

# Request for Proposals (RFP)

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**NSW Palliative Care Volunteer Support Services**

**HAC: 13/23**

**Closing Date: Tuesday 15 October 2013 (10am)**

**Integrated Care Branch  
Strategy and Resources Division  
NSW Ministry of Health  
<https://tenders.nsw.gov.au/health/>**

**Please note, this document comprises –**

**Part A - A description of the request**

**Part B - Three returnable schedules –**

**Schedule 1 Respondent Particulars**

**Schedule 2 Response to Evaluation Criteria**

**Schedule 3 Proposed Annual Service Budget**

The proposal must contain the three completed schedules, noting that any variation from them may result in exclusion of the proposal from further evaluation:

**Documents accompanying these specifications for down-loading are:**

- **A Word template for Schedule 1 and 2**
- **An Excel template for Schedule 3**
- **An indicative contract**

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### **PART B - Returnable schedules**

**Schedule 1 - Respondent particulars**

**Schedule 2 - Response to Evaluation Criteria**

**Schedule 3 - Proposed Budget**

**Note: Documents accompanying these specifications for down-loading are:**

- A Word template for Schedule 1 and 2**
- An Excel template for Schedule 3**
- An indicative contract**

## **1. Introduction and Background**

The *NSW Government Plan to increase access to palliative care 2012-2016*<sup>1</sup> identifies volunteer activities as an integral component of care networks for people who are dying and their families and carers.

Palliative care volunteers provide very important personal care for patients and their families and carers. This personal care may take the form of companionship, practical assistance, provision of respite for everyday carers and other activities and supports known to make it more feasible for a person to receive care and to die at home.

Indeed the potential contribution of palliative care volunteer services can be identified as advancing each of the Plan's key strategic objectives for palliative care in NSW. These are:

- Expanded community based palliative care services especially in rural areas and for special populations
- Greater cooperation between specialist palliative care services and existing primary and aged care services across the state
- Expanded support for families and carers
- Extended capacity of palliative care services in NSW

Most NSW Local Health Districts (LHDs) have volunteer programs of varying focus and coverage though not all have dedicated palliative care volunteer programs or co-ordinators. Informal reports suggest that volunteer programs in some rural areas now struggle in the absence of direct support. The vision for NSW specialist palliative care services sees volunteers featuring consistently and prominently within local community support networks for people who are dying and their families and carers.

The NSW Ministry of Health is seeking proposals to a maximum budget of \$1M (inclusive of GST) over three years from organizations in all service sectors – singularly or as consortia - to provide volunteer support services for palliative care patients on a state-wide basis. This approach affords the opportunity to expand and develop the profile of NSW volunteer services particularly skilled in palliative care. It should be noted however that the proposed volunteer support services are intended to bolster and ensure continuous access to volunteer services, not replace existing LHD volunteer support arrangements.

The successful provider(s) will be expected to work closely with LHDs as well as other relevant health service providers. The Ministry will liaise with LHDs in relation to implementation of the successful proposal(s).

The current activity will complement other new services being funded to ensure all areas of NSW have the range of treatment and supports essential to the well-being of people who are dying and their families and carers. The new services will collectively provide state-wide coverage of particular services, enhancing existing specialist palliative care service networks.

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<sup>1</sup> <http://www.health.nsw.gov.au/publications/Publications/Palliative%20Care%20Plan%202012-2016.pdf>

## **2. This Request for Proposals**

This RFP seeks submissions for the state-wide provision of volunteer support services able to interact with and enhance existing volunteer services in NSW LHDs.

Proposals will be welcomed from all service sectors whether private not-for-profit, private for profit, public and affiliated health organisations. Partnerships between any of these providers will be welcomed.

The successful respondent(s) will be expected to commence implementation of services **in February 2014**.

