PART FOUR (A)

REQUEST FOR GRANT PROPOSAL FORM

**Date:**

Department of Health

Clinical Quality, Regulation and Accreditation

Attention: Marita Bullen

GPO Box 125

Hobart TAS 7001

|  |  |  |
| --- | --- | --- |
| **Respondent:** |  | |
| **1.** | I/We hereby propose to provide the services required under this Request for Grant Proposal (as indicated):  **RFGP Name: (Aboriginal Health Worker Traineeship Program)** | |
| OR | I/We hereby propose to provide the following specific elements required under this Request for Grant Proposal (RFGP)  **(Aboriginal Health Worker Traineeship Program):**   * Package One - For Aboriginal Community Controlled Organisations to employ Aboriginal or Torres Strait Islander people to undertake traineeships in Aboriginal Health Worker/Practitioner qualifications at either Certificate III or IV level. * Package Two - For Aboriginal Community Controlled Organisations to upskill existing Aboriginal or Torres Strait Islander employees in Aboriginal Health Worker/Practitioner qualifications at either Certificate III or IV level. | |  | |
| **2.** | I/We agree that this Proposal is lodged in accordance with the terms and conditions of this RFGP. | |
| **3.** | I/We hereby offer to deliver the proposed services described in this Proposal for an amount **not** exceeding the amount disclosed in the budget attachment at Part Four E pro-forma attachment which included reasonable anticipated cost increases. The amounts described are GST exclusive. . | |
| **4.** | By signing this Proposal Form, the Respondent declares that:  (a) it has the capacity to deliver the services;  (b) the information and particulars provided as part of the Proposal are accurate and correct; and  (c) the terms and conditions of the RFGP are agreed. | | |
| **Signed** by the Respondent **or** for and on behalf of the Respondent by a person who by his/her signature duly warrants his/her authority to sign | |  |
| **Name of Signatory** (please print): | |  |
| **Title or Role of Signatory:** | |  |

|  |  |
| --- | --- |
| **Signed in the presence of:**  Name of witness (block letters) | ……………………………………………………………………. |
| Address of witness |  |
| Occupation of witness |  |

|  |  |
| --- | --- |
| Name of Respondent: |  |
| Address of Respondent:  (Include fax no. and telephone no.) |  |
| ABN of Respondent: |  |

PART FOUR (B)

RESPONDENT DETAILS

**ALL QUESTIONS ARE MANDATORY**

**5. What is the legal name of the Respondent applying for this funding?**

**6. What is the legal name of the lead Respondent?**

*Note:* All further responses within this Application Form must relate to this entity. This is the legal entity that the Department will enter into Funding Agreements with.

**7. Does the lead agency have formal subcontracting arrangements in place with alliance parties? If so, please provide relevant documentation.**

**8. What is the trading name of the Respondent?**

This is the name your Organisation trades under.

**9. What is the registered physical address of the Respondent?**

**10. What is the postal address of the Respondent?**

**11. Is the Respondent:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not for Profit | Yes |  | No |  |

**12. Is the Respondent registered with the Australian Charities and Not-for-profits Commission?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**13. Entity Type** (please select the applicable box)

|  |  |
| --- | --- |
| Incorporated Association |  |
| Incorporated Cooperative |  |
| Organisation established through specific Commonwealth or state/territory legislation (e.g. Churches, PBIs) |  |
| Company (Incorporated under Corporations Act 2001) |  |
| Partnership |  |
| Trustee on behalf of a Trust |  |
| Local Government |  |

**14. Who are the authorised Contact Persons for this Proposal?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Preferred Contact** | | **Optional: Alternative Contact** | |
| Title |  | |  | |
|  |  | |  | |
| First name |  | |  | |
|  |  | |  | |
| Family name |  | |  | |
|  |  | |  | |
| Position in organisation |  | |  | |
|  |  | |  | |
| Telephone number |  |  |  |  |
| 09 | 9-9-0 | |  | |
| Mobile number |  | |  | |
| 09998 |  | |  | |
| Fax number |  |  |  |  |
|  |  | |  | |
| Business email address |  | |  | |

**15. Provide details of two referees that you authorise the Department to contact regarding your Proposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Referee 1** | | **Referee 2** | |
| Title |  | |  | |
|  |  | |  | |
| First name |  | |  | |
|  |  | |  | |
| Family name |  | |  | |
|  |  | |  | |
| *If applicable*– Name of Organisation |  | |  | |
|  |  | |  | |
| *If applicable*– Position in Organisation |  | |  | |
| 09 | 9-9-0 | |  | |
| Telephone number |  |  |  |  |
| 09998 |  | |  | |
| *If available -* Mobile number |  | |  | |
|  |  | |  | |
| *If available -* Email address |  | |  | |
| Relationship to Respondent |  | |  | |

PART FOUR (C)

FINANCIAL DETAILS

**Costing schedule**

The Costing Schedule will set out the proposed costs for the provision of the Department’s Requirements.

