



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

27 September 2010

REQUEST FOR PROPOSAL FOR THE PROVISION OF ORANGA KAI – ORANGA PUMAU (HEALTHY EATING – HEALTHY ACTION) MAORI COMMUNITY ACTION PROJECTS

The West Coast District Health Board, a publicly owned Health and Disability Organisation, requests proposals for the supply of Goods and/or Services as described in this letter and attached documentation.

Structure of Request For Proposal

The request for proposal comprises the following documents:

- This letter;
- Conditions of Request for Proposal: These are the conditions that apply to the Request for Proposal process and are intended to have legal effect;
- Request for Proposal Submission Form. The form provided by us, which must be completed by every respondent. It includes:
 - Schedule One – West Coast DHB requirements
 - Schedule Two – Service Proposal Form

Submitting your Proposal

You must comply with the Conditions of Request for Proposal.

Your Proposal must be enclosed in a sealed envelope, addressed and submitted as specified in the Conditions of Request for Proposal.

Closing Date of Proposals

The latest time for submitting Proposals is 4pm Monday 5th November 2010. At our sole discretion we may choose to accept or not to accept late Proposals. All Proposals must remain valid until 4pm Monday 5th November 2010 and may not be withdrawn prior to that date once submitted.

Evaluation Criteria

We will consider the following factors, amongst others, when evaluating any Proposal:

- Your ability to illustrate and meet the identified needs and priorities of Maori communities;

- The consistency and alignment of your proposal with the key messages of Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action);
- A focus on empowering, enabling, supporting and assisting Maori communities;
- Your ability to facilitate a whole of community approach, identifying collaboration and where and if possible, multi-stakeholder participation;
- The ability of your proposal to encourage sustainable changes;
- An illustration of your commitment to Maori community members undertaking training in nutrition, physical activity, breastfeeding and/or community action;
- An illustration of how your proposal links to other settings such as primary health care, schools and early childhood centres, community groups;
- Your organisations credibility and financial viability;
- Your proposed timeframe for delivery of the service;
- Innovation;
- Value for money.

Confidentiality

The information contained in this letter and the attached documents is confidential and must not be disclosed or distributed without our consent, except to the extent that it is already publicly available.

Naku Noa
West Coast District Health Board

Kim Sinclair–Morris
Portfolio Manager - Healthy Eating – Healthy Action

CONDITIONS OF REQUEST FOR PROPOSAL

1 LEGAL EFFECT OF REQUEST FOR PROPOSAL

Neither our issue of the Request for Proposal (RFP) nor your response to it will create any obligations on us to enter into any contract with you or any third party. Our RFP is an invitation only and the submission of a Proposal will be regarded as an offer by you to provide the services described in the service specifications.

We reserve the right not to enter into any correspondence regarding our final decision or process we undertook to reach this decision.

2 REQUEST FOR PROPOSAL SUBMISSION FORM

Your Proposal must be submitted on the Request for Proposal Submission Form attached to these conditions, and must be correctly completed and signed by you (or by your duly authorised agent).

In our sole discretion we may reject or accept incomplete or non-conforming Proposals or any Proposal that is submitted after the Closing Date specified below.

However, any deviation from the Request for Proposal Submission Form must be clearly marked and a written explanation given for each deviation.

3 THE TREATY OF WAITANGI

An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. The NZPHD Act requires DHBs to take active steps to reduce health inequalities by improving health outcomes for Maori. In this role DHBs must establish and maintain DHB processes to enable Maori to participate in and contribute towards strategies for Maori health improvement. Potential providers would be required to demonstrate a similar commitment within their service.

4 CLOSING DATE

Your Proposal must reach us at the address specified below by the Closing Date specified below. At our sole discretion we may or may not consider proposals that are received after the Closing Date.

5 INDICATIVE TIMETABLE

The planned process is as follows:

Task	Date
Application form available	27 September 2010
Applications close 4.00pm	5 November 2010
Applications evaluated by West Coast DHB	Between 9 November - 6 December 2010
Applicants notified of outcome of their applications	17 January 2011

If after the closing date any dates are changed, all Applicants will be notified.