### **2.1 Key expectations for the services procured**

Key expectations are for these new services to:

- operate a volunteer support framework on a state-wide basis within six months of approval
- facilitate local access to volunteers across NSW
- engage and recruit volunteers suited to supporting palliative care patients and their families and carers
- ensure all volunteers receive appropriate orientation and training as needed as well as access to inputs for their ongoing development
- ensure processes are in place for matching of volunteers to appropriate roles
- supervise, co-ordinate and support the recruited volunteers and their activities where locally appropriate
- collaborate with existing palliative care services and other groups contracted to provide packages of care to sustain integrated care for individuals
- conduct activities engaging the community and increasing awareness of palliative care
- establish and maintain infrastructure required for a state-wide volunteer workforce including:
  - a registry of volunteers and individuals seeking volunteer assistance
  - policies, procedures and templates for the operation of the services
  - mechanisms for regular review of services and programs in the context of service demands as well as standards and legislative requirements
  - use of communication technology where appropriate to assist access to information and participation, for example, the maintenance of a web page for volunteer applications
- acknowledge, and where appropriate comply with, relevant policies and guidelines including – *Standards for providing quality palliative care for all Australians*  
<http://www.palliativecare.org.au/Standards/TheNationalstandards.aspx>

*National Standards for Involving Volunteers in Not For Profit Organizations*  
<http://www.volunteeringaustralia.org/Publications/The-foundation-documents/National-Standards-for-Involving-Volunteers-in-Not-for-Profit-Organisations.asp>

*NSW Volunteering Strategy*  
<http://www.volunteering.nsw.gov.au/about-us/volunteering-strategy>

*NSW Health Framework for Engaging, Supporting and Managing Volunteers*  
[http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011\\_033.pdf](http://www0.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_033.pdf)

## **2.2 Service outcomes**

This procurement activity aims to build a strong state-wide operational framework for volunteer participation in end of life care with the following outcomes:

- Increased access to volunteer assistance, that is, volunteers are available for people who are dying and their families and carers wherever they reside in NSW
- Increased opportunity for people to receive end of life care at home
- Improved quality of life for people who are dying through access to social support
- Increased access to respite for carers
- Increased use of regularized recruitment and targeted training of volunteers

## **2.3 Definitions**

### **2.2.1 Palliative care**

As outlined in the *NSW Government Plan to increase access to palliative care 2012-2016*, “palliative care provides treatment for those who are dying and supports their families and carers. It neither hastens nor postpones death, but affirms life and approaches dying as a normal process”.<sup>2</sup>

### **2.2.2 Volunteering**

Volunteering refers to activities of benefit to clients, carers, families, paid staff and volunteers and carried out in situations understood by all as voluntary arrangements.

In the context of palliative care, volunteer services enable clients to live in dignity and comfort throughout the palliative stage of their life and provides physical, functional, emotional, psychological, social and spiritual support to the client, family and carers.

### **2.2.3 Volunteer support services**

Volunteer support services facilitate volunteer programs of care being offered to local communities through the provision of recruitment, training, co-ordination and support services.

## **2.4 Scope**

The volunteer support services being sought specifically relate to the state-wide facilitation of volunteer services assisting and supporting people who are dying and their families and carers.

The maximum budget for the operation of the volunteer support framework will be \$1M (inclusive of GST) over three years 2013/14 to 2015/16. Proposals for higher levels of funding cannot be considered.

## **2.5 Term**

The successful respondent(s) will be offered a contract to provide services for up to three years commencing in February 2014.

## **2.6 Insurances**

2.6.1. Respondents should be aware that the successful supplier must take out and keep in force during the life of the contract:

- Public Liability cover of \$20 million; and
- Professional Indemnity cover of \$20 million
- Adequate Workers Compensation insurance.

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<sup>2</sup> NSW Ministry of Health. *The NSW Government plan to increase access to palliative care 2012-2016*. Sydney: NSW Ministry of Health, 2012.

- 2.6.2 Coverage shall be extended to sub-contractors and volunteers as applicable.
- 2.6.3 Short listed respondents will be expected to make a certificate of currency(s) for the policy(s) available to the Health Administration Corporation (HAC) for inspection.

