

Appendix 1 - Application Form

EOI-2526-16 – Healthy Ageing: Physical Activity & Social Wellbeing Program

This form is for reference only and allows Respondents to view all key questions in full. It must not be used as the official application form.

All applicants are required to complete the online application form via [Tenderlink](#). Please note: The format of the application form in this document and on Tenderlink may vary.

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1. EOI Guideline and appendices

Please find EOI guideline and appendices in the attachments.

Please indicate yes if you have reviewed and understand the Expression of Interest Guideline and its appendices	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Application Form

2.1 Eligibility criteria	
Which of the following best describes your organisation?	<input type="checkbox"/> Non-government organisation (e.g. charity, not-for-profit, community health organisation) <input type="checkbox"/> State government agency <input type="checkbox"/> General practice or other primary care provider <input type="checkbox"/> Individual providers and/or organisations working in consortia or partnerships, with one lead agency nominated as the legal entity <input type="checkbox"/> Other, please specify
Consortium (if applicable)	Please state all organisation names under consortium here.
Does your organisation meet all eligibility criteria as outlined under Section 3 – EOI guideline	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.2 Organisation Details	
Organisation name (Legal name)	

Business Name (if different from Legal name)				
ABN (Required)		Is the Entity registered for GST?	<input type="checkbox"/>	Yes
			<input type="checkbox"/>	No
ACN (if applicable)				
Business address:				
	Town:		Postcode:	
Location of other Offices (if any)				
Business phone:				

2.2 Contact details

Key contact person #1: <i>*Person that is authorised to sign the application form</i>	Name:	
	Position in business:	
	Email:	
	Mobile phone:	
Key contact person #2: <i>*Person that will manage/coordinate the project</i>	Name:	
	Position in business:	
	Email:	
	Mobile phone:	
Number of full-time equivalent (FTE) positions allocated to this proposed project		

2.3 Compliance requirements

1. Provide copies of your current accreditation certificate(s) from your professional body. The accreditation certificate must demonstrate the respondent's eligibility to work in their chosen field. Additionally, respondents should address whether the Expression of Interest (EOI) subject matter requires specific accreditation to work with the intended target population or type of program. <i>If accreditation certificate(s) is not available, please specify reasons.</i>	Documents must be relevant, current and valid	<input type="checkbox"/>
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2. Provide copies of required insurance <ul style="list-style-type: none"> • Copy of Public liability insurance with minimum cover of \$20,000,000 for each and every occurrence. • Copy of Professional indemnity/Malpractice indemnity insurance with minimum cover of \$10,000,000 per claim and in the aggregate. • Copy of Workers' compensation insurance or registration as required by law. • Copy of cyber security insurance (optional). 	Documents must be current and valid.	<input type="checkbox"/>
3. Audited annual financial statements for the last financial years (FY2024-2025) (balance sheets and statement of cash flows) or profit and loss statements.	Documents must meet requirements	<input type="checkbox"/>
4. Letters of support You may attach letter(s) of support if available. Please combine all letters into a single document before uploading. Providing this document is optional, and not including letters of support will not affect the eligibility of your application.	Optional	<input type="checkbox"/>
5. Include at a minimum two (2) professional referees (from external organisations) <u>if Respondents have not received at least \$100,000.00 funding from COORDINARE previously.</u> Information to provide includes: <ol style="list-style-type: none"> 1. Organisation name: 2. Contact Name and Title: 3. Email: 4. Phone number: 	Professional referees must meet requirements.	<input type="checkbox"/>
Note: If any document is not available, please specify the reason. Supporting documents can be uploaded in the TenderLink online form		<input type="checkbox"/>

2.4. Assessment Criteria

Please provide responses to the criteria outlined below. Note that responses will be considered in the context of the size and resources of the organisation or applicant. Please indicate 'N/A' if any of the responses required are not relevant to your organisation or proposed service.

Instruction:

If an applicant chooses to apply for more than one funding allocation

- Scalability must be demonstrated within the application by addressing program reach and capacity for each funding scenario (for example the applicant must address program capacity, staffing profile etc for one allocation versus two allocations).
- A separate budget must be submitted for each scenario. For example, if an applicant applies for two allocations, the applicant must supply a budget for \$279,150 and a budget for \$558,300.

<p>Select number of funding allocations you are applying for:</p> <p><input type="checkbox"/> 1 allocation</p> <p><input type="checkbox"/> 2 allocations</p> <p><input type="checkbox"/> 3 allocations</p>
<p>1. Program Overview & Evidence - 35%</p> <p>Describe your proposed program and how it supports early intervention for healthy aging, chronic condition management, social isolation, and preventing premature entry into residential aged care. Include the following key components in your response:</p> <ul style="list-style-type: none"> • Program details including location/s, delivery schedule, eligibility, referral pathways, and reference to the evidence base or framework on which the program is based (including previous outcomes if available) • Screening and risk management protocols to ensure participant safety • Outline how you will engage local communities and stakeholders to promote participation • Approach to program sustainability <p><i>[please provide your answer here] (1,000 max word limit)</i></p>
<p>2. Workforce Capacity, Delivery & Outcomes - 35%</p> <p>Outline the proposed workforce, governance and monitoring and evaluation approach for the program, including:</p> <ul style="list-style-type: none"> • Your organisation's existing operational and clinical management functions and how they will relate to this project • Details of existing governance arrangements including relevant policies and procedures • Program implementation plan, key milestones, and capacity to commence the project in February 2026. • Approach to collecting consumer and referrer feedback • Approach to measuring consumer outcomes, including proposed outcome measure tool/s and patient stories (may include measurement of physical/functional changes, mental wellbeing, social health) • Evidence of capacity and proposed mechanisms to collect and provide to COORDINARE de-identified data as specified in 8. Data collection and Reporting Requirements in EOI Guideline (page 5). • Proposed approach to continuous quality improvement of the service. <p><i>[please provide your answer here] (1,000 max word limit)</i></p>
<p>3. Geographic Reach & Accessibility - 20%</p> <p>Outline the proposed reach of the program including how the program addresses health inequities and promotes improved access. Include the following key components:</p>

