

Schedule 1 Request for Quotation Template (Model A)

Note to IProvider:

This Schedule 5 provides a Request for Quotation (RFQ) template that includes the typical information that an Agency will provide to the IProvider to request a quotation for the provision of Administration of Vaccine Services to an Agency, as detailed in clause 10.2 of this Head Agreement. It is intended that the RFQ will be provided as a smart form. The intent of this template and any smart form is to achieve a high level of standardisation and consistency in Agency RFQs to provide efficiencies to Agencies and IProviders, however, it will not be mandatory that Agencies use this RFQ Template or any resulting smart form to request quotes from IProviders.

Introduction

This RFQ is issued under clause **Error! Reference source not found.** of the Head Agreement between the IProvider and the Department of Health.

Request For Quotation for Services

[IProvider's Representative]

[IProvider's Name]

[IProvider's Address]

[IProvider's ABN]

Sent via: [email]: [IProvider's email address]

Agency Information

Agency

[Insert Agency name]

Other Agency

[Yes or No]

Agency File Reference

[Insert Agency file reference number]

RFQ Reference

[Insert Agency RFQ reference number]

Cost Centre

[Insert Agency's cost centre]

Agency Representative

Name: [Insert contact name]

Position: [Insert title]

Address: [Insert address, including postcode]

Email: [Insert email address]

Contact number: [Insert contact number, including area code]

Mobile: [Insert mobile number]

RFQ and Proposed Order Details	
RFQ Release Date	[insert date the RFQ is released]
RFQ Closing Date	[insert date and time the RFQ closes]
Proposed Order Commencement Date	[insert date the Services will commence] [note allow 14 days after signing order for vaccine delivery or such other time specified in the VAPP Manual]
Proposed Order Term and/or Order completion date	[insert the Order term and/or completion date] [Completion date must be the earlier of [proposed date] or the expiry or early termination of the Head Agreement]
Options to extend	The Agency may extend the Agency Order for [insert time period] by providing written notice to the IProvider prior to the order completion date specified in the Order. [Note: the Agency Order cannot be extended beyond the term of the Head Agreement]

Statement of Work	
Services description	<ul style="list-style-type: none"> Providing support for all aspects of vaccine administration (principally, workforce management, verifying recipient eligibility for vaccination, scheduling of appointments to manage supply and demand, distribution of Vaccine, reporting, refrigerated storage capacity and management, physical security of vials, follow-up for second dose if required for the Target Population); vaccination for the Target Population, at each Vaccination Site; any other Service set out in Error! Reference source not found. (Services);
Target Population	[include details of anticipated numbers of persons to be vaccinated at each location and description of persons (such as childcare workers)]
Delivery Model	Specify model to be used: <ul style="list-style-type: none"> Mobile Clinics – trucks that pull up outside other facilities (eg school) In-reach – going to a location and providing the services on site to people who live or work at that site and to other people by invitation (eg family members) New Clinics (including mass vaccination clinics) – setting up a clinic at a particular location (eg sport stadium, community hall)
Vaccine	[include details of type(s) of Vaccines.] [Note: If the Agency is an Other Agency the vaccines will not be supplied by Health, and the Other Agency is responsible for acquiring the vaccines to be administered under this Order]
Locations	[Insert the location/sites of persons to be vaccinated]

Statement of Work	
Subcontractors	<p>[Select one of the following statements:</p> <p>The IProvider may nominate subcontractors to provide some or all of the Services; or</p> <p>The IProvider may not nominate subcontractors to provide some or all of the Services.]</p>
National Outbreak Response Option	[Yes/No – Is this order for National Outbreak Response Option?]
Service Charges	[Insert “Are the Service Charges specified in Error! Reference source not found. (Pricing)” if the pricing from the Head Agreement applies or “Are the Service Charges listed below: [insert these]]
Payment Terms	<p>[Select the relevant payment terms]</p> <p>[For Agencies that are not Other Agencies:</p> <p>(a) five calendar days where the Agency and the IProvider both have the capability to deliver and receive invoices through the Pan-European Public Procurement On-Line Framework and have agreed to use this method of invoicing; or (b) 20 calendar days]</p> <p>[For Other Agencies:[insert payment terms]]</p>
Invoicing	[Agency to include any additional invoicing requirements]
Travel	[Insert details of any travel that may be required or insert Not Applicable].
Additional Charges	[insert any additional charges]
GST	[Insert “N/A” if Service Charge is GST inclusive or insert “GST exclusive” if the Service Charge is GST exclusive]

