



# Request for Proposal (RFP)

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

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# Introduction

Capital Health Network (CHN) is the Primary Health Network (PHN) for the ACT. PHNs have been established by the Australian Government with the key objectives of:

- increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.





# **Part A: Reference Schedule**

Information in this Reference Schedule must be read in conjunction with **Part E** of this RFP.

Item 1	RFP Reference	PAC123				
Item 2	Key contact	Name: Rachael Baker				
	during RFP	Email: tenders@chnact.org.au				
	process					
Item 3	<b>Timetable</b> (may be changed by CHN in accordance with the Conditions of the RFP Process set out in E of this RFP)					
	RFP issued	Thursday, 10 July 2025				
	Deadline for Questions	5.00 pm Tuesday, 22 July 2025				
	<b>L</b>	Questions or requests for information <b>must</b> be submitted via <u>tenders@chnact.org.au</u> using the subject heading <b>PAC123 – Questions</b> .				
	Closing time and date	5.00 pm Tuesday, 29 July 2025.				
Item 4	Lodgement					
	Lodgement	Responses must be submitted on Request for Proposal template				
	instructions	provided and emailed <u>PDF</u> to <u>tenders@chnact.org.au</u>				
		Email subject line to include: PAC0123 RFP [respondent name or organisation].				
		All responses must respond to the Statement of Requirements (Part B) in consideration of the assessment criteria (Part C), compliance and assurance requirements (Part D) and the standard Conditions of the RFP Process (Part E).				
		No additional attachments will be considered for this application other than those specified within the RFP Response Form.				
Item 5	Additional materials and information	The following additional materials have been made available to prospective respondents:				
		Commonwealth Psychosocial Support: Program				
		Guidance   Australian Government Department of				
		Health, Disability and Ageing				
		Additional materials and information should be considered by the reader alongside this Request for Proposal.				





Item 6	Additional Rules	<ul> <li>Where relevant, applicants must adhere to relevant national serving safety and quality health standards and guidelines, and the following:         <ul> <li>National Aboriginal and Torres Strait Islander Health Plan 2021–2031   Australian Government Departmentof Health and Aged Care for Aboriginal and Torres Strait Islander Health.</li> <li>The National Redress Scheme Grant Connected Policy (making non-government institutions named in application to the Scheme, or in the Royal Commission into Institution Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding)</li> <li>Commonwealth Child Safe Framework</li> </ul> </li> </ul>		





# **Part B: Statement of Requirements**

#### **Overview of Program**

The Commonwealth Psychosocial Support (CPS) Program supports adults with severe mental health illness and associated psychosocial functional impairment, who are not accessing similar supports through the National Disability Insurance Scheme (NDIS) or state and territory-based programs.

Psychosocial supports are non-clinical community-based supports that aim to facilitate recovery in the community for people living with mental health challenges through a range of services to help people manage daily activities, rebuild and maintain connects, build social skills and participate in education and employment.

Services provided under the CPS Program should be complementary to those available within the region through other government funded psychosocial initiatives and mental health programs, with a recovery and person-centred focus.

#### **Problem Statement**

The Commonwealth Psychosocial Support Program (CPSP) is intended to provide non-clinical short-term, low intensity support to consumers with severe mental illness who are not accessing services under the National Disability Insurance Scheme (NDIS) or state and territory led programs. CPSP is designed for people who 'are not receiving similar psychosocial supports through a state or territory government program or the NDIS". Additional (NDIS) support can be provided if deemed appropriate following a support plan review.

There is strong evidence that psychosocial support services play an important role in connection with clinical support in enabling people with moderate to severe mental illness to manage the challenges of day to day living and achieve better outcomes and stability. As many as 8,940 individuals in the ACT require, but are not receiving, psychosocial support services according to the Evaluation of Psychosocial Services undertaken by the Health Policy Analysis report on Unmet Need for Psychosocial Supports outside of the National Disability Insurance Scheme Final Report, 2024. This comprised of 4,160 with moderate illness and 4,330 with severe mental illness.

The CPSP service objective is for early intervention, non-clinical, low intensity support. The successful applicants will be required to ensure visibility of their psychosocial support services and how they will integrate and work with other primary care and mental health services, particularly clinical services. This will ensure that services are optimising throughput to enable equity in access and the unmet need of psychosocial supports in the ACT.

