## **Request for Proposal (RFP) care finder program**

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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** |  |

**Please note:**

* **All responses are expected to be within the stated word limit and words beyond that limit will not be assessed.**
* **No more than a total of three A4 attachments will be reviewed in addition to responses in this form, inclusive of budget, any models/structures etc.**

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| 1. **Assessment Criteria** |
| * 1. Provide a detailed description of your proposed service delivery model that addresses the below. Include examples from services your organisation currently delivers. *(max. 1500 words)*   2. Location of the care finder base.   3. A detailed breakdown of your proposed workforce structure including roles, FTE, qualifications, experience, and areas serviced.   4. Approach to staff engagement, wellbeing, retention, safety and development.   5. How you propose to promote the care finder program.   6. The approach to reaching individuals within the target group including vulnerable population groups. Please include strategies for assertive outreach and engagement with appropriate referrers and ensuring culturally appropriate services.   7. Intake model, including any partnerships and ensuring people are connected with the appropriate care finder regardless of that being within your care finder team or from another provider.   8. Management of the client journey from end to end including communication channels (e.g. face to face, virtual etc).   9. Connecting clients with My Aged Care and other appropriate services including management of conflicts of interest (where your organisation provides aged care services).   10. Stakeholder engagement including referrers, the community, aged care and health sectors and other care finders, including opportunities for service and sector integration.   Word limit – 1500 words (30%) |
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| 1.2 **Experience** – Describe your organisation’s experience, expertise and capability to deliver this service.  Please include your experience in:   1. Delivering services to older Australians particularly those targeted by the care finder service. 2. Building and maintaining relationships and networks with stakeholders and other service providers. Provide examples of how you have worked with relevant stakeholders and how this will benefit the care finder service. 3. Delivering a service across a diverse footprint including strategies to engage and support the workforce.   Word limit – 600 words (20%) |
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| 1.3 **Care finder qualities and attributes** - Demonstrate your organisations experience in delivering service that is:   * 1. Trauma-informed, patient-centered, safe and inclusive support.   2. Significantly connected/ exposed to the targeted populations.   3. Has capacity to conduct assertive and intensive out-reach.   4. Demonstrative of a sufficient understanding of the complexity of needs and social temporal factors that shape people’s experience to access care, and the ablility to flexibly adapt to it.   5. Capable of building rapport with clients and other service providers to expand their network for intake.   Word limit – 500 words (20%) |
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| 1.4 **Organisational Capacity**   * + 1. Demonstrate your organisations’ capacity to mobilise and operate the service including (500-word limit):     2. Existing workforce, capacity to recruit and onboard new staff.     3. Organisational infrastructure to support service delivery.     4. Tools to measure & report on contract deliverables including data collection, and the reporting of outputs, outcomes, and impact. This should detail the methodologies used to maximise client survey completion rates.     5. Project and contract management.     6. Organisational governance.     7. Please provide examples of where you have successfully mobilised services of a similar scale/nature. (500-word limit)   Word limit – 1000 words (20%) |
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| 1.5 **Budget and Value for Money**  The RFP respondent must provide a detailed budget. In compiling your budget, ensure that   1. Administrative costs are capped at a maximum of 14.5% of proposed budget 2. Administration and service delivery costs should be specifically defined and itemised where practical.  All amounts included in the proposed budget must be GST-exclusive. 3. Resourcing required for establishment and delivery of the care finder program is adequately reflected 4. The budget is itemised, cost effective and has been developed in due consideration of the funding available as outlined in **Part B**.   Word limit n/a (10%), attachment may be included |
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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). (Please refer to section 10 of the care finder policy guidance to support your response). Word limit – 350 words | | | | | |
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| **2.2** **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:** | | | | | |
| **2.3 Accreditation/Registration/Certification**:Provide relevant details as appropriate. | | | | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Standard/Obligation** | | |  | | |
| **2.4 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 , D and E in the RFP document.
* 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** |  |