### **3 Required Information and Submission Details**

This document comprises:

- Part A** - which describes the request
- Part B** - a series of three returnable schedules
  - Schedule 1 Respondent Particulars
  - Schedule 2 Response to Evaluation Criteria
  - Schedule 3 Proposed Annual Service Budget

The proposal is to contain the three Part B completed schedules, noting that any variation from them may result in exclusion of the proposal from further evaluation. Please note that Returnable Schedule 2 carries a word limit of 10,000.

Respondents should note that submissions to this RFP are made at the respondent's own cost and that NSW Health, while issuing the RFP in good faith, is not obliged to proceed with this project.

Responses to this RFP must be lodged **via the NSW eTendering Web site [www.tenders.nsw.gov.au/health](http://www.tenders.nsw.gov.au/health) by 10am Tuesday 15 October 2013 (Eastern Standard Time)**

Electronic submissions must comply with the following expectations -

**Returnable Schedules 1 and 2** must be submitted in Microsoft Word 2003-97 format, with file name ending in ".doc" or ".docx" and/or Acrobat (\*.pdf).

**Returnable Schedule 3** must be submitted in Excel 97-2003 or 2007 format, with file ending in ".xls" or ".xlsx".

Respondents should not wait until the nominated closing time to lodge their responses as difficulties in uploading responses to the website may be encountered where:

- many users attempt to upload responses at the same time, or
- the upload of large files sizes or volumes is attempted.

Due to probity considerations, responses submitted by email or hard copy will not be permitted.

A response lodged wholly or partly after the closing time will be registered as a Late Response and may be excluded from evaluation.

The NSW Ministry of Health may, at its absolute discretion, allow the evaluation of a Late Response, if it judges that the lateness is due to circumstances outside the control of the respondent.

#### **3.1 Indicative timetable**

The following indicative schedule for the RFP process is:

- Submission of proposals – 10am, Tuesday 15 October 2013
- Advice to successful respondent(s) - Monday 25 November 2013
- Service commences implementation – February 2014

### **3.2 Validity period**

Respondent submissions will become the property of HAC on its receipt and will be valid for **twelve (12) months** from the closing date.

### **3.3 Consortium and joint proposals**

The NSW Ministry of Health will welcome joint and consortium proposals. If multiple entities are cooperating in the submission of a proposal, the NSW Ministry of Health requires one entity to be nominated as the contracting entity. Any variation to the tendered consortium must be agreed with the NSW Ministry of Health.

### **3.4 Subcontractors**

If the respondent uses contractors or brokers services, the respondent agrees that the contractor shall be the respondent's responsibility in accordance with any contract that may be entered into with HAC.

## **4 Submission Questions and Clarifications**

The following people should be contacted with questions or matters requiring clarification on any topics covered in this RFP:

Ms Stefanie Williams  
A/Associate Director, Primary and Community Care Unit,  
Integrated Care Branch  
NSW Ministry of Health  
Locked Mail Bag 961  
NORTH SYDNEY 2059

**Telephone:**  
02 9391 9512 – Mon, Tues, Wed, Fri

**Email:** [community@doh.health.nsw.gov.au](mailto:community@doh.health.nsw.gov.au)

Please note that questions and answers of broad impact or significance will be communicated to all respondents by issue of addenda through the NSW eTendering Web site [www.tenders.nsw.gov.au/health](http://www.tenders.nsw.gov.au/health).

## **5 Evaluation Criteria**

Selection will be based on the respondent's submission to this RFP, especially the evaluation criteria set out in Returnable Schedule 2 (Part B). It is mandatory that all selection criteria be addressed in the response. If one or more of the criteria are not met, the submission may be rejected without further consideration. Returnable Schedule 2 has a limit of 10,000 words for tender responses.

See **Returnable Schedule 2**.

## **6 Ethics**

Respondents are to comply with the:

*NSW Health Code of Conduct*

[http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012\\_018.pdf](http://www.health.nsw.gov.au/policies/pd/2012/pdf/PD2012_018.pdf)

*NSW Government's Code of Practice for Procurement*

[http://www.procurepoint.nsw.gov.au/sites/default/files/documents/code\\_of\\_practice\\_for\\_procurement\\_2005.pdf](http://www.procurepoint.nsw.gov.au/sites/default/files/documents/code_of_practice_for_procurement_2005.pdf)

*NSW Department of Finance and Services Business Ethics Statement*

<http://services.nsw.gov.au/about-us/business-ethics>

[if applicable] the *NSW Code of Behaviour for the Protection of Children and other Vulnerable People*

<http://www.nswprocurement.com.au/PDF/Tenders/Child-Protection-Code-of-Behaviour-for-the-Protect.aspx>

## **7 Terms and Conditions**

Respondents are to comply with the terms and conditions described below.

