

Response Form A

RFP – Growing Voice and Safety – Assisting Change

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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] |

**Supplier 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 Supplier 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 Supplier 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 Supplier 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](mailto:community_admin@whaikaha.govt.nz) these must be submitted by the Deadline for Questions.

**Checklist for Respondents**

|  |  |
| --- | --- |
| **Have you:** | |
| Filled out all sections of the Supplier 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 Supplier 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 Supplier must be able to meet these requirements before being able to respond.

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| --- | --- |
| **Preconditions** | **Meets** |
| Respondent’s activities and services are either:   * governed and led by disabled people and/or tāngata whaikaha Māori and include family and/or whānau perspectives; or: * the proposal outlines a partnership plan with organisation(s) who have this leadership structure. | Yes/No |
| The Respondent has operations based in NZ | Yes/No |
| Respondent agrees to comply with the [Supplier Code of Conduct](https://www.procurement.govt.nz/broader-outcomes/supplier-code-of-conduct/) | Yes/No |
| Respondents do not have a conflict of interest, e.g. they do not currently provide disability support under a Whaikaha contract. | 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. **Organisational values, experience, capability & capacity in supporting quality improvement that safeguards the rights of disabled people and tāngata whaikaha Māori.** | **Total Weight: 60%** |
| * 1. Provide detail that shows demonstrated understanding of, and evidence of how the following are incorporated into your organisation’s activities and approaches: * Te Tiriti o Waitangi, UNCRPD and EGL. * ableism, including the depth, complexity and intersectionality of the abuse and harm of disabled people and tāngata whaikaha Māori. * supporting the voice and leadership of disabled people and tāngata whaikaha Māori to live their good lives. * equitable responses, particularly for tāngata whaikaha Māori, Pacific, other diverse groups such as rainbow and migrant communities. | **Weighting:**  **30%** |
| [insert your answer here] | |
| * 1. Provide evidence of your experience implementing strategies used to manage, lead and support change processes. | **Weighting:**  **10%** |
| [insert your answer here] | |
| * 1. Demonstrate experience in coaching or assisting people/organisations to improve, working in relationship based, developmental and collaborative ways. | **Weighting:**  **10%** |
| [insert your answer here] | |
| * 1. Provide detail of your existing networks and/or partnerships with the disability community; independent voice mechanisms and networks; local communities; Māori communities and networks; providers and other parts of the disability system; or a clear plan for how you will expand and strengthen these. | **Weighting:**  **10%** |
| [insert your answer here] | |

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| --- | --- |
| 1. **Proposed approach. We seek evidence of:** | **Total Weight: 40%** |
| * 1. A high-level plan of your proposed approach, including how Te Tiriti, the UNCRPD and EGL principles, values and approaches will be applied. | **Weighting:10%** |
| [insert your answer here] | |
| * 1. Intentionality in the service establishment and implementation plan to respond equitably to the needs of tāngata whaikaha Māori, whānau and Māori providers. | **Weighting:10%** |
| [insert your answer here] | |
| * 1. Proposed personnel have the necessary experience, skills, and proven capability to deliver the desired outcomes. | **Weighting:10%** |
| [insert your answer here] | |
| * 1. Proven organisational capability in terms of technical, information, privacy and operational processes and systems. | **Weighting:5%** |
| [insert your answer here] | |
| * 1. Overall has the required resources (people and systems) to deliver the proposed services either nationally, or in a range of regional locations. | **Weighting:5%** |
| [insert your answer here] | |

**Resourcing Tables:**

Please complete the resourcing schedule below based on all personnel (including any sub-contractors or third parties) required to deliver the proposed Services described in Section 3.4 of the RFP: Requirements/Deliverables/Outputs. Please submit in a separate excel file.

**Phase one:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role type e.g. Programme Lead, Administrator etc** | **Permanent or Contract?** | **Hourly/Daily Rate (exc GST)** | **Estimated effort hours/days** |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |

**Phase two:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role type e.g. Programme Lead, Administrator etc** | **Permanent or Contract?** | **Hourly/Daily Rate (exc GST)** | **Estimated effort hours/days** |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |
| Insert role title and nominated person |  | Insert applicable rate | Insert total expected # hours/days |

**Expenses:**

Please complete the expenses schedule below based on all other expenses (including any sub-contractors or third parties) required to deliver the proposed Services described in Section 3.4 of the RFP: Requirements/Deliverables/Outputs. Please submit in a separate excel file.

| Item of Expense | Number of items | Cost (exc GST) | Total max cost (exc GST) |
| --- | --- | --- | --- |
| Insert expense |  | $ | $ |
| Insert expense |  | $ | $ |
| Insert expense |  | $ | $ |
| Insert expense |  | $ | $ |
| Insert expense |  | $ | $ |
| Insert expense |  | $ | $ |
| Total maximum Expenses (excluding GST) | | | $Overall total cost |

|  |  |  |  |
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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**  **i**   * 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 and the additional clause, in the RFP Section 5, 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] |

|  |  |
| --- | --- |
| 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, Terms  and 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’]. | | |
| DECLARATION  I/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: |  | |