

Community Agency Response Form A

RFP – Building Disabled Person and Whānau Wellbeing Facilitation Services

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| For: Whaikaha – Ministry of Disabled People  |
| Name of the Respondent: | [insert the name of your organisation] |
| Date of this Response: | [insert date] |
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**Community agency** **Guidance**

**Instructions for Respondents**

* Check that you have all the relevant documents, including:
	+ The Request for Proposal which outlines the requirements, evaluation criteria, and process.
	+ The Community Agency Response Form to fill out your response.
	+ The RFP Terms.
* Before filling out this form, read the RFP carefully, particularly Section 3 (Requirements) and Section 4 (Evaluation Methodology). This helps you quickly decide if you are the right fit for the requirements.
* Take note of the % weighting for each criterion in your responses. The higher the weighting the more important it is. Take the weightings into account in deciding how much detail to include.
* Make sure you have noted any word or page limits that apply to your response.
* Please follow the layout of the Community Agency Response Form. Don’t change the section headings and sequence as this needs to be consistent across all Respondents.
* Insert any extra images or graphs either as part of your answer or in a separate attachment (make it clear in the Community Agency Response Form that you have done so and note that appendices and attachments form part of any word or page limit).
* Do not insert links to long documents unless requested as part of the response.
* Please submit questions regarding this RFP using the Q&A function on GETS Questions or via email to community\_admin@whaikaha.govt.nz these must be submitted by the Deadline for Questions.

**Checklist for Respondents**

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| **Have you:** |
| Filled out all sections of the Community Agency Response Form.   | ​​☐​  |
| Clearly communicated what sets you apart from competitors throughout your response.  | ​​☐​  |
| Marked all information that is commercially sensitive or confidential to your business (you cannot mark the whole document as confidential).  | ☐  |
| Submitted all financial information relating to price, expenses and costs, ensuring all commercial information required is in the Community Agency Response Form. | ​​☐​  |
| Provided the correct number of referees (these must be work related referees, preferably not a friend or family member) as well as their up-to-date contact information.  | ​​☐​  |
| Signed all declarations. If this is a joint or consortium Proposal make sure all the consortium members sign separate declarations.  | ​​☐​  |
| Arranged for the Proposal to be submitted electronically OR delivered before the deadline for submission.  | ​​☐​  |

**GETS Assistance**

For assistance with GETS, please contact the GETS Helpdesk:

* Monday to Thursday - 8:30am-5:00pm,
* Friday - 9:00am-5:00pm Friday.
* Closed on New Zealand public holidays.

Free Phone: 0508 GETS HELP (0508 438 743)

International: +64 4 901 3188

Email: info@gets.govt.nz

# **Respondent Details**

This is a Response by [insert the name of your organisation] (the Respondent) to supply the Requirements.

|  |  |
| --- | --- |
| Item | Detail |
| Trading name:  | [insert the name that you do business under] |
| Full legal name (if different) | [if applicable] |
| Physical address: | [if more than one office – put the address of your head office] |
| Business website: | [URL address] |
| Type of entity (legal status): | [sole trader/partnership/limited liability company or other entity/other please specify] |
| Māori Business: | [if your organisation is a Māori Business (the definition of a Māori business is a Māori authority (as classified by the Inland Revenue Department) or a minimum of 50% Māori ownership) insert yes here] |
| NZBN number: | [if your organisation has a NZBN registration number insert it here] |

##

## Point of Contact

|  |  |
| --- | --- |
| Item | Detail |
| Contact person: | [name of the person responsible for communicating with the Buyer] |
| Position: | [job title or position] |
| Mobile number: | [mobile] |
| Email address: | [work email] |

# **Preconditions**

## Preconditions

The Community Agency must be able to meet these requirements before being able to respond.

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| --- | --- | --- |
| **#** | **Pre-Conditions** | **Yes/No** |
| **1** | Community agency/agencies’ activities and services (and this approach in particular) are governed, led and staffed by disabled people, tāngata whaikaha Māori, whānau whaikaha and / or family members of disabled people. | **Yes/No** |
| **2** | Community Agency (including the parent and subsidiaries) have no conflict of interest with this service development, e.g., they do not allocate or host disability support funding, and they do not provide direct ‘respite’ services for disabled people and families. | **Yes/No** |
| **3** | Please provide a list of all current Whaikaha contracts including those entered into by your parent company or its subsidiaries. | **Yes/No** |

Having met all of the preconditions qualifying bids will be evaluated on their merits using the following evaluation criteria and weightings.

# **Response to the Requirements**

# Overview of your proposed solution

Please provide a brief introduction and overview of your solution. This will include which region(s) you intend to work in, as well as identifying which of the requirements listed in the Request For Proposals section 1.2 ‘What We Need’ are prioritized, and how these requirements will be met.