The attached RFGP Budget Pro-forma is provided. (Refer to Part Four (E) Budget Details)

All costs are to be quoted exclusive of GST and should factor in all cost increases.

**FINANCIAL DETAILS**

**A Respondent who receives recurrent grant funding from the Department through a funding agreement is NOT required to complete Part Four (C).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 16. Does the Respondent have an Australian Business Number (ABN)? | Yes |  |  | | | |
| No |  | What is the ABN? | | | |
|  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 17. Is the Respondent registered for GST?  *Note:* Questions on GST should be addressed to the Australian Taxation Office | Yes |  |  |  |
|  |  |  |  |
| No |  |  |  |
|  | | | |
|

PART FOUR (D)

FINANCIAL VIABILITY AND GOVERNANCE

**ALL QUESTIONS ARE MANDATORY**

**20. Please attach the Respondent’s most recent audited Financial Statements for the past three financial years and Annual Reports if available.**

***Note:***Respondents who have lodged these with the Department of Health as a result of other funding provided by the Department, need not attach these reports.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 21. Please indicate if the Respondent has the following:  *As part of the financial viability verification process you may be asked to provide copies of these documents* | Organisation chart | | | No |  | Yes |  |  | |
| Duty Statements for all positions | | | No |  | Yes |  |  | |
| Financial policy and procedures (systems manual) | | | No |  | Yes |  |  | |
| Delegations (authorised financial delegates or decision makers) | | | No |  | Yes |  |  | |
| Business plan | | | No |  | Yes |  |  | |
| Risk management plan | | | No |  | Yes |  |  | |
| Minutes of board meetings | | | No |  | Yes |  |  | |
| Can the Respondent provide copies of these documents within 7 days of a request by the Department of Heatlh? | No |  |  | | | | | |
| Yes |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 22. Do any of the following apply to the Respondent?  If the Respondent ticks Yes to any of these please provide a short explanation below.  Further information may be requested. | | Any form of current or pending litigation | No |  | Yes |  |  | |
| Any significant financial matter which may impact on the organisation (e.g. insolvency or voluntary administration) | No |  | Yes |  |  | |
| Future commitments or contingent liabilities that might materially affect the organisation | No |  | Yes |  |  | |
|  | | | | | | |
| *Comments:* | | | | | | |

**23. Insurances**

The Respondent must clearly identify insurance details and provide Insurance Certificates in this section (the figures included are the minimum that the Department requires).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insurance** | **Insurer** | **Policy No.** | **Sum Insured** | **Expiry Date** |
| Public Liability Insurance |  |  | $20 million per claim |  |
| Workers’ compensation Insurance |  |  |  |  |
| Professional Indemnity/Negligence Insurance |  |  | $10 million per claim |  |
| Other Insurances (please list): |  |  |  |  |

PART FOUR (E)

BUDGET DETAILS

**ALL QUESTIONS ARE MANDATORY**

**24. Please provide a breakdown of the planned budget (GST exclusive) using the attached pro-forma.**

**Proposals without a budget may not be considered. (Show whole dollars only)**

**Where the RFGP allows you to put in a Proposal for specific elements including services or regions / areas, please complete a budget for each of these elements in the accompanying spreadsheet.**

PART FOUR (F)

