Request for Proposal

RFP-2627-01 – Queanbeyan Medicare Mental Health Centre

Activity	Date
Release date	9 September 2026
Industry Briefing and Q&A session *Click here to register*	2pm 23 September 2026
Closing date and time *Note: late applications will not be accepted*	5pm 18 October 2026
Shortlisting	October/November 2026
Clarification / negotiation	November 2026
Funding awarded	November 2026
Indicative contract start date	1 December 2026
Establishment period	1 December 2026 – 30 June 2027
Service fully operational	By 1 July 2027

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1. Organisation overview

COORDINARE, as the South Eastern NSW Primary Health Network, is dedicated to fostering healthier communities. Our role is to improve the health and wellbeing of our community which is one of the largest rural and regional populations in NSW. To do this, we collaborate with the community, general practices and other stakeholders to design solutions that make it easier for people to get the health care they need. We also use our knowledge and commissioning expertise to attract new funding partners to expand our impact.

Our region stretches from Helensburgh in the north to the Victoria border in the south and inland to Cooma/Monaro, Queanbeyan, Yass and Goulburn.

More information about COORDINARE can be found on our website, including COORDINARE's Strategic Directions 2024-2027.

2. Project background

Purpose

COORDINARE has received Australian Government funding to establish a new Medicare Mental Health Centre in Queanbeyan. This Request for Proposal (RFP) seeks to identify a suitably qualified provider to establish and operate the Queanbeyan Medicare Mental Health Centre (also referred to as the "MMHC") in accordance with Appendix 2 - National Service Model Medicare Mental Health Centres, and COORDINARE's commissioning requirements.

Objectives

The Queanbeyan MMHC will provide free, timely and person-centred mental health support for adults experiencing psychological distress, mental ill health and/or co-occurring alcohol and other drug concerns.

The National Service Model (Appendix 2) outlines four core service elements:

- Respond to people in significant distress, including people at heightened risk of suicide, providing support that may reduce the need for emergency department attendance.
- Provide a central point to connect people to other services in the region, including through offering information and advice about mental health and alcohol and other drugs (AOD) use, service navigation, and warm referral pathways for individuals and their carers and family.
- Provide in-house assessment, including information and support to access services.
- Provide evidence-based and evidence-informed immediate support and short-to-medium term episodes of care, including utilisation of digital mental health platforms.

The MMHC will be expected to reduce barriers to care and strengthen local pathways across primary care, specialist mental health, alcohol and other drugs, Aboriginal health, psychosocial and broader community

services. Respondents are encouraged to consider opportunities that support service integration and consumer access, including co-location with complementary services where appropriate.

The service is expected to be fully operational by 1 July 2027.

Issue background

The Medicare Mental Health Centre program is a national reform initiative funded by the Australian Government to improve access to free, community-based adult mental health services. The program responds to persistent barriers in the mental health system, including difficulties accessing timely support, service fragmentation, reliance on emergency departments during periods of distress, and challenges navigating appropriate care pathways.

As part of the national expansion of the Medicare Mental Health Centre network, COORDINARE has received funding to commission a new centre in Queanbeyan. This expansion forms part of a broader national investment in free mental health supports and is intended to improve access to multidisciplinary care across metropolitan, regional and rural communities.

Locally, the Queanbeyan MMHC will be established as a new, visible and accessible adult mental health entry point for Queanbeyan and surrounding communities. Establishment of the MMHC will require careful attention to service positioning, workforce, property availability and co-location opportunities, community awareness, referral pathways and integration with the broader local service system.

Local snapshot

Queanbeyan is one of the larger regional populations in the South Eastern NSW PHN catchment, with an estimated 66,855 residents. The region has strong cross-border links with the ACT, and the COORDINARE needs assessment identifies fragmented communication and linkages across state-border services, including NSW residents seeking care in the ACT and poor linkages back into the NSW primary care system.

According to the COORDINARE Population Health Profile, 12.5% of Queanbeyan residents were born in predominantly non-English speaking countries, 14.4% speak a language other than English at home, and 4.1% identify as Aboriginal and/or Torres Strait Islander. The local population aged 65 years and over is projected to increase by 46.5% between 2021 and 2031.