## Key Objectives and services required

The successful applicants will be required to develop, establish and provide psychosocial support service in the ACT. This will include ensuring that the service meets all the requirements under the Commonwealth Psychosocial Support Program Guidance (June 2025).





Psychosocial supports will be non-clinical, and recovery orientated and should aim to:

- increase functional capacity to live independently in the community
- reduce the need for acute mental health services
- increase connection and reduce isolation
- increase knowledge and skills
- increase engagement in daily activities, relationships and the community
- improve or stabilise mental health and wellbeing
- improve self-confidence and independence
- move towards personal recovery goals, and
- support access to appropriate supports, including the NDIS where appropriate.

To achieve the aims of the program you will be required to:

Liaise with consumers, carers, service providers, primary health care providers and NDIS LACs to ensure complementary and flexible service delivery.

Establish arrangements for referrals to, and communication about CPS Program services.

Complete capacity and strengths-based assessments with consumers to consistently determine suitability, support needs and ensure services are tailored to the strengths and needs of each individual.

Complete individualised support plans for each consumer, based on the assessment and determination of eligibility.

Develop and implement appropriate exit strategies that support recovery and program throughput.

Provide service navigation support to provide information, advice and referral assistance to consumers, their families and carers.

Provide support to CPS Program consumers to discretely test or re-test their eligibility for the NDIS where they are assessed as requiring ongoing and higher levels of services.

Outcomes and key performance indicators:

The required outcomes and KPIs for the CPS program listed below are not finalised and are subject to service model amendments and inclusions during the contract drafting and negotiations between the CHN preferred lead agency.





Intended outcomes	Indicators to achieve outcomes	Reportable Outputs
There are strong linkages	The number of referrals from CPSP	
with primary care and other	to external services	
mental health services		
	The number of clients supported	
	by service navigation support	
	activities	
	Number of unique clients who	
	accessed and exited services	
	Number of unique clients requiring	
	longer term support	
Clear, transparent and	Number of referrals waitlisted	
proactive waitlist		
management	Number reviewed	
Comice weeks boye a positive	Service user satisfaction is	000/ magitive
Service users have a positive		80% positive
experience of the service	routinely undertaken with service	endorsement on routine service user
	user positively endorsing the	
	service.	satisfaction surveys
	Data source: Performance Reports	(target)
		1000/
Service data accurately	Monthly PHMC-MDS reports are	100% compliance
reflects service usage.	uploaded to the PMHC-MDS portal	
	consistent with the specifications	
	located at: https://docs.pmhc-	
	mds.com/user-	
	documentation/index.html	

# **Anticipated timeframes**

This procurement activity will be undertaken in accordance with the below timeframes:

# Stage 1 - Request for Proposals:

- Procurement to commence by: Thursday, 10 July 2025
- End of period for questions or requests for information: 5.00 pm, Tuesday 22 July 2025
- Proposals closes: 5.00pm, Tuesday 29 July 2025





# Stage 2 - Review of Submissions:

- Review of proposals by: mid July 2025
- Engagement with top 1-3 respondents, as appropriate (early August 2025)
- Preferred Lead Agency identified by: 11 August 2025

# Stage 3 - Contract Negotiation:

• Contract negotiation finalised by: 15 August 2025

# Stage 4 - Establishment:

• Establishment and transition from: Late August - September 2025

# Stage 5 - Services Commence:

• Service delivery to commence: 1 October 2025

# Service Agreements and Deliverable/Reporting Requirements

Services Orders will commence on execution of the agreement and continue until 30 June 2027. Indicative deliverable requirements are detailed below. These will be finalised during contract negotiation.

Deliverable	Timeframe
Service Model documents and associated Operational Guidelines	Within one month of contract execution date
Outcomes Framework	Within one month of contract execution date
Marketing and Communications Plan	Within one month of contract execution date
Commencement of Service Delivery	Within one month of Service Model and Outcomes Framework documentation
Performance and Financial Acquittal reporting	Six-monthly
Status meetings and reporting	Fortnightly until service delivery implementation; thereafter bimonthly
PMHC-MDS reports uploaded to the PMHC-MDS portal, consistent with the specifications located at: https://docs.pmhc-mds.com/user-documentation/index.html	Monthly





# **Anticipated Service Budget**

Funding will be made available following the execution of a relevant services order (contract) until 30 June 2027. The amount of funding (exclusive of GST) available is:

