

Response Form

RFP – Growing Voice and Safety - People for Us

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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] |

If you have any issues regarding accessibility of these documents, please contact Nick Edmond.

# **Respondent Details**

This is a Response by [insert the name of your organisation] (the Respondent) to supply the Requirements. If this is a joint response from a number of organisations please copy the table below and complete one for all parties.

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| --- | --- |
| 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 Supplier must be able to meet these requirements before being able to respond.

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| **Preconditions** | **Meets** |
| 1. Respondent must comply with the [Supplier Code of Conduct](https://www.procurement.govt.nz/broader-outcomes/supplier-code-of-conduct/) | **Yes/No** |
| 1. Does your organisation have a New Zealand based office? | **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**

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| 1. **Proposed Solution (fit for purpose)** | **Total Weight: 100%** | |
| * 1. Provide an overview of your organisation’s structure including brief biographies on each member of Senior Management and descriptions of governance models. If you propose a supplier partnership or collaboration please outline the details of that here. | | **Weighting:**  **40%** |
| [insert your answer here] | | |
| * 1. Please confirm whether your organisation currently provides residential, supported living, choice in community living or home and community supports. If you do please provide a brief summary of each service and the contract name and number | | **Weighting:**  **20%** |
| [insert your answer here] | | |
| * 1. Details your experience and understanding of monitoring, evaluation and/or research | | **Weighting:**  **20%** |
| [insert your answer here] | | |
| * 1. Provide a short description of your capacity and capability, including for example: * a high-level approach to the service development and delivery * how the required outcomes will be achieved. * personnel with the capacity and capability to lead the development of the work * proposed partnerships and collaborations. | | **Weighting:**  **20%** |
| [insert your answer here] | | |

# **Assumptions**

[Please state any assumptions that you have made in relation to your response here..]

**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.

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| --- | --- |
| 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] |

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

# **Respondent declaration**

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| Topic | Declaration | Respondent’s declaration |
| ROI Process, Terms  and Conditions: | I/we have read and fully understand this ROI, 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]** |
| Requirements: | I/we have read and fully understand the nature and extent of Whaikaha’s Requirements as described in the Registration of Interest 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]** |
| 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 ROI. 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 ROI 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’]. | | |
| DECLARATION  I/we declare that in submitting this ROI Response and this declaration:   1. the information provided is true, accurate and complete and not misleading in any material respect 2. the ROI 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 ROI Response, to make the statements and to provide the information in the ROI 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 ROI Response may result in the ROI Response being eliminated from further participation in the ROI Process and may be grounds for termination of any Contract awarded as a result of the ROI.  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: |  | |