

Request for Proposal (RFP)

Social Workers in General Practice (PAC083)

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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	PAC083
Item 2	Key contact during RFP process	Name: Sheila Brito Email: tenders@chnact.org.au
Item 3	Timetable (<i>may be changed by CHN in accordance with the Conditions of the RFP Process set out in Part E of this RFP</i>)	
	RFP issued	Thursday 7/5/2026
	Deadline for Questions	5.00 pm Tuesday, 19/5/2026 <i>Questions or requests for information must be submitted via tenders@chnact.org.au using the subject heading PAC083 – Questions.</i>
	Closing time and date	5.00 pm Thursday, 21/5/2026
Item 4	Lodgement	
	Lodgement instructions	<p>Responses must be submitted as a PDF document using the RFP template for PAC083 and sent to tenders@chnact.org.au. Word count must be adhered to.</p> <p>If there are queries, email subject line to include: PAC083 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 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 (making non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding) • Commonwealth Child Safe Framework • National Child Safe Principles

Part B: Statement of Requirements

Overview of Program

The Commonwealth (as represented by the Department) has funded CHN to seek to increase the efficiency and effectiveness of health services for patients at risk of poor health outcomes, improve coordination of care, and ensure patients receive “the right care, in the right place, at the right time.”

To increase level of care coordination in the ACT, CHN will fund a program supporting the Social Workers in General Practice (SWiGP) across a number of general practices in the ACT. The program will consist of these components:

- Recruiting a social worker(s) into a general practice care team
- Implementing and testing components of the SWiGP Toolkit to integrate a social worker into the team
- Participation in evaluation activities as directed by CHN. This includes any evaluation activity conducted by external providers commissioned by CHN
- Participating in the collection of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) identified by CHN
- Supporting social workers with mental health training or other identified training needs and clinical supervision

This program is currently being externally evaluated to assess the program’s value for money to various stakeholders.

Problem Statement

The CHN Needs Assessment highlighted social determinants of health as a significant barrier to access and navigate health services, particularly for people with complex social and health needs. There were 52.3% of ACT adults who reported to have a long-term health condition.

Key Objectives

As a first in Australia, the Social Workers in General Practice (SWiGP) pilot program aims to address some of the barriers to accessing health services in the ACT.

To increase the level of care coordination in the ACT, the Social Workers in General Practice program aims to increase the level of care coordination in the ACT and build the experience and confidence of general practitioners to include a social worker in the health care team.

The program will aim to achieve the Quadruple Aim and align with the directions set out in the Primary Health Care 10 Year Plan 2022-2031 to:

- Improve people’s experience of care
- Improve the health of populations
- Improve the cost-efficiency of the health system
- Improve the work life of health care providers

SHORT TERM OUTCOMES	MEDIUM-LONG TERM OUTCOMES
<p>Patients and carers participating in the program:</p> <ul style="list-style-type: none"> • feel supported by the Social Worker to access services and supports • are aware of the reason for their referral • feel that they can trust the Social Worker as a member of their primary health care team • feel that working with the Social Worker has improved their experience of care in the general practice <p>As a result of the SWiGP program, the General Practice has:</p> <ul style="list-style-type: none"> • increased capacity for multidisciplinary team care • established systems and processes to support SWiGP program delivery • improved access to psychosocial supports, assistance with care coordination and case management and community sector liaison/administration support is increased • data collection measures are established for SWiGP program <p>General Practitioners report they have:</p> <ul style="list-style-type: none"> • increased agency to support patients with socioeconomic health determinants that may impact their health • improved time management • increased opportunities for professional collaboration <p>System level outcomes:</p> <ul style="list-style-type: none"> • improved linkage between general practice and community /social services sector via identification of community services and cross professional collaboration • Community of Practice established • Social Worker clinical supervision program established 	<p>Individual</p> <ul style="list-style-type: none"> • program participants (patients and carers) report benefits of Social Worker program • participants have improved access and advocacy for access to services • program participation supports mental health of patients and carers <p>Service</p> <ul style="list-style-type: none"> • access to right service, right place at the right time is demonstrated • improved multidisciplinary collaboration in the practice setting • improved practitioner agency (Health professionals feel like they have an avenue to do something to help) • social services sector is accessible, and access is coordinated for patients utilising SWiGP program • increased access and facilitation of access to community and service sector information • opportunities for program sustainability at the practice level identified • professional skills and knowledge (of all primary health care team members) relating to social work are increased in practices <p>System</p> <ul style="list-style-type: none"> • increased professional capacity for collaboration across the social and community sectors within general practice • referral options have been established for Social Workers in general practice, and these can be adapted for future use

Outcomes and key performance indicators:

	Intended outcomes	Indicators to achieve outcomes	Target
1.	Patients have access to team-based care in general practices	i. Numbers of referrals to the social workers	N/A
		ii. Number of patients seen by the social worker	N/A
		iii. Number of care plans the social worker contributes to	N/A
2.	Improved patient outcomes.	i. Examples of social worker engagement in practice quality improvement, education, or upskilling	2 activities per 6 months
		ii. Participation in de-identified survey collection of PROMs and PREMs for health evaluation of the program and use in clinical correlations	Surveys or data collected from 50 patients over 2 periods
3.	Active participation in program group meetings to support, monitor and inform the success of the program	i. Attendance and participation in the quarterly working group meetings, as requested by CHN.	80% attendance at meetings
4.	Contribution to the Australian evidence base to demonstrate the value of social worker role in general practice	i. Collect and report patient outcomes and experience measures in line with CHN reporting requirements	100% compliance
		ii. The Practice participates and contributes to the review of evaluation activities, including input into development of associated resources.	100% compliance