	2025-26	2026-27	Total
Service Delivery	\$ 400,505.09	\$ 818,627.99	\$1,219,133.08
Administration	\$ 70,677.37	\$ 144,463.76	\$ 215,141.13
TOTAL	\$ 471,182.46	\$ 963,091.75	\$1,434,274.21

This funding will be budget in accordance with the following splits:

- Service Delivery 85%
- Administration Costs 15%





# 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.

Assessment Criteria	Weighting
1. Local Service Model (max. 850 words)	25%
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:	
<ul> <li>Providing non-clinical and recovery orientates service for people with severe mental illness so that can recover and live safely in the community;</li> <li>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;</li> <li>Optimising service throughput and reach across the ACT and in areas of high demand, such as the Belconnen and Gungahlin regions;</li> <li>Coordinating planned and supported service exits from the beginning of client engagement.</li> </ul>	
2. Experience and Organisational Capacity (max. 350 words) Provide an overview that describes your organisations experience and ability in delivering evidence based psychosocial services that includes:	20%
<ul> <li>Effective service provision of psychosocial supports to individuals experiencing severe mental health illness and associated functional impairment;</li> <li>Undertaking capacity and strengths-based assessments to ensure access to need appropriate supports to eligible consumers under a recovery focus and person-centered framework;</li> <li>Providing service navigation support and linkages with other primary health and mental health services to support personal recovery goals;</li> <li>Working with priority populations groups such as culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander people.</li> </ul>	





<ul> <li>3. Service integration and Relationships (max. 350 words)</li> <li>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: <ul> <li>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.</li> <li>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</li> <li>Improve visibility of your psychosocial support services, offerings and capacity to the ACT broader ACT community</li> </ul> </li> <li>4. Governance Structure and Systems (max. 350 words)</li> <li>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,</li> </ul>	20%
<ul> <li>early intervention services so that a larger ACT cohort can access psychosocial supports.</li> <li>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</li> <li>Improve visibility of your psychosocial support services, offerings and capacity to the ACT broader ACT community</li> <li>Governance Structure and Systems (max. 350 words)</li> <li>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,</li> </ul>	
<ul> <li>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,</li> </ul>	
mitigation, and management.	15%
<b>5. Recruitment</b> (max. 300 words and 1 page staffing profile)  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.	10%
<b>6. Value for Money</b> - explain how your proposal and pricing principles demonstrate value for money. If you are an existing service provider in the ACT, how will you leverage economies of scale to deliver efficiencies and ensure value for money? (max. 250 words)	10%





# 7. Budget and Value for Money

- 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 15% 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.

	2025-26	2026-27	Total
Service Delivery	\$ 400,505.09	\$ 818,627.99	\$1,219,133.08
Administration	\$ 70,677.37	\$ 144,463.76	\$ 215,141.13
TOTAL	\$ 471,182.46	\$ 963,091.75	\$1,434,274.21





# Part D: Additional Requirements, Assurance and Compliance

Considerations	-			-	
Additional Requirements	3				

# **Assurances and Compliance**

The following information should be included in your response to the RFP (space provided in RFP Response Form):

- a. Conflict of Interest
- b. Insurances
- c. Accreditation/Registration certification (as appropriate)
- d. Referees to support application





# Part E: Conditions of the RFP Process

# 1. Application of these rules

Participation in the RFP Process is subject to compliance with the rules contained in this **Part E**.

All persons (whether or not they submit an RFP) having obtained or received this RFP may only use it, and the information contained in it, in compliance with the rules set out in this **Part E**.

All Respondents are deemed to accept the rules contained in this Part E.

The rules contained in this **Part E** of the RFP apply to:

- a. the RFP and any other information given, received or made available in connection with the RFP including any additional materials specified in **Reference Schedule (Part A)** and any revisions or addenda,
- b. the RFP Process, and
- c. any communications (including any Briefings, presentations, meetings or negotiations) relating to the RFP or Process.

#### 2. Structure of Request for Proposal

This RFP consists of the following parts:

**Introduction** – contains an overview of the opportunity presented in, and the objectives of, this RFP.

Part A – Reference Schedule

**Part B - Statement of Requirements** describes the Goods and/or Services in respect of which CHN invites proposals from invited suppliers.

Part C - Assessment Criteria

Part D – Additional Requirements, Assurance and Compliance Considerations

**Part E - Conditions of the RFP Process** sets out the rules applying to the RFP documents and to the Process. These rules are deemed to be accepted by all Respondents and by all persons having received or obtained the RFP.

