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

## **Commonwealth Psychosocial Supports Program (PAC123)**

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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 pages will be reviewed in addition to responses in this form, inclusive of budget, service models/structures, etc.**

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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.**   Provide a high-level overview/summary of the proposed service model for your psychosocial support service. The service model must address how your organisation intends to address:   * Providing non-clinical and recovery orientated service in partnership with people living with severe mental illness to achieve recovery goals; * Improving early intervention access to psychosocial support services, provide and manage equity in service availability and mental health outcomes for the target cohort through improved service coordination; * Optimising service throughput and reach across the ACT particularly in areas of high demand, such as the Belconnen and Gungahlin regions; * Coordinating planned and supported service exits from the beginning of client engagement.   Word limit – 850 words (weighting 25%) |
| *[Response here]* |
| 1. **Experience and Organisational Capacity**   Provide an overview that describes your organisations experience and ability in delivering evidence based psychosocial services that includes:   * Effective service provision of psychosocial supports to individuals experiencing severe mental health illness and associated functional impairment; * Undertaking capacity and strengths-based assessments to ensure access to appropriate supports to eligible consumers under a recovery focus and person-centered framework; * Providing service navigation support and linkages with other primary health and mental health services to support personal recovery goals; * Working with priority populations groups such as culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander people   Word limit – 350 words (20% weighting) |
| *[Response here]* |
| 1. **Service Integration and Relationships.**   Describe how your organisation will ensure that the proposed psychosocial supports service has identified avenues for the service to integrate, collaborate and develop relationships with key regional stakeholders. Your response should include how you intend to:   * Ensure that the supports do not lose sight of the need for short-term early intervention services so that a larger ACT cohort can access psychosocial supports. * Promote integration of the service with other primary care services to ensure connection to clinical services and to build capacity of the broader primary care services such as, but not limited to, GPs and Medicare Mental Health Centres * Improve visibility of your psychosocial support services, offerings and capacity to the ACT community   Word limit 350 (Weighting 20%) |
| *[Response here]* |
| 1. **Governance Structure and Systems**   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 service and data accountability, decision-making, reporting processes and to enable risk identification, mitigation, and management.  Word limit 350 (Weighting 15%) |
| *[Response here]* |
| 1. **Recruitment**   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.  Word limit 300 words (and 1 page staffing profile) Weighting 10% |
| *[Response here]* |
| 1. **Value for Money**   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.).  Word limit 250 (Weighting 10%) |
| *[Response here]* |
| 1. **Budget**   Applicants must also provide an itemised **operational budget** for the **2025-26 and 2026-27 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% of the proposed budget. * Administration and service delivery costs are specifically defined and itemised where practical. * All amounts included in the proposed budget must be GST-exclusive.   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 provider. |
| *[Response here]* |

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| **Part D: Assurances and Compliance** | | | | | |
| **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. | | | | | |
| **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. | | | | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Accreditation/Registration/Certification** | | |  | | |
| **Standard/Obligation** | | |  | | |
| 1. **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:**

|  |  |
| --- | --- |
| **Signature** |  |
| **Date** |  |
| **Name** |  |
| **Position** |  |