This section of the RFP lists the rights and responsibilities of the NSW Ministry of Health/HAC and the respondents with regard to the actual tendering process.

### **7.1 Tender responses**

By responding to the RFP, the NSW Ministry of Health will treat the bid as an acknowledgement that the respondent understands and accepts all relevant terms and conditions pertaining to this RFP.

All necessary additional information shall be provided by completing Returnable Schedules 1, 2, and 3.

This RFP is protected by crown copyright.

Addenda to this RFP may be issued via [www.tenders.nsw.gov.au/health](http://www.tenders.nsw.gov.au/health) before the closing date/time, and become part of this RFP.

Respondents are to ensure that all information required is completed and returned to the NSW Ministry of Health as per the section on Completion and Lodgement of Submissions below.

### **7.2 Completion and lodgement of submissions**

Consistent with the NSW Government Electronic Procurement Implementation Strategy, the collection and lodgement of tenders will occur through the NSW Health e-Tendering website at <https://tenders.nsw.gov.au/health>

The RFP available on the Electronic Tendering System requires respondents to pre-register on the system prior to viewing and downloading the RFP documents. This process ensures that the respondent's contact details, particularly the respondent's email address, are recorded.

Respondents should note that their contact e-mail address, as registered with the NSW Health

e-Tendering website at the time of downloading a RFP from that website, will be used to forward system-generated notices including notifications of amendments, clarifications and/or addenda to the RFP.

Upon lodgement and receipt of an electronic tender response, a system-generated email is forwarded to the respondent as an acknowledgement of receipt of the RFP response.

### **7.3 Right not to proceed**

NSW Health reserves the right to terminate this RFP at its discretion at any point in time.

### **7.4 Right to discuss proposal**

NSW Health reserves the right to discuss each proposal with the respondent to clarify issues and address priority needs.

### **7.5 Contractual relationship**

- 7.5.1 This RFP does not confer any contractual relationship.
- 7.5.2 Responses submitted to this RFP are not a contractual relationship between HAC and the respondents, nor do they bind HAC to proceeding beyond this Tender.
- 7.5.3 Respondents may be required to submit responses to enquiries regarding this RFP in writing.
- 7.5.4 Verbal explanations or instructions given to respondents do not bind NSW Health/HAC. It is the responsibility of the respondents to seek written confirmation from the NSW Ministry of Health/HAC to any enquiries. Written information used to clarify any part(s) of this RFP may be provided to all respondents.

### **7.6 Copyright**

The copyright in this document remains the property of the NSW Ministry of Health. It is Crown Copyright and may not be copied, communicated to any third party, or used for any purposes or activities other than those directly associated with the preparation of responses to this document.

### **7.7 Probity**

Respondents shall state in their proposal whether they have any potential conflicts of interest which require disclosure. A record of unethical behaviour may lead to a respondent's submission not receiving further consideration.

Overall probity for this tendering process is being provided by the Procurement Advisory Service of the NSW Ministry of Health's Business and Asset Services Branch.

This RFP has been approved for release by the Deputy Director General, Strategy and Resources.

### **7.8 No economic opportunity**

- 7.8.1 By lodgement of this RFP with the NSW Ministry of Health/HAC the respondent affirms that it has not given, offered to give, nor intends to give at any time thereafter any inducement or reward including any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favour or service to any public servant or employee agent, customer or the Government of NSW in connection with the submitted RFP.
- 7.8.2 If the respondent is found to have offered any inducement or reward in accordance with paragraph 8.1, or is found to have committed corrupt conduct in accordance with the

provisions of the Independent Commission against Corruption Act 1988, the Respondent's response shall be disqualified and any resulting contracts shall be void.