The COORDINARE needs assessment identifies high mental health need across the catchment, including higher than NSW and national rates of long-term mental or behavioural problems and high or very high psychological distress. It also identifies access barriers relevant to Queanbeyan, including cost, long wait times, limited psychiatry availability, lack of bulk-billing general practice, fragmented referral pathways, low service awareness, and limited culturally appropriate supports.

Workforce data further indicates local constraints. The COORDINARE Population Health Profile identifies low psychologist workforce availability in Queanbeyan, at 30.5 full-time equivalent per 100,000 population, compared with 99.0 across the catchment. Primary care nurse workforce availability is also low, at 25.3 full-time equivalent per 100,000 population, compared with 41.6 across the catchment.

3. Scope and Specifications

Establishment and Service delivery

The scope of this procurement includes both the establishment of the Queanbeyan MMHC and the ongoing operation of the service. Detailed service requirements, scope and specifications are set out in Appendix 2 – National Service Model Medicare Mental Health Centres. Respondents must review the National Service Model in full and ensure their proposed approach aligns with the required service elements, workforce expectations, partnership requirements, safety and quality arrangements, and out-of-scope service boundaries described in that document.

Location, Lease, and Fit Out

The successful provider is responsible for identifying and securing a suitable premises for the Queanbeyan MMHC in line with the Guidance for appropriate sites in Appendix 2 – National Service Model Medicare Mental Health Centres. Site selection must be undertaken in collaboration with COORDINARE and the selected site must be agreed and approved by COORDINARE. The provider will be required to manage all leasing requirements.

A co-location opportunity may be available with headspace Queanbeyan. Information about this opportunity is at Appendix 5. *Please note that COORDINARE is providing this information to assist respondents however this should not be interpreted as COORDINARE having made a decision that this location is preferred to other potential locations. Respondents considering this co-location opportunity are encouraged to undertake their own due diligence and to identify and assess alternative premises options as part of their response, should the co-location arrangement ultimately prove unsuitable or unavailable.*

4. Service Establishment

The provider will establish the service to meet the following timeline:

Indicative Contract Start Date	By 1 December 2026
Establishment period	From contract start date until – 30 June 2027
Service fully operational	By 1 July 2027

Establishment Phase

COORDINARE expects Provider to utilise the establishment period to progressively implement and embed the service model prior to full operationalisation by 1 July 2027.

During this phase the Provider will be expected to:

1. Identify and secure premises, including building fit out
2. Undertake Local design and consultation to refine local service offering
3. Undertake local service mapping to identify existing services, referral pathways, service gaps, and opportunities for collaboration and integration within the Queanbeyan region

4. Form partnerships with external services to enable an integrated approach for individuals who may require transfer from one service to the other. This includes establishing and developing clearly defined communication protocols and seamless referral pathways between the MMHC and the Southern New South Wales Local Health District.
5. Establish models of care, governance and clinical governance frameworks which include risk management, operational plans, policies and procedures, protocols and safety and quality standards for the smooth operation of the MMHC.
6. Establish in-house central intake and assessment services (based on IAR guidelines), care and referral pathways and related protocols.
7. Establish operational arrangements with the Medicare Mental Health Phone Service and ensure service information is maintained within nationally endorsed service directories prior to commencement of service delivery
8. Develop culturally responsive service delivery approaches, including engagement strategies to support access for culturally and linguistically diverse (CALD) communities, Aboriginal and/or Torres Strait Islander people, and other priority populations.
9. Develop position descriptions for the multidisciplinary team members and recruit appropriately qualified and experienced staff.
10. Establish workforce recruitment, retention, supervision and professional development approaches to support sustainable service delivery.
11. Establish clinical management, client records and other data capture systems.
12. Develop community awareness and engagement activities to support visibility of the service and early access to care.
13. Commence the delivery of core aspects of the service to ensure service delivery is fully operational by 1 July 2027.

5. Reporting

Respondents must demonstrate their ability to meet COORDINARE's data and reporting requirements.

