

Request for Proposal (RFP)

Healthy Ageing Early Intervention, Frailty (PAC095)

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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.

Older Australians are a diverse group, with different ages, socioeconomic backgrounds, life experiences and lifestyles. These factors all influence the ageing process and affect Australians' health and wellbeing.

CHN has received funding from the Department of Health, Disability and Ageing (DHDA) to commission early intervention initiatives to support healthy ageing and the management of chronic conditions for people residing in the community, aged 65 and over or Aboriginal and Torres Strait Islander people aged 50. The funding aims to support the maintenance of their quality of life in the community for longer and avoid preventable hospitalisations. This funding also supports collaboration on activities with general practitioners and other primary health care workers, contributing to improved health outcomes for older people.

This funding is not an ongoing funding source. Therefore, consideration of sustainability and/or impact on activities beyond the funding period needs to be considered and included within the application.

Part A: Reference Schedule

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

Item 1	RFP Reference	PAC095
Item 2	Key contact during RFP process	Name: Hope McMahon Email: tenders@chnact.org.au
Item 3	Timetable (may be changed by CHN in accordance with the Conditions of the RFP Process set out in Part E of this RFP)	
	RFP issued	Tuesday, 3 March 2026
	Deadline for Questions	5.00 pm Wednesday, 11 March 2026 <i>Questions or requests for information must be submitted via tenders@chnact.org.au using the subject heading PAC095 – Questions.</i>
	Closing time and date	5.00 pm Wednesday, 18 March 2026
Item 4	Lodgement	
	Lodgement instructions	<p>Responses must be submitted on Request for Proposal template provided and emailed PDF to tenders@chnact.org.au</p> <p>Email subject line to include: PAC095 RFP [respondent name or organisation].</p> <p>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).</p>
Item 5	Additional materials and information	<p>The following additional materials have been made available to prospective respondents:</p> <ol style="list-style-type: none"> https://www.chnact.org.au/wp-content/uploads/2025/01/8.-Older-adults-health.pdf ICHOM Older Person Standard Set Measuring Outcomes <p><i>Additional materials and information should be considered by the reader alongside this Request for Proposal.</i></p>
Item 6	Additional Rules	<p>Where relevant, applicants must adhere to relevant national service safety and quality health standards and guidelines, and the following:</p> <ul style="list-style-type: none"> National Aboriginal and Torres Strait Islander Health Plan 2021–2031 Australian Government Department of Health and Aged Care for Aboriginal and Torres Strait Islander Health. The National Redress Scheme Grant Connected Policy Commonwealth Child Safe Framework; and Compliant with the National Child Safe Principles Relevant peak body registration and/or AHPRA registration as required

Part B: Statement of Requirements

Overview of Program

Capital Health Network (CHN) will commission early-intervention services that support older people (≥65 years) and Aboriginal and Torres Strait Islander people (≥55 years) who have been identified as frail or pre-frail using validated screening tools. The program aims to enable older people to live safely and independently at home for as long as possible by preventing, slowing, or managing frailty progression, reducing avoidable deterioration, and minimising potentially preventable hospital presentations.

This activity aligns with DHDA funding requirements to support healthy ageing, strengthen chronic disease management, and reduce pressure on local health services. Commissioned activities must be evidence-informed, person-centred, accessible, and responsive to the physical, cognitive, psychological, and social needs of older people living in the community.

CHN is seeking proposals from allied health and community-based providers delivering services aligned to the following priority early-intervention domains:

1. Physical activity

(e.g., physiotherapy, exercise physiology, mobility and balance programs)

2. Nutrition support

(e.g., malnutrition prevention, dietary planning, support for appetite, weight change, or chronic disease)

3. Psychosocial and mental health support

(e.g., social work, counselling, mental health support, loneliness and social isolation interventions, navigation and connection to community supports)

4. Medication management and polypharmacy risk reduction

(e.g., home medication reviews, deprescribing support, medication education)

Providers may apply for a minimum of two or more priority domains. Proposed activities should promote healthy ageing, strengthen functional capacity, support chronic condition self-management, and address modifiable factors that contribute to frailty progression, including mobility limitations, mental health concerns, nutritional risk, or medication-related harm.