CONDITIONS OF REQUEST FOR PROPOSAL

6 SUBMISSION OF RESPONSE

Four hard copies of your response should be delivered to:

Personal Assistant
Planning & Funding
Corporate Office, Grey Base Hospital
West Coast District Health Board
P O Box 387
Greymouth 7805

Please note – one hard copy of the proposal MUST be unbound to allow photocopying.

The documents should be forwarded in a sealed envelope and clearly marked on the outside packaging with your name and address and **RFP FOR THE PROVISION OF ORANGA KAI – ORANGA PUMAU (HEALTHY EATING – HEALTHY ACTION) MAORI COMMUNITY ACTION PROJECTS**

This is an RFP and not a tender. Your Proposal is not an offer capable of being converted into a contract and instead a separate written agreement needs to be negotiated and entered into by us and a Respondent before there will be a binding legal relationship between us and any Respondent.

7 SUBMISSION SUPPORTING INFORMATION

7.1 General Information

You should include all relevant information required to enable us to determine whether you will meet the West Coast DHB Requirements set out in Schedule One to the Request for Proposed Submission Form.

7.2 Conflicts of interest

You must state any circumstances or relationships which constitute a conflict or potential conflict of interest in respect of this Proposal or your obligations under any contract if you are awarded a contract as a result of your Proposal.

7.3 Request for Further Information

We may request such further information as we consider necessary from or about you for the purpose of clarifying or evaluating your Proposal. If we request further information about you we are not obliged to request the same or any other information from or about any other party.

7.4 Presentation

We may invite Respondents to provide a presentation to us during the evaluation process to assist us further in making our decision.

8 OUR RIGHTS

We reserve the right at any time, before or after the Closing Date to:

- change any date in the process;
- change any rule or condition of this process by written notice;
- reject any or all of the Proposals in whole or in part;
- accept more than one Proposal;

CONDITIONS OF REQUEST FOR PROPOSAL

- negotiate with any Respondent to the exclusion of other Respondents;
- consider each item specified in the Proposal as a separate Proposal;
- not pursue or enter into negotiations with the lowest priced, or any, proposal;
- re-advertise for proposals;
- suspend or withdraw the Request for Proposal; and
- not give any reason for the outcome of any evaluation of any Proposal or the cancellation of this RFP process.

9 QUESTIONS ABOUT THE REQUEST FOR PROPOSAL

Questions about the Request for Proposal will be accepted, in writing, until 96 hours before the Closing Date. We will assess the materiality of any question and respond at our discretion. At our discretion may share the question and response with other Respondents if we deem it appropriate in the interests of fairness to all parties.

Address all questions to: Suzy Waaka
HEHA Service Development Manager
Planning and Funding
West Coast DHB
P O Box 387
GREYMOUTH
Facsimile: 03 768 1307 ext 3
E-mail: suzy.waaka@westcoastdhb.health.nz

10 DIRECT CONTACT

No other direct contact is to be made with our management or personnel without explicit written authorisation by the person named in clause 9 of these conditions. Lobbying of any other personnel will be considered adversely by us, provided that if a person is named in these Conditions of Request for Proposal as a point of contact for a specific purpose, in which case they may be contacted but only in relation to the specified topic.

11 OUR LIABILITY FOR INFORMATION

We may provide estimates for the amount of Goods and/or Services we require. The estimates are a guide only and are not binding on us, and we will have no liability for the accuracy of those estimates or any other information supplied. Proposals are submitted in reliance on your own knowledge, skill and independent advice, and not in reliance on any representations made by West Coast DHB.

12 LIABILITY AND COSTS

You are responsible for all costs of submitting your Proposal. We will not be responsible for, or pay, any expense incurred by you, whether in the preparation of your Proposal or our evaluation of it.

No legal or other obligation shall arise between you and us in relation to the conduct or outcome of the Proposal process.

13 RETURN OF DOCUMENTATION

We will not return any of your Proposal documentation to you. However, upon receiving a written request from you, we will ensure that all copies of your response (other than one main copy) are destroyed upon completion of the Proposal process.

