instead of using the RFP response form.  |
| *[Response here]* |
| 1. **Value for Money** *(max. 250 words) [Weighting 10%]*

Explain how the service proposal demonstrates value for money. Respondents are encouraged to consider what unique elements or qualities detailed in their application are evidence of value for money, and to note that ‘value’ can be defined in multiple ways (e.g., Economies of scale, cost per service, expertise, high-quality care, operational outputs, consumer outcomes, etc.). |
| *[Response here]* |
| **Part D: Assurances and Compliance** |
| 1. **Budget**

Applicants must also provide an itemised **operational budget** for the **2024-25 and 2025-26 financial years** that is cost-effective and adequately reflects resourcing required for proposed service delivery activities. This budget may be included as an attachment instead of using the RFP response form. Please ensure that:* Administrative costs are capped at a maximum of 14.5% of the proposed budget.
* Administration and service delivery costs are specifically defined and itemized where practical.
* All amounts included in the proposed budget must be GST-exclusive.

2024-2025 service delivery underspends are anticipated, and use of these underspends will be discussed with the successful provider. The itemised budget should realistically account for proposed service delivery capacity during this period and **should not include** resulting underspends in budgeting for future financial years. The itemised budget provided **should not include** establishment funding. An appropriate site in the Tuggeranong region has been identified by CHN and use of establishment funding scoped accordingly. CHN will work with the successful lead agency to further explore establishment requirements during the contract negotiation stage. This budget will be taken into account during review of the Assessment Criteria responses, but will not be scored or weighted. Proposed budgets do not necessarily represent commitments to final allocation and will be explored in detail with the successful lead agency.  |
| *[Response here]* |
| **Conflict of Interest** *(max. 250 words)*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).  |
| *[Response here]* |
| 1. **Risk management and mitigation strategies** *(max. 250 words)*

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 goods and/or services. |
| *[Response here]* |
| 1. **Insurance information:** Provide details of all relevant insurances maintained by the Applicant.
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| **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:** |
| 1. **Accreditation/Registration/Certification**:Provide relevant details as appropriate.
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| **Accreditation/Registration/Certification**  |  |
| **Accreditation/Registration/Certification** |  |
| **Standard/Obligation** |  |
| 1. **Referees**
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|  | **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** |  |