Providers will work collaboratively with selected general practices, GPs and other allied health or community organisations, using shared care planning, case conferencing, and warm referrals where required to ensure integrated, person-centred care.

Providers should deliver interventions aligned to the client's frailty level. Pre-frail clients will typically receive lower-intensity, preventative interventions. Clients identified as frail will require

more intensive, multidisciplinary support, which may be delivered over a longer period and be more tailored to individual needs. Providers should propose how they will structure and deliver tiered interventions while maintaining flexibility to meet individual needs.

Commissioned providers should also demonstrate how their proposed activities will respond to the social determinants of health to ensure equitable access and effective outcomes for older people. This includes nutrition and food security, education and health literacy, environmental and location barriers, income and cost barriers, and social inclusion/connection.

Commissioned providers will be expected to:

- Deliver timely, culturally safe, and accessible early-intervention services to prevent, slow, or manage frailty in the ACT target population.
- Develop individualised care activities in collaboration with the older person and their carer/family, with a focus on frailty prevention or management and health education.
- Provide short-term interventions typically delivered over 8–16 weeks, with flexibility to extend up to 6 months where appropriate.
- Collaborate with GPs and other selected allied/community health providers to ensure coordinated and multidisciplinary care.
- Address barriers to accessing care by offering a range of services through flexible formats (e.g. home-based, community/outreach, telehealth, or travel support if delivered onsite at the service).
- Participate in monitoring, reporting, and evaluation activities using agreed PREMs, PROMs, and frailty-related outcome measures.

Problem Statement

Frailty is a common and serious issue affecting a significant proportion of older Australians, with national estimates suggesting up to 25% of people aged 70+ years, experience frailty. It is strongly associated with increased falls, reduced mobility, unplanned hospitalisations, premature admission to residential aged care, and higher mortality. Frailty also contributes to poor quality of life, depression, cognitive decline, and experiences of loneliness and isolation, further compounding health risks and functional decline.

Research indicates the estimated national prevalence of frailty and pre-frailty among adults aged 65 years and over is 21% and 48%, respectively. While publicly available ACT-specific frailty data are limited, Capital Health Network's Needs Assessment Older Persons Health (Chapter 8, pp. 12–14) highlights significant indicators of vulnerability among the ACT's older population. In 2022–23, there were 2,946 potentially preventable hospitalisations (PPHs) among people aged 65 years and over, with the highest numbers in Belconnen (n=816) and Tuggeranong (n=661).

Older people in the ACT are almost three times more likely to experience a hospitalisation that could potentially have been prevented with timely, coordinated primary health care. The leading contributors to these PPHs are complications associated with chronic conditions,

followed by acute conditions, both of which are closely linked with frailty risk and progression. Effective early-intervention approaches can significantly reduce functional decline, improve wellbeing, and enable older people in the ACT to remain active and independent for longer.

Key Objectives

The objectives of this funding that Service Provider will be contributing to are as follows:

- Prevent, delay, or reduce frailty progression by strengthen physical, cognitive, nutritional, psychosocial, and functional capacity in older people who are frail or pre-frail, reducing avoidable deterioration, risk of potentially preventable hospitalisations, and maintaining independence at home for as long as possible.
- Deliver targeted person-centred interventions that improve physical function, nutrition, psychological wellbeing, and medication safety, helping older people maintain independence, minimise deterioration, enhance daily functioning, and contribute to improved overall quality of life.
- Strengthen access to safe, culturally appropriate early-intervention services by ensuring older people in target population receive appropriate, timely, and culturally safe allied health and community-based care to prevent, slow, or manage frailty.
- Promote coordinated, multidisciplinary care through improved communication and care continuity between selected providers, including GPs, allied health professionals, community services, carers, and families, to support holistic and integrated management of frailty. This could include shared referral pathways, care plans, and case conferencing to ensure consistent, integrated care.
- Enhance self-management and health literacy in older people, their families, and carers providing them with knowledge, skills, and confidence to manage chronic conditions, maintain functional ability, adopt healthy ageing practices, and make informed decisions about their health.
- Collect and report consistent PREMs, PROMs, functional and frailty-related outcome measures to inform ongoing service improvement, effectiveness of the program, and system-wide efforts to support healthy ageing.