# 3. Request for Proposal

#### 3.1 Status of RFP

This RFP is not an offer. It is an invitation for potential Suppliers to submit a proposal for the provision of the Goods and/or Services set out in the Statement of Requirements contained in Part B of this RFP.

Nothing in this RFP is to be construed as creating any binding contract for the supply of the Goods and/or Services (express or implied) between CHN and any Respondent until CHN and a Respondent enter into a final, binding contract.





#### 3.2 Accuracy of RFP

While all due care has been taken in connection with the preparation of this RFP, CHN does not warrant the accuracy of the content of the RFP and CHN will not be liable for any omission from the RFP.

#### 3.3 Additions and amendments

CHN reserves the right to change any information in or to issue addenda to this RFP.

#### 3.4 Representations

No representation made by or on behalf of CHN in relation to the RFP (or its subject matter) will be binding on CHN unless that representation is expressly incorporated into any contract(s) ultimately entered into between CHN and a Respondent.

# 3.5 Licence to use and Intellectual Property Rights

Suppliers obtaining or receiving this RFP and any other documents issued in relation to this RFP may use the RFP and such documents only for the purpose of preparing a proposal.

Such Intellectual Property Rights as may exist in the RFP and any other documents provided to Respondents by or on behalf of CHN in connection with the Process are owned by (and will remain the property of) CHN except to the extent expressly provided otherwise.

## 1.3 Availability of additional materials

Additional materials (if any) may be accessed in the manner set out in the **Reference Schedule** (Part A).

# 4. <u>Communications during the RFP Process</u>

## 4.1 Key contact

All communications relating to the RFP and the Process must be directed to the Key Contact by email to <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a>

## 4.2 Requests for clarification or further information

Any communication by a Respondent to CHN will be effective upon receipt by the Key Contact (provided such communication is in the required format).

CHN may restrict the period during which it will accept questions or requests for further information or for clarification and reserves the right not to respond to any question or request, irrespective of when such question or request is received.

Except where CHN is of the opinion that issues raised apply only to an individual Respondent, questions submitted and answers provided will be made available to all potential Suppliers via email from <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a> at the same time without identifying the person or organisation having submitted the question.

A Respondent may, by notifying the Key Contact in writing, withdraw a question submitted in accordance with this **section 4.2**, and only if the question remains unanswered at the time of the request.





# 1.4 Improper assistance

Respondents must not seek or obtain the assistance of Directors, employees, agents, contractors or service providers (with respect to this RFP) of CHN in the preparation of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has sought or obtained such assistance.

#### 4.3 Anti-competitive conduct

Respondents and their respective officers, employees, agents and advisers must not engage in any collusion, anti-competitive conduct or any other similar conduct with any other Respondent or any other person in relation to the preparation, content or lodgement of their proposal. In addition to any other remedies available to it under law or contract, CHN may, in its absolute discretion, immediately disqualify a Respondent that it believes has engaged in such collusive or anti-competitive conduct.

#### 4.4 Complaints about the RFP Process

Any complaint about the RFP Process must be submitted to the Key Contact in email to <a href="mailto:tenders@chnact.org.au">tenders@chnact.org.au</a> immediately upon the cause of the complaint arising or becoming known to the Respondent. The written complaint statement must set out:

- a. the basis for the complaint (specifying the issues involved)
- b. how the subject of the complaint (and the specific issues) affect the person or organisation making the complaint
- c. any relevant background information, and
- d. the outcome desired by the person or organisation making the complaint.

#### 5. <u>Submission of Proposals</u>

# 5.1 Lodgement

Respondent proposals must be lodged only by the means set out in the **Reference Schedule** (Part A).

#### 5.2 Late proposals

Proposals must be lodged by the Closing Time set out in the **Reference Schedule (Part A)**. The closing time may be extended by CHN in its absolute discretion.

Proposals lodged after the closing time or lodged at a location or in a manner that is contrary to that specified in this RFP will be disqualified from the Process and will be ineligible for consideration, except where the Respondent can clearly demonstrate (to the reasonable satisfaction of CHN) that late lodgement of the proposal:

- a. resulted from the mishandling of the Respondent proposal by CHN; or
- b. was hindered by a major incident and the integrity of the Process will not be compromised by accepting a proposal after the closing time.