The successful Provider must prepare and maintain an Implementation Plan and Budget, and an annual Service Plan and Budget. The Provider will also deliver 6 monthly performance and financial reports, and annual audited financial statements in a format specified by COORDINARE.

The Provider will be required to submit data to the Primary Mental Health Care Minimum Data Set (PMHC-MDS) on a monthly basis while complying with PMHC MDS and COORDINARE data related rules and instructions.

Additional measures and key performance indicators may be developed to monitor delivery of the Medicare Mental Health Centre National Service Model and support ongoing service improvement.

6. Child Safety Principle

Respondents should be aware that the delivery of services may involve contact with children. When this occurs, successful Respondent is expected to have appropriate and proportionate measures in place to support compliance with any applicable child safety legislation and requirements relevant to their services during the Contract Term.

7. Project funding

This service is supported by funding from COORDINARE – South Eastern NSW PHN through the Australian Government's PHN Program. A total of up to $920,000 (ex GST) in establishment funding is available in 2026-27 to support the establishment of the Queanbeyan Medicare Mental Health Centre.

Establishment funding may be used for eligible costs including sourcing and securing suitable premises, administration, building fit-out, IT-related costs, codesign/consultation and service design. Establishment funding cannot be used for the construction of a new building or to extend an existing building.

Establishment of the service is expected to be complete by 30 June 2027.

Indicative operational funding is $1,123,972 (ex GST) per annum in 2027-28 and 2028-29. It is expected that the MMHC be fully operational by 1 July 2027 following establishment and contract execution.

Anticipated Service Budget

2026-27 (Establishment) ex GST	2027-28 ex GST	2028-29 ex GST	Total ex GST
$920,000	$1,123,972	$1,123,972	$3,167,944

See clause 8.17 in Appendix 4 for information regarding ineligible expenditure and funding restrictions.

Note: COORDINARE reserves the right to determine whether proposed expenditure is eligible for funding, consistent with the objectives and requirements of this funding opportunity. Respondents are encouraged to seek clarification on any expenditure items where eligibility is uncertain before the application closing date.

8. Evaluation of submission

Applications will be assessed against the mandatory eligibility requirements and weighted assessment criteria outlined in this RFP and the Tenderlink application form.

Mandatory Eligibility Criteria

Respondents must meet the following mandatory eligibility requirements to be considered for funding. Organisations that do **NOT MEET** the below 'Eligibility criteria' are encouraged not to apply.

The eligibility criteria will be assessed on a **pass/fail basis**. Respondents must provide sufficient information and evidence to demonstrate compliance with each criterion. Applications that do not satisfy all mandatory eligibility requirements may be deemed non-compliant and excluded from further evaluation.

The table below outlines the key eligibility areas.

Eligibility criteria	Guidance
Legal Entity Status	Respondents must: • hold a valid Australian Business Number (ABN) • be registered for GST Consortium and partnership applications are welcome. A Lead Organisation must be nominated and will be responsible for the application, contract, and delivery of services. COORDINARE will contract only with the Lead Organisation. Any participating partner organisations will be considered subcontractors to the Lead Organisation.
Ineligible entity	Applications from state-run entities such as Local Health Districts, NSW Ambulance, or other government-operated services **are ineligible to apply**, unless explicitly permitted under the PHN Grant Program Guidelines.
Geographic location	The applicant organisation must demonstrate the ability to establish and deliver the Medicare Mental Health Centre from a physical site located in Queanbeyan. The proposed location must be accessible to individuals in Queanbeyan and surrounding communities and support safe, visible and appropriate service delivery in accordance with the Medicare Mental Health Centre National Service Model.
Accreditation	Accreditation certificates must demonstrate the respondent's eligibility to deliver services in their chosen fields Respondents must provide evidence that they hold accreditation, or are actively working towards accreditation, against the relevant safety and quality standards applicable to the proposed service model and the Medicare Mental Health Centre, including: a. National Safety and Quality Health Service Standards; b. National Safety and Quality Mental Health Standards for Community Managed Organisations; and c. National Safety and Quality Digital Mental Health Standards. Respondents must provide copies of current accreditation certificates. Where accreditation is not yet held, respondents must demonstrate