Anticipated timeframes

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

Stage 1 - Request for Proposals:

- Procurement to commence by: Tuesday 3 March 2026
- End of period for questions or requests for information: 5.00 pm, Wednesday, 11 March 2026
- Proposals closes: 5.00pm, Wednesday, 18 March 2026

Stage 2 - Review of Submissions:

- Review of proposals by: 2 April 2026
- Preferred Provider identified by: 10 April 2026

Stage 3 - Contract Negotiation:

- Contract negotiation finalised by: 20 April 2026

Stage 4 - Establishment:

- Establishment from: 1 May 2026

Stage 5 - Services Commence:

- Services to commence: 1 June 2026

Services Required

Commissioned providers must deliver early-intervention frailty services that assist older people to maintain function, independence, and wellbeing through multidisciplinary, evidence-informed activities. All services must be delivered in the ACT, be person-centred, culturally safe, accessible, and provided in collaboration with CHN, GPs, and other selected allied health or community providers.

Providers must design and deliver services that:

- Are intended for older people living in the community, with a focus on preventing, delaying, and managing frailty, reducing avoidable deterioration, reducing potentially preventable hospitalisations, and supporting independence at home for as long as possible.
- Align with Capital Health Network's 2024–2027 Needs Assessment and Activity Work Plans.
- Understand the social determinants of health and minimise barriers to access, including mobility, transport, digital literacy, cultural safety, and language needs.
- Demonstrate the capability to deliver high-quality, measurable early-intervention services using validated assessment tools (e.g. FRAIL Scale, PROMIS-29+2, 5-times sit-to-stand, grip strength, and other relevant functional measures).
- Include a clear strategy for client recruitment, engagement, and retention, with proposed measurable participation targets, retention expectations, and communication/marketing approaches.
- Establish or participate in collaborative partnerships with GPs and other selected service providers to support integrated care pathways and reduce barriers to accessing the program.
- Create sustainable improvements in the health and wellbeing of older people beyond the period of direct service delivery.

To meet these expectations, providers will be required to:

- Accept referrals from GPs, allied health services or other approved referrers, based on validated frailty screening results (pre-frail or frail) and confirm suitability for service.
- In addition to external referrals, providers are expected to actively support recruitment and engagement of eligible older people by implementing a clear client recruitment, engagement, and retention strategy. This strategy should include measurable participation targets, proposed retention durations, and communication/marketing approaches designed to reach priority populations and minimise barriers to access.

- Deliver targeted interventions within one or more of the four priority domains (physical activity; nutrition support; psychosocial and mental health support; medication management).
- Provide short-term interventions, typically 8–16 weeks, with flexibility to extend up to 6 months where appropriate and aligned to frailty severity. Adjust intervention intensity based on clinical need and screening results.
- Communicate regularly with GPs and other relevant allied/community providers to ensure integrated, consistent, and multidisciplinary care, including shared care plans and case discussions as required.
- Offer services in multiple formats (e.g., home-based, clinic-based, outreach, community locations, and telehealth) to maximise accessibility.
- Demonstrate culturally safe practice, particularly for Aboriginal and Torres Strait Islander clients.
- Collect and report required data, including frailty screening outcomes, PROMs, PREMs, functional measures, and service activity, to CHN for monitoring, evaluation, and reporting. There is a minimum requirement for the implementation of PROMIS-29+2, 5-times sit-to-stand, grip strength tools, other Older Person ICHOM patient-centered outcome measures are encouraged.

In-scope activity/activities

- Design and delivery of targeted interventions within the four priority domains (physical activity, nutrition, psychosocial and mental health, and medication management) to prevent, slow, or manage frailty, support chronic disease management, reduce deterioration, avoid potentially preventable hospital admissions, and improve health outcomes.
- Support collaborative multidisciplinary care, including participation in care coordination tasks directly related to client progress (e.g., communication with GPs, participation in CHN-facilitated MDT discussions, shared care planning).
- Connecting and referring older people to other necessary psychosocial, health, social, and welfare supports when additional needs are identified.
- Providing education to participant, family members, or carers about managing the health of the older person, relevant to the provider's domain of practice
- Delivering services in flexible formats, including home-based, clinic-based, outreach, community settings, or telehealth, to reduce access barriers at no cost to the participants.
- Using culturally safe practices and providing adaptations or tailored approaches for Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, and LGBTQIA+ clients.