The determination of CHN as to the actual time that a proposal is lodged is final. Subject to **Section (a) and (b)** above, all proposals lodged after the closing time will be recorded by CHN, and will only be processed for the purposes of identifying a business name and address of the Respondent. CHN will inform a Respondent whose proposal was lodged after the closing time of its ineligibility for consideration.

#### 6. RFP documents

#### 6.1 Format and contents

Respondents must ensure that:

- a. their proposal is presented on the required template, and
- b. all the information fields in the RFP template are completed and contain the information requested
- c. links to websites or online documents must not be included in the proposal as they will not be reviewed by CHN.

CHN may in its absolute discretion reject a proposal that does not include the information requested or is not in the format required.

Unnecessarily elaborate proposals beyond what is sufficient to present a complete and effective RFP are not desired or required.

Word limits where specified should be observed and CHN reserves the right to disregard any parts of the proposal exceeding the specified word limit.

Respondents should fully inform themselves in relation to all matters arising from the RFP, including all matters regarding CHN's requirements for the provision of the Goods and/or Services.

## 1.5 Illegible content, alteration and erasures

Incomplete proposals may be disqualified or evaluated solely on the information contained in its proposal.

CHN may disregard any content in a proposal that is illegible and will be under no obligation whatsoever to seek clarification from the Respondent.

CHN may permit a Respondent to correct an unintentional error in its proposal where that error becomes known or apparent after the Closing Time, but in no event will any correction be permitted if CHN reasonably considers that the correction would materially alter the substance of the proposal.

#### 6.2 Obligation to notify errors

If, after a proposal has been submitted, the Respondent becomes aware of an error in the proposal (excluding clerical errors which would have no bearing on the assessment of the proposal) the Respondent must promptly notify CHN of such error.





#### 6.3 Preparation of proposals

CHN will not be responsible for, nor pay for, any expense or loss that may be incurred by Respondents in the preparation of their proposal.

# 6.4 Disclosure of Respondent contents and information

All proposals will be treated as confidential by CHN. CHN will not disclose proposal contents and information, except:

- a. as required by Law
- b. for the purpose of investigations by the Australian Competition and Consumer Commission (ACCC) or other government authorities having relevant jurisdiction
- c. to external consultants and advisers CHN engaged to assist with the Assessment Process
- d. to other government departments or agencies in connection with the subject matter of the related Commonwealth programme or Process, or
- e. general information from proposals required to be disclosed by government policy.

CHN does however, reserve the rights to benchmark costings against relevant industry standards and across other primary health network organisations.

## 6.5 Use of proposals

Each Respondent, by submission of their proposal, is deemed to have licensed CHN to reproduce the whole, or any portion, of their proposal for the purposes of enabling CHN to evaluate the proposal.

#### 6.6 Withdrawal of proposal

A Respondent who wishes to withdraw a proposal previously submitted by it must immediately notify CHN of that fact. Upon receipt of such notification, CHN will cease to consider that proposal.

# 7. Capacity to comply with Statement of Requirements

**Part B** of this RFP gives a statement of CHN requirements with regard to the Goods and/or Services the subject of this RFP. It will be assumed that each Respondent will be capable of providing all of the Goods and/or Services in full. Where Respondents believe they will not be capable of providing all the Goods and/or Services in full or will only comply with the Statement of Requirements subject to conditions, they should either not apply or set out any potential limitations in their proposal.

#### 8. Assessment of proposals

# 8.1 Assessment process

Following the Closing Time, CHN intends to evaluate all proposals received.

Proposals will be evaluated against the Assessment Criteria specified in Part B of the RFP.

# 8.2 Clarification of proposal

If, in the opinion of CHN, a proposal is unclear in any respect, CHN may in its absolute discretion, seek clarification from the Respondent. Failure to supply clarification to the satisfaction of CHN may render the proposal liable to disqualification.





CHN is under no obligation to seek clarification to a proposal and CHN reserves the right to disregard any clarification that CHN considers to be unsolicited or otherwise impermissible in accordance with the rules set out in this **Part E**.

