PART FOUR (A)

REQUEST FOR GRANT PROPOSAL FORM

**Date:**

Department of Health

Strategic Purchasing and Funding

Attention: Jessica Leonard

PO Box 1963

Launceston TAS 7250

|  |  |  |
| --- | --- | --- |
| **Respondent:** |  | |
| **1.** | I/We hereby propose to provide the services required under this Request for Grant Proposal (as indicated):  **RFGP Name: *Primary Care Support Initiative*** | |
| **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 Health? | 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: “RFGP – Part Four (E) Budget Template 01.09.22”**

**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. **Notes:**

1. Preference will be given to organisations that have **not** previously been awarded funding via:

Rounds 1and 2 – Hospital Avoidance Grants

Round 1 – GP afterhours Support Initiative (focus on GPs and Pharmacy)

Round 2 – GP Afterhours Support Initiative (focus on Urgent Care Services)

Round 3 – Primary Care Support Initiative

1. These grant rounds are focussed on vulnerable populations. In this context, this refers to those who have a combination of poor access to health care, receive poor quality care, and experience poor care outcomes, often resulting from an accumulation of societal injustices related to race, ethnicity, poverty, gender, sexual orientation, age, first language, or physical or mental health condition.

Whilst there are many vulnerable populations within our communities who are deserving of funding, for this Primary Care Support Initiative (Round 4) grant round, preference will be given to models that focus on people who are homeless or at immediate risk of homelessness.

| **Criteria** | **Weight** |
| --- | --- |
| 1. **Understanding of the issue**  * Please detail specifically which vulnerable population(s) you will be targeting through this funding. * Please outline your understanding of the vulnerability of the detailed populations more broadly and more specifically how this translates to need in the area / community that you serve.   Maximum 600 words | 20% |
| 1. **Proposed service model**  * Please describe how you currently service the detailed populations in your community / service area. * Please describe your proposed service model. Include in your response:   + how the model will deliver the desired outcomes in your community / service area.   + how the model adds to / integrates with / complements your existing service.   Maximum 1000 words | 50% |
| 1. **Resourcing the proposed service model**  * Please provide a detailed breakdown of the additional resources (over and above existing business as usual) you will source and deploy using the funding provided. Please include any risks accessing those resources and actions / plans you would put in place to mitigate those risks.   Maximum 500 words | 20% |
| 1. **Demonstration of sound organisational governance and financial management**  * Please detail:   + how the proposed service model will be governed within your organisation’s governance structure.   + how the proposed structure will ensure delivery of the expected outcomes of the proposed model.   + your organisation’s financial management and reporting system(s) and processes.   Maximum 250 words | 10% |
| **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)[[1]](#footnote-1).

**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[[2]](#footnote-2)](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)[[3]](#footnote-3).

*Comments (or attach evidence):*

1. <https://www.health.tas.gov.au/about/doing-business-us/quality-and-safety-framework>

   2 <https://www.health.tas.gov.au/about/doing-business-us/quality-and-safety-framework#consumerrelated-reportable-incidents>

   3 <https://doh.health.tas.gov.au/__data/assets/pdf_file/0019/268030/CSO_Information_Sheet_January_2018.pdf> [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)