- 7.8.3 The respondent should note that any offer of an inducement or reward to any employee or agent of the Government of NSW in connection with the RFP and submitted Tender Response may constitute a criminal offence under the *Crimes Act 1900* and/or corrupt conduct under the *Independent Commission Against Corruption Act 1988*.

### **7.9 Non-return of the tender**

The proposal submitted by the respondent will be retained by the NSW Ministry of Health.

### **7.10 Respondent's costs**

All costs and expenses incurred by respondents in any way associated with the development, preparation and submissions of proposals, including but not limited to attending meetings and discussions, and providing additional information if required by NSW Ministry of Health or HAC, will be borne entirely by the respondents, including in the event of the RFP having been withdrawn and/or the tendering process discontinued.

### **7.11 Tender controls**

The requirements of this RFP have been compiled in accordance with:

- Public Sector Employment and Management Amendment (Procurement of Goods and Services) Act 2012;
- NSW Government Procurement Guidelines and Tendering Guidelines [www.nswprocurement.com.au](http://www.nswprocurement.com.au)
- NSW Ministry of Health procurement policies;
- Appropriate consultations with industry, government and non-government agencies and other experts.

## **8 Disclosure of Contract Information**

### **8.1 Government Information (Public Access) Act 2009**

The *Government Information (Public Access) Act 2009* (GIPA) provides for rights of access to official documents of the NSW Government and its agencies. The GIPA extends, as far as possible, the right of community to access information (generally documents) in the possession of the NSW Government, limited only by considerations of the protection of essential public interest and of the private and business affairs of persons in respect of whom information is collected and held by departments and public authorities.

### **8.2 Public disclosure of contract arrangements**

NSW Government normally makes public the arrangement of contracts, including the contract price. Should a request be made under the GIPA Act, a decision by the NSW Government to grant or refuse access to tender and/or contract documents considered to be 'commercial in confidence' would normally be made only after consultation with the tender applicant or supplier concerned. Such consultation would nevertheless be without prejudice to any decision to release the information, such decision ultimately determined by the requirements of GIPA Act.

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Respondents are to note that, in accordance with the Government Information (Public Access) Act 2009, certain details of the prospective contract are to be displayed on the NSW Government tenders website, [www.tenders.nsw.gov.au](http://www.tenders.nsw.gov.au).

### 9 Price and Payment

A quote for the total value of the proposal is to be submitted, noting that:

- prices are to be fixed, and be exclusive of GST, with the GST element shown separately where it is applicable;
- the maximum funding approved for the new service will be no more than \$1M (inclusive of GST) over three years; and
- **Returnable Schedule 3 must be completed and submitted.**

### 10 Indicative contract

A copy of an indicative contract for the activity is included amongst material able to be downloaded with this document. A contract will be negotiated as appropriate to any proposal ultimately approved.

## PART B

### RETURNABLE SCHEDULES 1, 2, AND 3

<b>RETURNABLE SCHEDULE 1: RESPONDENT PARTICULARS</b>
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#### Schedule 1A Declaration

HEALTH ADMINISTRATION CORPORATION

HAC RFP 13/23

**"DECLARATION"**

We agree to be bound by the conditions of this Tender.

**ACCEPTED BY THE RESPONDENT:**

Information Sought	Response
Trading Name:	
Contact Name:	
Telephone:	( ) -
Fax:	( ) -
Email:	
Signature of respondent or authorised officer:	
Name of Signatory:	
Title of Signatory:	
Date Signed:	

## Schedule 1B Organisational Information and History

### 1. INTRODUCTION

This section provides information for assessing the respondent's financial and operational capacity and history. It requires information on the legal identity, financial history and organisational structure of the applicant. The information provided will be used to determine the probity of the applicant to deliver the service and may be supported by independent audits, where deemed necessary, in function the scope of the service to be provided and related potential level of financial risks.

### 2. ELIGIBILITY OF APPLICANT

#### LEGAL ENTITIES

HAC will only tender with a legal entity. Respondents must provide relevant documentation to show proof of the organisation being a legal entity.