Please complete the following table by marking with an X next to each service that your proposal covers.

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| --- | --- |
| Service |  |
| 1. Respite planning template
 |  |
| 1. Develop relationships / partnerships to increase the opportunities and options
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| 1. Group-based sessions to develop and enact a family wellbeing plan
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| 1. Immediate, practical support for whānau
 |  |
| 1. Support families to work through options to ensure plans are seen through into action.
 |  |
| 1. Workforce development:
 |  |
| 1. Assisting families to access the range of supports available to them,
 |  |
| 1. Connecting with all disabled people, tāngata whaikaha Māori and whānau who may be eligible for, but not yet accessing Disability Support Services,
 |  |
| 1. Develop and share clear, easy, accessible information that supports families to understand the disability support system;
 |  |

Please identify below the region(s) your proposal covers.

|  |
| --- |
| [insert your answer here] |

Write your overview here

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| --- | --- |
| **Organisation:**Whaikaha is committed to investing in disabled, and whānau led organisations. | **Total Weight: 15%** |
| Please describe how your Community agency/agencies’ activities and services (and this approach in particular) are governed, led and staffed by disabled people, tāngata whaikaha Māori, whānau whaikaha and / or family members of disabled people. | **Weighting:****15%** |
| [insert your answer here] |

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| **Proposed Approach:**We are looking for the following evidence, attributes, and experience that the proposed approach is fit for purpose. We seek evidence of: | **Total Weight: 45%** |
| Please explain your proposed approach with reference to how this will develop and build the leadership of disabled people, tāngata whaikaha Māori, Pasifika disabled and / or whānau / family / aiga, both in their own lives, and in the community.  | **Weighting:****15%** |
| [insert your answer here] |
| Explain what you will do to assist disabled people and whānau to identify, create and enact a sustainable family wellbeing plan; Please provide evidence of How your approach will result in a tangible improvement in disabled people’s lives. Your approach to trauma informed care and understanding of ongoing systemic impacts. Include your methods for gathering feedback and measuring improvements  | **Weighting:****30%** |
| [insert your answer here] |
|  **Capability** | **Total Weight: 25%**  |
| Describe your relationships with local networks and how this supports reach into:* Māori communities;
* Pasifika communities;
* Rural communities and

Include your existing mainstream partnerships and collaborations | **Weighting:15%** |
| [insert your answer here] |
| The intention of planning and facilitation is that people are not reliant long-term on the service. Please describe how the solution will result in disabled people and families better able to direct the use of supports and services available to them (both mainstream and disability specific). | **Weighting:10%** |
| [insert your answer here] |
| **Capacity** | **Total Weight: 15%**  |
| Please describe what (workshops, resources etc) you already have in place, that you will adapt to meet the timeframes and intensity of support available (i.e. able to put approach into place quickly, as well as follow through to ensure plans are put into action) to meet our requirements  | **Weighting:15%** |
| [insert your answer here] |

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| **NON-WEIGHTED CRITERIA** |
| **Price** |
| Proposed rates (provided in pricing table below) and estimated total cost represent value for money |
| **Broader Outcomes:** Ability to support MSD achieve broader social, economic, cultural outcomes and participants wellbeing including specifically:Do you have an employee diversity policy and has this resulted in the engagement of any disabled people? If yes, please provide details |
| [Insert response here] |
| Do you support any community initiatives? If yes, please provide details |
| [Insert response here] |
| Do you have an environmental sustainability policy? If yes, please provide details. |
| [Insert response here] |
| **References** |
| MSD may conduct reference checks on Respondent as required and, although not weighted, if undertaken, they will be used to validate Proposals and will be considered in the overall decision-making process. |
|  |

**Pricing:**

Please complete the pricing attached as Appendix 1 of the RFP separately for Phase 1, Phase 2 and Phase 3. Each Phase has a separate tab in the excel file. Please include all resource and expenses required to deliver the proposed Services described in Section 3.4 of the RFP: Requirements /Deliverables /Outputs. Please submit as a separate excel file. Each tab also contains an area to detail any assumptions you have made for pricing each phase.

|  |  |  |  |
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# **Assumptions**

[Please state any assumptions that you have made in relation to your response here. Where an assumption may influence the Price, state how the assumption will impact of on the Price.]