	progress towards accreditation within 12 months, including evidence of engagement with an approved accrediting body and any identified barriers to compliance. Evidence of accreditation under recognised standards, such as QIC Health and Community Services Standards, may also be provided where relevant.
Insurances	Respondents must hold and maintain appropriate insurance coverage, including: • Public Liability Insurance - A minimum cover of $20 million for each and every occurrence. • Professional Indemnity Insurance – A minimum cover of $10 million per claim and in the aggregate of all claims. • Workers Compensation Insurance (or equivalent). • Cyber liability insurance (where applicable). • Other insurance appropriate to the nature and scale of the services proposed. All insurances documents must be current and valid at the time of application.
Financial Capability	Respondents must demonstrate they have the financial capability to establish and deliver the proposed service. Respondent must provide either: • Audited Financial Statements for the last 2 years, • a Statement of Financial Viability, • or other supporting documentation acceptable to COORDINARE. Applicants must declare any circumstances that may impact their financial capacity to deliver the service.
Professional Reference	Applicants who have not previously received funding of $100,000 or more from COORDINARE must provide a minimum of two (2) professional referees from external organisations.
Conflict of Interest	Applicants must declare any actual, perceived or potential conflict of interest. Applications involving conflicts that cannot be appropriately managed may be excluded from assessment.
Complete and Accurate Submission	Applications must be complete and include all required information and supporting documentation. Applications containing false, misleading or incomplete information may be excluded from assessment. Respondent must complete:

	- Online Tenderlink application - Appendix 1 – Budget template - Appendix 6 – An Implementation Plan - A Risk Management Plan - Any mandatory compliance documents specified in the Tenderlink application form. - Any relevant supporting documents to evidence any statements made in the RFP application (6 pages maximum/document)
Submission method	Applications must be submitted via **Tenderlink.** Respondents register themselves via Tenderlink – registration is free and required to access the portal. Please see Appendix 3 – Tenderlink User Guide for Supplier Response for more information. Submission via other channels will not be accepted. Late or non-compliant submissions will not be considered.

Weighted Assessment Criteria

Weighted Assessment Criteria	Guidance

Criteria 1 – Service delivery model and consumer journey (1000 max word limit) - 25%	Outline your proposed service delivery model and how it will operate within the Queanbeyan region.
	
	Responses should demonstrate:
	• alignment with the Medicare Mental Health Centre National Service Model, including a no-wrong-door, walk-in, free, safe and welcoming service response
	• how the four core service elements will be operationalised within the local context:
	  ○ immediate support for people in distress
	  ○ service navigation and connection
	  ○ in-house assessment
	  ○ evidence-based immediate and short to medium-term episodes of care
	• the proposed consumer journey from first contact through to assessment, intervention, referral and discharge
	• approaches to responding to varying levels of complexity, acuity and support needs, including people experiencing psychological distress and heightened suicide risk

	• care coordination, service navigation and warm referral pathways • how clinical systems and digital health tools, including secure messaging, telehealth and digital mental health platforms, will support safe, connected and accessible service delivery • understanding of the Queanbeyan service system, population needs, priority cohorts and existing service gaps.
Criteria 2 – Implementation and mobilisation (800 max word limit) - 20%	Describe your approach to establishing and mobilising the Queanbeyan Medicare Mental Health Centre within the required timeframe. Responses should demonstrate: • a clear mobilisation and implementation approach • arrangements for securing and preparing suitable premises and/or co-location partnership arrangements • workforce recruitment, onboarding and training activities, including approaches to addressing local workforce challenges • establishment of operational, clinical and reporting systems required to support service commencement • Approach to local design and stakeholder engagement activities during establishment • service promotion and community awareness activities • readiness to commence service delivery within the required timeframe • identification of key implementation risks and mitigation strategies. Applicants must provide a high-level implementation plan (Appendix 6) (not included in the 800-word limit).
Criteria 3 – Organisational capability and experience (500 max word limit) – 15%	Describe your organisation's capability and experience to establish and operate the proposed service. Your response should include: • experience delivering comparable multidisciplinary service models • examples of successfully establishing new services, sites or programs • evidence of outcomes or impacts achieved through delivery of comparable services • experience recruiting, mobilising, and managing multidisciplinary workforces for comparable services