If the respondent is a consortium, a lead organisation which will be the contracting entity must be nominated. HAC will only contract with one entity and not enter into a contract will all members of a consortium.

### 3. ORGANISATIONAL INFORMATION

#### 3.1 ORGANISATION IDENTIFICATION

Information Sought	Response
Registered name of the organisation responding to this RFP:	
Trading as:	
ABN:	
ACN:	
Years trading under current Company Name (ABN / ACN):	
Year of Incorporation:	

If submitting on behalf of a **consortium**, the respondent (the lead organisation) is required to complete all part of this Section. In addition, the lead organisation must provide the name and contact details of the other members of the consortium (including ABN number/s) as an attachment to this Section.

To ensure the tendering process is competitive and results in the best service for the best value, respondents are required to specify affiliated or linked companies and if applicable the parent organisation.

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Affiliated Companies	ABN / ACN

**3.2 HEAD/REGISTERED OFFICE ADDRESS**

Please complete the table below:

Information Sought	Response
Street Name:	
P.O. Box:	
Suburb:	
State:	
Post Code:	

**3.3 CONFLICT OF INTEREST**

Information Sought	Response (x)	
Will the awarding of this Contract give rise to any relationships, including but not limited to LHDs or other government agencies, direct or indirect, or potential conflicts of interest, which will require disclosure?	Yes ( )	No ( )
If <b>Yes</b> , please provide details:		

## RETURNABLE SCHEDULE 2: RESPONSE TO EVALUATION CRITERIA

Key expectations are for the new services to:

- operate a volunteer support framework on a state-wide basis within six months of approval
- facilitate local access to volunteers
- engage and recruit volunteers suited to supporting palliative care patients and their families and carers
- ensure all volunteers receive appropriate orientation and training as needed as well as access to inputs for their ongoing development
- ensure processes are in place for matching of volunteers to appropriate roles
- supervise, co-ordinate and support the recruited volunteers and their activities where locally appropriate
- collaborate with existing palliative care services and other groups contracted to provide packages of care to sustain integrated care for individuals
- conduct activities engaging the community and increasing awareness of palliative care
- establish and maintain infrastructure required for a state-wide volunteer workforce including:
  - a registry of volunteers and individuals seeking volunteer assistance
  - policies, procedures and templates for the service's operation
  - mechanisms for regular review of services and programs in the context of service demands as well as standards and legislative requirements
  - use of communication technology where appropriate to assist access to information and participation, for example, the maintenance of a web page for volunteer applications
- acknowledge, and where appropriate comply, with relevant policies and guidelines including:  
*Standards for providing quality palliative care for all Australians*  
*National Standards for Involving Volunteers in Not For Profit Organizations*  
*NSW Volunteering Strategy*  
*NSW Health Framework for Engaging, Supporting and Managing Volunteers*

The criteria listed over the following pages will be used to evaluate all submissions and determine the successful respondents.

**It is mandatory that all five selection criteria be addressed in the response. Some suggested content for responses are listed below each criterion but these do not need to be addressed individually.**

If one or more of the criteria are not met, the submission may be rejected without further consideration. **Schedule 2** has a word limit of 10,000 words for tender responses.