Out-scope activity/activities

- Services that are remunerable through Medicare, including GP services and other MBS-funded items
- Social or recreational activities already provided by other services in the ACT, unless they form part of a clinically relevant frailty intervention or supported referral.
- Disability support services funded under the National Disability Insurance Scheme (NDIS).

- Services that duplicate existing programs in the ACT
- Services delivered to residents of Residential Aged Care Homes
- Standalone chronic disease management already covered under MBS chronic disease items, unless clearly integrated as part of frailty prevention or management.
- Acute mental health interventions, crisis counselling, or emergency response services.
- Hospital, emergency department, or urgent care-level services, including treatments suitable for acute or specialist settings.

Service Agreements and Deliverable/Reporting Requirements

Services Orders will commence on execution of the agreement and continue until 30/06/27. Indicative deliverable requirements are detailed below. These will be finalised during contract negotiation.

Deliverable	Timeframe
Service Model documents	Within one month of contract execution date
Project Management Plan & Stakeholder Engagement Plan	Within one month of contract execution date
Commencement of Service Delivery	Within one month of Service Model
Performance and Financial Acquittal reporting	Six-monthly
Status meetings and reporting	Fortnightly until service delivery implementation; transitioning to quarterly thereafter

Anticipated Service Budget

Funding will be made available following the execution of a relevant services order (contract) until 30/06/27. The amount of funding (exclusive of GST) available is:

	2025-26	2026-27	Total
Service Delivery	\$331,298.96	\$360,229.15	\$691,528.11
Administration	\$56,185.20	\$61,091.49	\$117,276.69
Total	\$387,484.16	\$421,320.64	\$808,804.80

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

- Service Delivery 85.5%
- Administration Costs 14.5%

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 assess proposals.

Assessment Criteria	Weighting
<p>1. Program Design (<i>max. 700 words</i>)</p> <p>Describe the activity/activities you intend to conduct under the Healthy Ageing, Early Intervention Program and the priority domain/s it represents. Please include information on:</p> <ul style="list-style-type: none"> • description of the proposed activity/activities with defined scope and eligibility criteria for participants; • detail the number of participants/sessions/resources to be supported/developed in this program; • how will the effectiveness of the proposed activity/activities be measured including service contact, intervention intensity, and alignment with intended outcomes; • the long-term change that the activity/activities aim to create/ the aim of the proposed activity/activities (e.g. changes in behaviours, knowledge, awareness, attitudes, beliefs, perceptions, skills, functional ability, or self-management); • outcomes of the proposed activity/activities and how these relate to frailty prevention, management, or healthy ageing. These outcomes should be measurable. • description of how the activity/s addresses key social determinants of health (e.g., food security, transport, digital inclusion, health literacy, social isolation) and ensures culturally safe, equitable access for priority populations. 	<p>25%</p>
<p>2. Local Vision (<i>max. 300 words</i>)</p> <p>Tell us more about the local needs for your proposed activity/activities that relate to the aims of this funding:</p> <ul style="list-style-type: none"> • the size of ACT population with identified needs in the ACT, demographics, relevant specific conditions and acuity level; • other needs/ gaps that the proposed activity/activities are going to address (refer to relevant sections of the Capital Health Network 2024-2027 Needs Assessment); • how the proposed activity/activities add value to the current services in the ACT. <p>The proposed activity/activities should NOT duplicate any existing services that are operating in the ACT. If you are a current provider under this program, please include detail of the benefit of the extended activity.</p>	<p>10%</p>