QUALITATIVE EVALUATION CRITERIA / SELECTION CRITERIA

**ALL QUESTIONS ARE MANDATORY**

**25.** Please provide awritten response to each of the following questions.

A separate response to the criteria must be submitted for each package –

Package One – New Employee

Package Two – Training package for existing staff member

|  |  |
| --- | --- |
| **Qualitative Criteria** | **Weight** |
| 1. **Understanding**  * Describe your organisation’s understanding of the need for the RFGP for (the Aboriginal Health Worker Traineeship Program) including a demonstrated understanding of the target group and the Tasmanian Community(s) and or region(s) in which the proposed services are to be delivered.   Maximum (500 words Insert Maximum Words criterion 1) words | (Insert weight % Criterion 20%) |
| 1. **Service model**  * Describe your organisation’s intended approach to delivering the Specifications. Include your organisation’s proposed approach to delivering services in specific communities, state-wide or regions as specified in Part Two. * Describe your organisation’s capacity and capability to deliver the Specifications including its capacity and capability to deliver the proposed services in any specific communities or regions where these are specified in Part Two. * Demonstrate how your organisation will achieve value for money through describing the anticipated benefits and outcomes provided in delivering the Specifications taking into consideration the amount of funding that your organisation is seeking. * Describe any other services/programs your organisation provides or can provide that could link to the (Aboriginal Health Worker Traineeship Program).   Maximum (500 words Insert Maximum Words criterion 2) words | (Insert weight % Criterion 2  20%) |
| 1. **Demonstrated experience**  * Describe your organisation’s ability to / and or its previous experience in establishing and providing services similar to those required under this RFGP. Where possible, provide examples and evidence of successful implementation, service delivery and outcome achievements. * Outline how your organisation engages with the community and other stakeholders when it plans and delivers services. * Describe your organisation’s experience in working in partnership with government services, other providers and stakeholders in delivering similar services. * Describe your organisation’s ability and approach to working collaboratively with individual clients, their families and carers in delivering similar services where this is relevant to the RFGP.   Maximum (500 words Insert Maximum Words criterion 3) words | (Insert weight % Criterion 3)  20%) |
| 1. **Demonstrated ability to recruit and maintain appropriately qualified, skilled and experienced staff.**  * Provide a brief overview of the qualifications, skills and experience of your organisation’s staff mix, or proposed staff mix for the proposed service model, including workforce development and professional supervision provisions where required. Include details of the proposed number of staff including their Award, levels and full time equivalent that would be utilised in delivering services in accordance with the Specifications. * Summarise the qualifications, skills and experience of your organisation’s staff, with specific reference to the program or staff you will use to deliver these services.   Maximum (500 words Insert Maximum Words criterion 4) words | (Insert weight % Criterion 4)  20%) |
| 1. **Demonstration of sound organisational governance and financial structures including professional practice accountability processes where this is appropriate and / or required.**  * Describe your organisation’s governance structure, including processes for ensuring accountability, efficiency and effectiveness in service provision. * Outline the governance arrangements you would specifically put in place for managing and delivering the Specifications including any identified risks and mitigation strategies. * Describe what strategies, reporting and other arrangements that your Organisation would put into place and implement to ensure that it is contributing to the identified outcomes and achieving any specific targets associated with the Specifications.   Maximum (500 words Insert Maximum Words criterion 5) words | (Insert weight % Criterion 5)  20%) |
| **TOTAL** | **100%** |

**Price and Value for Money**

Once the Qualitative Criteria has been assessed Respondents will then be evaluated for demonstrated value for money. Respondents will be assessed as to their ability to provide services that achieve the required outcomes at the best possible price. The lowest price may not be assessed as providing the best value for money.

PART FOUR (G)

QUALITY AND SAFETY FRAMEWORK

The aim of the *Quality and Safety Framework for Tasmania’s DHHS Funded Community Sector* is to support Department’s funded community sector organisations to have systems and processes in place to deliver safe, high quality services to Tasmanian consumers.

* The Quality and Safety Framework is available [here](http://www.dhhs.tas.gov.au/__data/assets/word_doc/0018/156222/Quality_and_Safety_Framework.docx).

**26. Describe or provide evidence of the systems or processes that are in place or will be implemented to:**

* monitor and record continuous improvement activities against recognised standards be they state, national or international;
* identify, incorporate and comply with all relevant legislation and DoH policy requirements such as the  *[Consumer Related Reportable Incident Policy for Tasmania's DHHS Funded Community Sector](https://www.health.tas.gov.au/about/doing-business-us/quality-and-safety-framework" \l "consumerrelated-reportable-incidents)*
* report, manage and respond to consumer related incidents or complaints;
* obtain consumer/ family/carer feedback (including raising complaints and concerns and providing compliments);
* ensure that learnings from incidents and feedback contribute towards enhancing service delivery
* A Fact sheet regarding the Quality and Safety requirements is available [here](https://www.health.tas.gov.au/__data/assets/pdf_file/0019/268030/CSO_Information_Sheet_January_2018.pdf).

*Comments (or attach evidence):*