#### 9. Next stage

#### 9.1 Options available to CHN

After assessment of all proposals, CHN may, without limiting other options available to it, do any of the following:

- a. prepare a shortlist of Respondents and invite further response to the RFP from those Respondents,
- b. prepare a shortlist of Respondents and call for tenders for Goods and/or Services or any similar Goods and/or Services,
- c. call for tenders from the market generally for the Goods or Services or any similar or related goods or services,
- d. enter into pre-contractual negotiations with one or more Respondents without any further need to go to tender,
- e. decide not to proceed further with the RFP or any other procurement process for the Goods or Services,
- f. commence a new process for calling for proposals on a similar or different basis to that outlined in this invitation, or
- g. terminate the process at any time.

#### 9.2 No legally binding contract

No legal relationship will exist between CHN and a shortlisted Respondent relating to the supply of the Goods or Services unless and until such time as a binding contract is executed by them.

#### 2 Additional rules

Any rules governing this Request for proposal Process in addition to those set out in this **Part E**, are set out in the **Reference Schedule (Part A)**.

# 10. Respondent warranties

By submitting a proposal, a Respondent warrants that:

- a. in lodging its proposal it did not rely on any express or implied statement, warranty or representation, whether oral, written, or otherwise made by or on behalf of CHN, its officers, employees, agents or advisers other than any statement, warranty or representation expressly contained in the RFP documents,
- b. it did not use the improper assistance of CHN employees or information unlawfully obtained from CHN in compiling its proposal,





- it has examined this RFP, and any other documents referenced or referred to herein, and any other information made available in writing by CHN to Respondents for the purposes of submitting a proposal,
- d. it has sought and examined all necessary information which is obtainable by making reasonable enquiries relevant to the risks and other circumstances affecting its proposal,
- e. it has otherwise obtained all information and advice necessary for the preparation of its proposal,
- f. it is responsible for all costs and expenses related to the preparation and lodgement of its proposal, any subsequent negotiation, and any future process connected with or relating to the RFP Process,
- g. it otherwise accepts and will comply with the rules set out in this Part E of the RFP,
- h. it will provide additional information in a timely manner as requested by CHN to clarify any matters contained in the proposal, and
- i. it is satisfied as to the correctness and sufficiency of its proposal.

# 11. CHN rights

Notwithstanding anything else in this RFP, and without limiting its rights at law or otherwise, CHN reserves the right, in its absolute discretion at any time, to:

- a. vary or extend any time or date specified in this RFP for all or any Respondents or other persons, or
- b. terminate the participation of any Respondent or any other person in the Process.

# 12. Governing law

This RFP and the Process is governed by the laws applying in the Australian Capital Territory.

Each Respondent must comply with all relevant laws in preparing and lodging its proposal and in taking part in the Process.

#### 13. <u>Interpretation</u>

#### 14.1 Definitions

**Respondent** means an organisation that submits a proposal.

**Briefing** means a meeting (the details of which are specified in the **Reference Schedule**) that may be held by or on behalf of CHN to provide information about the RFP and the Process.

**Capital Health Network (CHN)** means the organisation responsible for the RFP and the Process.

Closing Time means the time specified as such in the Reference Schedule by which proposals must be received.





**Proposal(s) and/or Response(s)** means a document lodged by a Respondent in response to this RFP containing a proposal to provide Goods and/or Services sought through this Process.

**RFP Process** means the process commenced by the issuing of RFP and concluding upon formal announcement by CHN of the selection of shortlisted Respondent(s) or upon the earlier termination of the process.

Assessment Criteria means the criteria set out in Part C of the RFP.

**Goods** means the goods or other products required by CHN, as specified in **Part B** of this RFP.

**Intellectual Property Rights** includes copyright and neighbouring rights, and all proprietary rights in relation to inventions (including patents) registered and unregistered trademarks (including service marks), registered designs, confidential information (including trade secrets and know how) and circuit layouts, and all other proprietary rights resulting from intellectual activity in the industrial, scientific, literary or artistic fields.

Request for Proposal (RFP) means this document (comprising each of the Parts A, B, C, D and E) and any other documents so designated by CHN.

**Statement of Requirements** means the statement of CHN requirements contained in **Part B** of this RFP.

**Reference Schedule** means the schedule so designated forming part of **Part A** of the RFP. **Services** means the services required by CHN, as specified in **Part B** of this RFP.

#### 14.2 Instruction

In this RFP, unless expressly provided otherwise a reference to:

- "includes" or "including" means includes or including without limitation, and
- "\$" or "dollars" is a reference to the lawful currency of the Commonwealth of Australia, and
- if a word and/or phrase is defined its other grammatical forms have corresponding meaning.