CONDITIONS OF REQUEST FOR PROPOSAL

14 CONFIDENTIALITY

All information in your RFP will be treated in the strictest confidence and will not be disclosed to third parties unless we are so obliged to by law.

The information contained in the RFP is provided for the sole purpose of allowing you to submit your information to the West Coast DHB. The information contained in this RFP is not to be used for any other purpose or revealed to any other person or parties not directly involved in the submission of your information.

15 COPYRIGHT

This document is subject to our copyright. Unless required by law, no part of this document may be used, reproduced or transmitted in any form or by any means electronic or mechanical including photocopying and recording, for any purpose without our express written permission.

16 ASSUMPTIONS

You will indicate, where possible, any assumptions that you have made about our needs in the formulation of your response to this Request for Proposal.

17 EVALUATION OF RESPONSES

A panel of our staff will evaluate all responses. In addition to the matters set out in our attached covering letter, we will consider the following factors, amongst others, when evaluating your response: proposed solution(s) for our requirements; any specific health sector knowledge; experience of key staff; management reporting; organisation size; local support; third party references and financial strength. It is anticipated this process will commence one month after the Closing Date.

The basis on which the Proposals will be evaluated, and the weight to be given to the criteria and other matters that we consider, are to be determined by us in our sole discretion and will include those matters set out under the heading "Evaluation Criteria" in the attached letter.

Following that evaluation process, we may negotiate with the Respondent(s) of one or more preferred Proposals.

West Coast DHB may negotiate and enter into an agreement with a preferred Respondent on whatever special terms, in addition to West Coast DHB's standard terms and conditions, as West Coast DHB considers appropriate.

West Coast DHB may terminate those negotiations at any time.

West Coast DHB will not be under any binding legal or other obligations to you unless and until an executed written agreement has been entered into by West Coast DHB and the Respondent in respect of the subject matter of the Proposal.

18 NOTIFICATION OF OUTCOME

No correspondence in any form from the applicant is to be entered into with the West Coast DHB during the evaluation process, unless required the West Coast DHB in clause 7.3.

Successful respondents will be notified in writing. Unsuccessful respondents will be notified in writing that their response has been unsuccessful. Applicants will only be advised at the date in clause 5 (if unaltered).

REQUEST FOR PROPOSAL SUBMISSION FORM

1	FOR PROVISION OF	Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action) Maori Community Action Projects
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2	RESPONSE SUBMISSION ADDRESS	RFP for - Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action) Maori Community Action Projects Attention: Personal Assistant Planning & Funding West Coast DHB P O Box 387 Greymouth 7805	Phone: 03 768 2452 Fax: 03 768 2791 E-mail: yolande.oelofse@westcoastdhb.health.nz
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3	CLOSING TIME & DATE	4.00 pm, Friday 8 th November 2010
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4	RESPONDENT		
5	RESPONDENT'S CONTACT PERSON	Name: []	Phone: []
		Title: []	Fax: []
		Address: []	
6	RESPONDENT'S GST REGISTRATION NUMBER:		

7	PROFILE OF RESPONDENT (Attach information if insufficient space)		
(a)	Legal Status	Limited Liability Company?	YES/NO Other? (Specify)
(b)	Size	Number of Personnel: Locations:	
(c)	Details of Owners/ Controllers	Owners: Directors Names:	
(d)	Experience in Area:	Experience: Major Customers: (Any references must be relevant, fit for purpose and dated)	
(e)	Insurance	Types of Cover held and \$ Cover: Insurers Name(s): Expiry Date(s) of Cover: Premiums paid up to:	

8	SUBMISSION SUPPORTING INFORMATION	Provide information as detailed in WCDHB Requirements []
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REQUEST FOR PROPOSAL SUBMISSION FORM

9	<p>Joint Proposals (If this is a joint proposal please outline in your application the nature of the relationship between the parties ie. What is the proposed formal relationship, is there a lead provider?)</p>	<p>Is this a joint proposal?</p> <p style="text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> Yes No </p> <p>If yes, please name all the organisations involved.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<p>Name of organisation(s)</p>	<p>1) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>2) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p> <p>3) <div style="border: 1px solid black; height: 20px; width: 100%;"></div></p>