Key Personnel Requirements	
Required Qualifications and Experience	[Include details of mandatory/desired qualifications, expertise, capacity and capability of Key Personnel, and whether or not they must have a security clearance]
Other Requirements for Key Personnel	[For example, proposed Personnel performing the Services may be required to sign a deed and acknowledgements relating to confidentiality, security and other relevant matters as required by the Agency. Any Agency Order will be conditional on this occurring]

Additional Requirements	
Additional clauses	[if required]
Liability	[The default liability cap is set out in clause Error! Reference source not found. of the Head Agreement. Specify if an alternate liability cap should

Additional Requirements	
	apply. State any amendments to the exclusions to the liability cap, or other liability positions required]
Additional or alternate requirements – insurance	<p>[Insert any additional requirements (if any) for relevant insurances where these differ from the insurance amounts in the Head Agreement;</p> <p>or</p> <p>insert 'Not Applicable'. Where 'Not Applicable' is specified, the insurance requirements under the Head Agreement will apply]</p> <p>[Insert if the IProvider may self-insure for certain insurance amounts where this is permitted by law]</p>
Agency Service Levels	[Insert any proposed service level that apply to the delivery of the Services]
Conditions/Restrictions for Personal Information	[State any additional conditions/restrictions for Personal Information contained in this Head Agreement, or that apply to particular aspects of work or insert 'Not Applicable']
Other Additional Requirements	[Include any other additional requirements, if applicable - for example additional reporting requirements]
Minimum Requirements for Vaccination Sites	[Advise of acceptable changes to the minimum requirements for vaccination sites (see clause Error! Reference source not found. , Error! Reference source not found. (Services)), having regard to the Delivery Model, location of Target Population of other special circumstances]

Commonwealth Policy Requirements	
Black Economy Policy	[Mark "Not applicable" for Other Agencies] [For procurements valued at \$4 million or more the Black Economy Policy applies.]
Indigenous Procurement Policy	[For procurements valued at \$7.5 million or more, insert that clause Error! Reference source not found. of this Head Agreement applies]
Australian Industry Participation Plan	[Mark "Not applicable" for Other Agencies] [For procurement valued at \$20 million or more, the Australian Industry Participation policy may apply]

Evaluation Criteria
<p>Responses to this RFQ will be evaluated against the following criteria: <i>[Note: Agencies should select the evaluation criteria they wish to apply (if any) and may include their own criteria].</i></p> <ul style="list-style-type: none"> • The IProvider's demonstrated understanding of the Services required, including the identification of any key challenges and the management of risk. • The IProvider's demonstrated capability and capacity to provide the Services described in this Order to a high standard and within the specified timeframes. • The IProvider's demonstrated organisational experience in providing the similar services to the Services described in this Order.

Evaluation Criteria

- The relevant experience of nominated Key Personnel in providing the similar services to the Services described in this Order [include any relevant qualifications, certifications, etc. required].
- The professional and other standards that your organisation would apply to the Services and the measures your organisation proposes to ensure that standards are maintained for the term of the Agency Order.
- The extent to which the level and structure of Service Charges proposed provides value for money.

Responding to this RFQ

[Agencies will select from the requirements below and/or include their own requirements]

The IProvider is required to complete the following information:

[IProvider's Representative]

[IProvider's Name]

[IProvider's Address]

[IProvider's ABN]

[IProvider's contact details]

[IProvider's capacity]

[IProvider's nominated industry sectors and population groups]

[IProvider's team compositions]

[IProvider's pricing]

[IProvider's nominated locations/regions]

In responding to this RFQ, the IProvider should address each of the evaluation criteria outlined above.

The IProvider is also required to:

- identify any subcontractors nominated to provide the services and their role in the delivery of the services
- disclose any conflicts of interest it would have with the delivery of the Services
- include any information in its response that it requests to remain confidential:

IProvider Confidential information	Period of Confidentiality
[IProvider Confidential information 1]	[IProvider Confidential information 1]
[IProvider Confidential information 2]	[IProvider Confidential information 2]