Anticipated timeframes

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

Action	Timeframe
Open Tender	7 May 2026
End of period for Questions / request for information	19 May 2026
Close Tender	21 May 2026
Review submissions by	25 May 2026
Preferred Provider identified by	7 June 2026
Contract negotiations	11 June 2026
Contract signed	18 June 2026
Services commence	1 July 2026

Services Required

- Recruit a suitably qualified and registered social worker for a minimum of 0.6FTE per week for the duration of the contract;
- Support the social worker to collect and report data to support the external evaluation of the program to be conducted by an External Provider commissioned by CHN;
- Nominate a key contact (GP champion) who will participate with the social worker in program meetings and regular communication as directed by CHN;
- Ensure services provided are in line with the [AASW Social Worker Scope of Practice in Health](#);
- Contribute to quality improvement activities within the General Practice;
- Services provided by the Social Worker must be free at the point of care and are not billable to MBS, NDIS or other Commonwealth funded schemes;
- Work with a preferred provider to ensure that the Social Worker received supervision in line with AASW's Supervision Standards;
- Provide CHN with the reports specified in Item 4 below in a timely manner;
- Participation in evaluation activities as directed by CHN. This includes any evaluation activity conducted by external providers commissioned by CHN and the collection of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs). There will be a minimum of 2 data collection points to allow analysis before and after participation in the program. CHN will indicate the tools to use.
- Participate and contribute to the development of / feedback on associated resources;
- Attendance at meetings and regular communication as directed by CHN; and
- Compliance with Data Management requirements as specified in Item 3 below.
- Take all reasonably practicable steps to provide and maintain Workplace Health and Safety of social worker/s;
- Take a systematic, practical approach to managing and protect work-related physical and psychological health and safety of social worker/s;

- Provide social worker/s with information and training on health and safety matters and reasonable workspace complying with work health and safety standards to conduct their day-to-day work;
- Provide social worker/s with necessary training to support the delivery of the role, e.g. AASW Mental Health Accreditation; CHN will support the practice with funds to pay for upskilling.
- Use a risk management approach to identify hazards and implement effective controls to eliminate or minimise risk and ensure ongoing consultation with social workers regarding workplace health and safety issues are discussed including home and after-hours visits and appropriate contact and support services are in place;
- Refer to RACGP’s Standards for general practices (5th edition): A benchmark for quality care and risk management in Australian general practices.
- CHN will support the practice with funds to pay for individual supervision sessions. This allows the Social Worker to work with their preferred clinical supervisor.

Service Delivery

- Supplier will support and promote the integration of the social worker with GPs and other clinicians in the practice; and
- Social workers will provide direct services to clients in line with [AASW Social Worker Scope of Practice in Health](#);
- As part of the program evaluation, the Social worker and/or GP champion will collect agreed Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) from their participating patients during the duration of the contract. There will be a minimum of 2 data collection points to allow analysis before and after participation in the program. The PROMs and PREMs will be specified by CHN as standard validated tools to use across the program. Provider surveys will also be collected.

Service Agreements and Deliverable/Reporting Requirements

Services Orders will commence on execution of the agreement and continue until 30 June 2026. Indicative deliverable requirements are detailed below. These will be finalised during contract negotiation.

Deliverable	Timeframe
Commencement of Service Delivery	1 July 2026
Six-Monthly Performance Report (Jul-Dec 2026)	31 Jan 2027
Unaudited Financial Report (Jul-Dec 2026)	31 Jan 2027
Six-Monthly Performance Report (Jan-Jun 2026)	31 July 2027
Unaudited Financial Report 2026-27	31 July 2027
Certified Financial Declaration	31 Aug 2027

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:

	2026-27
Service Delivery	\$81,057
Administration	\$12,159
GP Champion	\$9,315
Training	\$2,500
Clinical Supervision	\$3,000
Total	\$108,030

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 assess proposals.

Assessment Criteria	Weighting
<p>1. Vision (Max 300 words)</p> <ul style="list-style-type: none"> Provide a detailed profile of your practice’s patient population and the need for a social worker within your practice and location. 	30%
<p>2. Experience (Max 300 words)</p> <ul style="list-style-type: none"> Describe how your practice will engage and integrate a social worker into the broader care team and general practice staff. If you use infographics, please provide context and details, e.g. members of the care team, multidisciplinary and/or referral workflows, reporting, care planning / case conferencing, etc. Indicate how you will utilise the social worker FTE requirement (number of hours) 	25%
<p>3. Data (Max 300 words)</p> <ul style="list-style-type: none"> Outline your organisation’s capacity to collect data and provide required reporting, i.e. PROMs and PREMs, quality improvement data, Social Worker activity diaries, etc. 	25%
<p>4. Governance Structure, Systems, and Recruitment (Max 300 words)</p> <ul style="list-style-type: none"> Provide details of the Governance Structure and clinical systems including use of Telehealth in your practice Outline a proposed recruitment strategy, including estimated recruitment timelines and/or milestones and potential opportunities, barriers, and risks. Provide details of staff members (practice manager, GP champion(s), practice nurse) who will operationalise the proposed model. Please include this in a separate A4 document – this will not be included in the word count. 	10%
<p>5. Budget and Value for Money (Max 250 words, excluding table / itemised budget)</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. 	10%

The RFP respondent must provide a budget and may optionally use the template provided below for this purpose. In compiling your budget, please note that

- Administrative costs are capped at a maximum of 15% 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.

	2026-27
Service Delivery	\$81,057
Administration	\$12,159
GP Champion	\$9,315
Training	\$2,500
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Total	\$108,030

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

- Service Delivery 85%
- Administration Costs 15%

Value for Money - 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*)

Included in Question 5

Part D: Additional Requirements, Assurance and Compliance Considerations

Additional Requirements

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. Risk
- c. Insurance
- d. Accreditation/Registration certification (as appropriate)
- e. 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.