NOTE : If this is a joint proposal this form must be completed by each organisation involved and submitted with the application

SIGNED for and on behalf of the Respondent

By: _____

Name: _____

Position: _____

Date: _____

SCHEDULE ONE: WEST COAST DHB REQUIREMENTS

1 INTRODUCTION

The West Coast District Health Board (WCDHB) invites proposals from appropriately skilled organisations for the provision of Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action) Maori Community Action projects. These projects will support and strengthen community action around healthy environments that promote:

- Increased participation in physical activity
- Improved nutrition
- Healthy weight
- Full and exclusive breastfeeding

The WCDHB has provided Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action) Maori Community Action Project funding over the last two years. This RFP is seeking robust projects and services that work to improve the health and wellbeing of Maori communities throughout the West Coast.

2 PURPOSE OF THE RFP

The purpose of this RFP is to find suitably qualified provider/s to design, plan and implement Maori Community Action projects/services that support and strengthen community actions around healthy environments that promote increased physical activity, improved nutrition (i.e. improved rates of fruit and vegetable consumption) and reduced obesity. These projects/services will help ensure that:

- Maori communities are actively involved in influencing the availability, accessibility, and supporting the promotion of healthy food and physical activity within their communities;
- Maori communities are supported to undertake training in the areas of nutrition, physical activity and community action;
- Projects/activities/initiatives/services and programmes throughout the West Coast that support behaviour change and are aligned to maximise project coverage and access.

3 PROPOSAL

You are required to submit a proposal for the Maori Community Action project that you wish to be considered for. Your proposal must separately address each of the areas identified in service proposal form below (Schedule 2).

4 PRICE

There is a total of \$180,000 available for Oranga Kai – Oranga Pumau Maori Community Action projects for this RFP.

Projects will be funded to the maximum value of:

- \$40,000 for projects that support physical activity and healthy eating
- \$20,000 for projects that support breastfeeding

5 ADDITIONAL INFORMATION TO SUBMIT

- Certificate/s of Incorporation/Registration of the organisation/s submitting proposals
- Organisational structure
- Most recent audited financial accounts

SCHEDULE TWO: SERVICE PROPOSAL FORM

Project name:

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Proposed project (include information on key components of the project, service coverage (location), the community involved, deliverables/infrastructure etc):

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Please describe the HEHA Maori Community project/service you are proposing:

- What are the identified needs and priorities for your Maori community around healthy eating (including breastfeeding), physical activity and healthy weight?

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- Describe how your proposed project is innovative:

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- How does your proposal align with the key messages of Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action) (refer to Appendix 1)?

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SCHEDULE TWO: SERVICE PROPOSAL FORM

- How does the proposal empower, enable, support and assist Maori communities to make and maintain healthy lifestyle choices?

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- Please outline how your proposal will facilitate a whole of community approach that identifies collaboration and where possible multi-stakeholder participation?

| |

- How will your community action project encourage 'sustainable' changes (including behavioural or environmental changes)?

| |

- How does your proposal up-skill community members in nutrition, physical activity, breastfeeding and/or community action (list any identified training/professional development opportunities)?

| |

- How does your proposal link to other settings such as primary health care, schools and early childhood centres, community groups, non-government organisations?

| |

- Provide your commencement dates and key milestones:

| |

SCHEDULE TWO: SERVICE PROPOSAL FORM

- How does this proposal provide value for money for the West Coast health system?

[]

- Please advise of any additional information to support your proposal:

[]

Appendix 1

Key Oranga Kai – Oranga Pumau (Healthy Eating – Healthy Action) Messages

- Eat a variety of nutritious foods
- Eat less fatty, salty and sugary foods
- Eat more vegetables and fruits
- Fully breastfeed infants for at least six months
- Be active everyday for at least 30 minutes in as many ways as possible
- Add some vigorous exercise for extra benefit and fitness
- Aim to maintain a healthy weight throughout life
- Promote and foster the development of environments that support healthy lifestyles