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<b>RESPONSE TO EVALUATION CRITERIA</b>	
<b>Selection criterion and content suggestions</b>	<b>Response</b>
<b>CRITERION 1 Demonstrated working knowledge of palliative care volunteer services</b>	
<p>1.1 Understanding of volunteer support services in the context of the current NSW palliative care service developments.</p> <p>1.2 Experience/expertise in assisting people who are dying and their carers/families and details of how the organization plans to apply this experience in order to effectively support volunteer activities</p> <p>1.3 Knowledge of volunteer support approaches found by the organization to be particularly beneficial for people who are dying and their carers/families</p> <p>1.4 Previous experience (and any lessons learnt) in the provision of volunteer services via telephone or other modes other than face to face contact</p> <p>1.5 Awareness of and commitment to the philosophy espoused by the national <i>Standards for providing quality palliative care for all Australians</i></p>	
<b>CRITERION 2 Organisational capacity to provide volunteer support services assisting people who are dying and their carers/families</b>	
<b>2.1 Availability of personnel or capacity to recruit volunteers suited to assisting palliative care patients and their carers/families</b>	
<p>2.1.1 Evidence of staff competencies and/or qualifications</p> <p>2.1.2 Proposed strategic approach to support staff recruitment and the development of appropriate competencies and skills prior to start of service operations.</p> <p>2.1.3 Strategies for the recruitment/retention of Aboriginal people and staff from culturally and linguistically diverse communities (where required).</p>	
<b>2.2 Capacity to provide palliative care volunteers with high quality training, support and supervision on a state-wide basis</b>	
<p>2.2.1 Proposed strategic approach to providing palliative care volunteers with initial and ongoing training</p> <p>2.2.2 Proposed strategies to ensure volunteers in rural and regional areas have appropriate access to training</p> <p>2.2.3 Proposed strategies to support, develop, encourage and oversee volunteers in terms of their skills and activities</p> <p>2.2.4 Details of the organisation's governance arrangements supporting these activities.</p>	

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<p><b>CRITERION 3</b> <b>Demonstrated capacity to establish and operate a state-wide palliative care volunteer support service within six months</b></p>	
<p>3.1 A project implementation plan for establishment of the service within six months from approval</p> <p>3.2 Details (including justification/reasons) of where the service will operate from together with strategies as to how the service will provide volunteer support across the state, e.g. proposed shop-fronts with outreach to specified areas, locations where service communications will be based.</p> <p>3.3 Details on the information and communication technology and telephony available to the provider, or a detailed proposal of how this technology will be acquired and timeframe for implementation</p> <p>3.4 Strategies to promote the service to NSW communities and local service networks</p> <p>3.5 Details of other administrative components of the proposed services, for example, maintenance of a registry of recruited and serving volunteers</p>	
<p><b>CRITERION 4</b> <b>Capability to work effectively with Local Health Districts and other bodies serving palliative care</b></p>	
<p>4.1 Evidence of current linkages and/or partnerships with Local Health Districts and other relevant service providers</p> <p>4.2 Details of how the organization intends to collaborate with both Local Health District volunteer services as well as others serving broader catchments to maximize opportunities for integrated service networks.</p>	
<p><b>CRITERION 5</b> <b>Value for Money represented by the proposal</b></p>	
<p>5.1 Estimated number of volunteers to be supported in each of the years 2013/14, 2014/15 and 2015/16</p> <p>5.2 Estimated number of services to be delivered to patients, families/carers in each of the years 2013/14, 2014/15 and 2015/16</p>	

## RETURNABLE SCHEDULE 3 PROPOSED ANNUAL SERVICE BUDGET

This budget template is for estimating yearly costs associated with the key service components. This information will be used as a guide by the Evaluation Panel to consider whether:

- The breakdown of costs is a reasonable mix of administrative/on costs and service delivery.
- The breakdown of costs in the organisation's budget for the service supports the applicant's ability to deliver the services outlined in the RFP.

Proposed Budget	2014	2015	2016
Year ending	\$	\$	\$
<b>INCOME</b>			
<b>A Funding Required</b>			
<b>B Other Income</b>			
MBS/PBS Income			
Non-Government Sources			
Sundry Income			
<b>Total</b>			
<b>TOTAL INCOME</b>			
<b>C Staff Salaries</b>			
Salary and Wages			
On Costs			
Other employee related			
<b>Total</b>			
<b>D Service Costs</b>			
Professional Services			
Equipment and Supplies			
Advertising and Promotion			
Brokerage			
Language and Cultural Services			
Other			
<b>Total</b>			
<b>E Management Costs</b>			
Administration			
Management costs			
Other			
<b>Total</b>			
<b>TOTAL EXPENSES</b>			
<b>F Capital Costs - please list</b>			
<b>Total</b>			
<b>BUDGET TOTAL (C+D+E+F-B) (excl GST)</b>			
<b>GST (attributable to service)</b>			
<b>GST inclusive</b>			