<p>3. Outcome Measures (<i>max. 250 words (table not included in word count)</i>)</p> <p>Please discuss measures for tracking progress, success and evaluation here:</p> <ul style="list-style-type: none"> • What patient outcome measures are being utilised for the proposed activity/activities? (min. PROMIS29+2, 5 x sit to stand, grip strength are required. ICHOM advisable to be used, including Patient-Reported Experience Measures and/or Patient-Reported Outcome Measures) • What other measures will be used to monitor outcomes of the proposed activity/activities? • Describe how your proposed activities will reduce risk factors for potentially preventable hospitalisations, and how you will measure changes in those risk factors over the course of the program • Describe how you will collect data for each of the required outcome measures and specify the frequency of collection. In your response, include a table that lists each data metric/indicator, the collection frequency, the rationale for its use, and the method of data collection. 	<p>10%</p>
<p>4. Recruitment and Engagement Strategy (<i>max. 250 words</i>)</p> <p>Please discuss further implementation aspects of the proposed activity/activities here:</p> <ul style="list-style-type: none"> • What is the strategy to recruit participants for the proposed activity/activities? • What is the strategy to retain engagement for the proposed activity/activities? 	<p>10%</p>
<p>5. Organisational Capacity (<i>max. 250 words</i>)</p> <p>Tell us about your organisation’s capacity to deliver the proposed activity/activities, including:</p> <ul style="list-style-type: none"> • Resources and infrastructure • Telehealth (if applicable) • Staffing, skills, and experience. How can your organisation deliver this service successfully? • Longer term sustainability of the impact and/or program beyond the funding period 	<p>20%</p>
<p>6. Risk Management, Governance Structure and Systems (<i>max. 300 words</i>)</p> <ul style="list-style-type: none"> • Includes adequate identification of risk and appropriate mitigation strategies and contingencies <ul style="list-style-type: none"> ○ 1. What are the potential barriers for older people to access your activity/activities? ○ 2. What are the proposed mitigation strategies for the identified barrier(s)? ○ 3. Are there any potential risks for older people when participating in the proposed activity/activities? If yes, please provide details? ○ 4. How can you mitigate/control the identified risks? ○ 5. What are the factors that may impact the success of the activity/activities? ○ 6. How do you plan to mitigate the identified factors? 	<p>15%</p>

<ul style="list-style-type: none"> Overarching governance structures and systems which outline accountability, decision making and reporting processes. 																	
<p>7. Budget and Value for Money</p> <ul style="list-style-type: none"> adequately reflects resourcing required for establishment and service delivery itemised budget is cost effective, within funding available and provides Value for Money has been developed in due consideration of the funding available as outlined in Part B. <p>The RFP respondent must provide a budget and may attach one A4 page, font size minimum 10 for this purpose. In compiling your budget, please note that</p> <ul style="list-style-type: none"> Administrative costs are capped at a maximum of 14.5% of proposed budget Administration and service delivery costs should be specifically defined and itemised where practical. All amounts included in the proposed budget must be GST-exclusive. <table border="1" data-bbox="209 949 1220 1146"> <thead> <tr> <th></th> <th>2025-26</th> <th>2026-27</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Service Delivery</td> <td>\$331,298.96</td> <td>\$360,229.15</td> <td>\$691,528.11</td> </tr> <tr> <td>Administration</td> <td>\$56,185.20</td> <td>\$61,091.49</td> <td>\$117,276.69</td> </tr> <tr> <td>Total</td> <td>\$387,484.16</td> <td>\$421,320.64</td> <td>\$808,804.80</td> </tr> </tbody> </table>		2025-26	2026-27	Total	Service Delivery	\$331,298.96	\$360,229.15	\$691,528.11	Administration	\$56,185.20	\$61,091.49	\$117,276.69	Total	\$387,484.16	\$421,320.64	\$808,804.80	<p>10%</p>
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Part D: Additional Requirements, Assurance and Compliance Considerations

<p>Additional Requirements</p>
<p> </p>
<p>Assurances and Compliance</p>
<p>The following information should be included in your response to the RFP (space provided in RFP Response Form):</p> <ol style="list-style-type: none"> Conflict of Interest Insurances Accreditation/Registration certification (as appropriate) 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.

1.3 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.

1.4 Availability of additional materials

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

4. Communications during the RFP Process

4.1 Key contact

All communications relating to the RFP and the Process must be directed to the Key Contact by email to tenders@chnact.org.au

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 tenders@chnact.org.au 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.

1.5 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 tenders@chnact.org.au 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. Submission of Proposals

1.6 Lodgement

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

5.1 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.

1.7 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,

- c. 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. Interpretation

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.