# **Proposed Contract**

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| --- | --- | --- |
|  |  **RESPONDENT TIP*** The terms and conditions of the Proposed Contract are in Section 5 of the RFP. The Buyer needs to know whether or not you are prepared to do business based on the Proposed Contract.
* If you have any suggestions or changes that you wish to alter in the Proposed Contract, please note below (and you may be asked why it is important).
* In deciding which Respondents to shortlist the Buyer will take into account each Respondent's willingness to meet the Contract terms and conditions.
 |  |

**Choose one and delete the other:**

Having read and understood the Proposed Contract, I confirm that these terms and conditions are acceptable. If successful, I agree to sign a Contract based on the Proposed Contract, or such amended terms and conditions of Contract as are agreed with the Buyer following negotiations.

**OR**

Having read and understood the Proposed Contract and the additional clause, in the RFP Section 5, I have the following suggestions to make. If successful, I agree to sign a Contract based on the Proposed Contract subject to negotiating the following clauses:

|  |  |  |
| --- | --- | --- |
| **Clause** | **Concern** | **Proposed solution** |
| [insert number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |
| [insert number] | [briefly describe your concern about this clause] | [describe your suggested alternative wording for the clause or your solution] |

# **Referees**

Please supply the details of two referees for your organisation. Include a brief description of the goods or services that your organisation provided and when.

Please note in providing these referees you authorise us to collect any information about your organisation, except commercially sensitive pricing information, from the referees, and use such information in the evaluation of your Response. You also agree that all information provided by the referee to us will be confidential to us.

|  |
| --- |
| First referee  |
| Name of referee: | [insert name of the referee] |
| Name of organisation: | [insert name of their organisation] |
| Goods/services provided: | [brief description of the goods/services you provided to this referee] |
| Date of provision: | [insert the date when you provided the goods/services] |
| Address: | [insert street address] |
| Telephone: | [insert mobile or landline] |
| Email: | [insert email address] |

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| --- |
| Second referee  |
| Name of referee: | [insert name of the referee] |
| Name of organisation: | [insert name of their organisation] |
| Goods/services provided: | [brief description of the goods/services you provided to this referee] |
| Date of provision: | [insert the date when you provided the goods/services] |
| Address: | [insert street address] |
| Telephone: | [insert mobile or landline] |
| Email: | [insert email address] |

|  |  |
| --- | --- |
| Please contact me before you approach a referee for a reference | Yes/Not required |

# **Respondent declaration**

|  |  |  |
| --- | --- | --- |
| Topic | Declaration | Respondent’s declaration |
| Requirements: | I/we have read and fully understand the nature and extent of Whaikaha’s Requirements as described in the Request for Proposal document. I/we confirm that the Respondent/s has the necessary capacity and capability to fully meet or exceed the Requirements and will be available to deliver throughout the relevant Contract period. | **[Agree /Disagree]** |
| RFP Process, Termsand Conditions: | I/we have read and fully understand this RFP, including the ROI Process, Terms and Conditions detailed in Section 5. I/we confirm that the Respondent/s agree to be bound by them. | **[Agree /Disagree]** |
| Ethics: | In submitting this Response, the Respondent/s warrants that it: 1. Has not entered into any improper, illegal, collusive, or anti-competitive arrangements with any Competitor.
2. Has not directly or indirectly approached any representative of Whaikaha (other than the Point of Contact) to lobby or solicit information in relation to the Procurement Process.
3. Has not attempted to influence, or provide any form of personal inducement, reward, or benefit to any representative of Whaikaha.
 | **[Agree /Disagree]** |
| Conflict of Interest declaration: | The Respondent warrants that it has no actual, potential, or perceived Conflict of Interest in submitting this response or entering into a Contract to deliver the Requirements. Where a Conflict of Interest arises during the Procurement Process the Respondent will report it immediately to the Buyer’s Point of Contact. | **[Agree /Disagree]** |
| Details of Conflict of Interest: [if you think you may have a Conflict of Interest briefly describe the conflict and how you propose to manage it or write ‘not applicable’]. |
| DECLARATIONI/we declare that in submitting this Procurement Process Response and this declaration:1. the information provided is true, accurate and complete and not misleading in any material respect
2. the Procurement Process Response does not contain Intellectual Property that will breach a third party’s rights.
3. I/we have secured all appropriate authorisations to submit this Procurement Process Response, to make the statements and to provide the information in the Procurement Process Response and I/we am/are not aware of any impediments to enter into a Contract to deliver the Requirements.

I/we understand that the falsification of information, supplying misleading information or the suppression of material information in this declaration and the Procurement Process Response may result in the Procurement Process Response being eliminated from further participation in the Procurement Process and may be grounds for termination of any Contract awarded as a result of the Procurement Process.By signing this declaration, the signatory below represents, warrants, and agrees that he/she has been authorised by the Respondent/s to make this declaration on its/their behalf. |
| Signature: |  |
| Full name: |  |
| Title/position: |  |
| Name of organisation: |  |
| Date: |  |