- Which eligible LGAs will your program target and rationale/data to support the proposed location/s
- Proposed strategies to ensure equitable access and inclusion. Depending on the target population and geographic area, this may include addressing transport/location access, frailty, disability, low literacy, limited digital skills, cultural responsiveness, language support
- Strategies for engaging with priority groups where relevant (may include Aboriginal and Torres Strait Islander people, culturally diverse communities) including any existing partnerships or networks that may support this engagement.

[please provide your answer here] (1,000 max word limit)

4. Budget and risk management - 10%

The amount of funding (excluding GST) available for individual proposal is:

- \$279,150 (one allocation)
- \$558,300 (two allocations)
- \$837,450 (three allocations)

Provide a detailed breakdown in the excel template Appendix 2 – Budget template. **Please ensure you provide a budget for each number of allocations being applied for (see Section 4. Project Funding in the EOI Guideline).**

The budget must provide an estimated cost for the proposed service. The costs should include an administration % that is reasonable and reflects market norms. Budget must demonstrate value for money as explained below:

Value for Money

Price is not the sole determining factor in assessing Value for Money. A comparative analysis of relevant financial and non-financial costs and benefits of alternative solutions throughout the procurement will inform a Value for Money assessment. Factors to consider include, but are not limited to:

- a. fitness for purpose;
- b. potential supplier's experience and performance history;
- c. flexibility, including innovation and adaptability; and
- d. whole of life costs.

Risk Management

Please provide a risk assessment of the initiative with details on how your organisation will mitigate any identified risk. The risk management plan should include both organisational-level and service-level risks.

[please provide your answer here] (1000 max word limit)

Attach your budget template in accordance with number of allocations you apply for.

Attachment for other supporting documents

Any text beyond the word limit may not be reviewed by the evaluator.

3. Conflict of Interest

COORDINARE - South Eastern NSW PHN (COORDINARE) is committed to appropriately managing conflicts of interest in order to protect our integrity in decision making, maintain stakeholder confidence and ensure responsible, ethical conduct at all times. A conflict of interest occurs where the ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced by involvement in another role or relationship. A potential for competing interests and/or a perception of impaired judgement or undue influence can also be a conflict of interest. As part of COORDINARE 's approach to managing conflicts of interest and ensuring transparency and probity in its commissioning processes, all contracted service providers, and bidders, are required to declare any conflicts of interest, at the organisational or individual level, as they arise. Further information on COORDINARE conflict of interest policies and probity requirements, is available from COORDINARE.

Are you aware of any potential, perceived or actual conflicts that could arise in relation to this proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question, please provide a brief explanation in the space provided.	[answer here]

4. Declaration

<i>This must be completed by an authorised representative of the organisation submitting the application:</i>	Agree
I can confirm that the contents of this application are to the best of my knowledge accurate, complete and do not contain any false, misleading or deceptive misrepresentation, claims or statements.	<input type="checkbox"/>
I declare that the organisation is able to implement the project within the proposed time frame.	<input type="checkbox"/>
I declare that the organisation is financially viable and able to manage the funding within the proposed timeframe and within proposed budget.	<input type="checkbox"/>
I have read and agree with the EOI documentation and the associated conditions.	<input type="checkbox"/>
I declare that this application does not duplicate existing funding, service delivery or ongoing operational costs.	<input type="checkbox"/>
I understand that this proposal does not create a legal or binding commitment and that if successful I will be bound by a contract with COORDINARE - South Eastern NSW PHN.	<input type="checkbox"/>

I understand and accept that information provided in this proposal may be stored by COORDINARE – South Eastern NSW PHN in various hardcopy and/or electronic formats.	<input type="checkbox"/>
I understand that this proposal does not create a legal or binding commitment and that if successful I will be bound by a contract with COORDINARE - South Eastern NSW PHN.	<input type="checkbox"/>
<p>I understand that if my organisation is successful in gaining funding that the organisation will be bound by the Service Agreement or terms and conditions of COORDINARE. These will include but will not be limited to:</p> <p>a) submitting a detailed Project Plan (prior to receiving funding)</p> <p>b) ensuring financial accountability for the funding</p> <p>c) ensuring current and adequate insurances are in place</p>	<input type="checkbox"/>
I understand that COORDINARE – South Eastern NSW PHN may require additional information to support this application.	<input type="checkbox"/>
I understand that SENSW PHN may negotiate changes to my organisation's EOI including funding to meet the desired outcomes.	
If this proposal is successful, I agree to provide reports in the specified format to COORDINARE – South Eastern NSW PHN on activity processes and outcomes.	<input type="checkbox"/>
I am aware that a list of services funded by COORDINARE – South Eastern NSW PHN will be made public.	
I understand that if the conditions of the funding are not complied with, COORDINARE – South Eastern NSW PHN may seek to recover any funds allocated.	<input type="checkbox"/>
By providing this information I confirm that I am the authorised representative and have read and agree to the declaration on behalf of the organisation.	<input type="checkbox"/>

Authorised Representative Name:		Date:	
Position of Authorised Representative:			
Authorised Representative Signature:	<i>[e-signature is accepted]</i>		