	• experience developing and maintaining partnerships across health and community services that have supported service delivery outcomes • experience working within Queanbeyan and surrounds and/or other parts of SENSW and/or demonstrated understanding of the local context and needs.
Criteria 4 – Workforce model and service capacity (400 max word limit) – 10%	Demonstrate how the proposed workforce will support delivery of the Medicare Mental Health Centre National Service Model. Responses should demonstrate: • a proposed multidisciplinary workforce structure, including clinical, psychosocial, lived experience, care navigation, administration and leadership roles • proposed staffing profile, including positions, Full Time Equivalent (FTE), and role functions • workforce capability, qualifications and experience relevant to the target population • proposed service capacity assumptions and methodology used to estimate anticipated activity volumes, including client numbers and occasions of service.
Criteria 5 – Governance, risk and quality (400 max word limit) - 10%	Describe the governance, risk management and quality systems that will support safe and effective service delivery. Responses should demonstrate: • organisational governance arrangements supporting delivery of Medicare Mental Health Centre services • clinical governance systems, including supervision, credentialing and scope of practice management • risk management policies and procedures, including pathways for escalation of care when required • systems for reporting, monitoring and responding to incidents, complaints, compliments and consumer feedback • quality assurance and continuous improvement processes • approaches to monitoring and evaluating service performance, consumer outcomes using PMHC-MDS and other relevant data sources • data governance, privacy and information management arrangements • compliance with relevant accreditation, safety and quality standards and requirements.

	• safeguarding arrangements appropriate to the service context, including child safe policies and practices, mandatory reporting obligations, and processes for responding where children have contact with the service. Applicants must attach a detailed risk assessment in addition to their written response to this criterion (not included in the 400 word limit).
Criteria 6 – Integration, engagement and participation (400 max word limit) – 10%	Please demonstrate how the proposed service model will improve access, engagement and outcomes for the community and priority populations. Provide evidence-based strategies to demonstrate: • establishment and maintenance of effective partnerships that support referral pathways and service integration of the Medicare Mental Health Centre across the mental health, alcohol and other drug, primary care, community, and social support sectors • approaches to community engagement, outreach, and participation that support awareness of and access to the service • mechanisms to ensure consumer, carer and lived experience participation in service governance, continuous improvement, and ongoing decision making. • how the service will deliver safe, inclusive, and culturally responsive care for priority populations, including Aboriginal and Torres Strait Islander people and other population groups experiencing barriers to accessing services.
Criteria 7 – Funding expenditure and value for investment (400 word maximum) – 10%	The amount of funding available is: • $920,000 (ex GST) across the financial year 2026-27 for establishment of the service • $1,123,972 (ex GST) per annum in 2027-28 and 2028-29 for operation of the service The applicant must: • ensure that you have completed and included the budget template provided with your application (Appendix 1), • ensure that your budget includes an estimated cost of the service, including establishment costs, and represents value for investment, and • ensure that the budget for administration costs is reasonable, justified, and explained clearly

	• describe how funding will support achievement of intended service outcomes • describe how the budget contributes to financial sustainability across the contract period • describe any assumptions underpinning the budget Applicants should use both the budget template (Appendix 1) and their written response to respond to this criterion.

9. Application guidance and requirements

Respondents are advised to carefully review all sections of this RFP document and follow the outlined instructions, timelines, and documentation requirements to ensure a complete and compliant submission.

Requirement	Details
Writing effective submissions	COORDINARE has developed a series of webinars and practical tools with University of New England (UNE) Partnerships, to provide primary care with foundation skills and knowledge to write effective tenders and submissions. Potential respondents may access these resources via our website. These resources are designed to help potential Providers confidently respond to funding opportunities and improve their chances of success. **Please note:** This is a guide only and does not guarantee success in tender applications. We encourage practices to use these resources as part of a broader strategy for professional development and business planning.
Important documents	To download the below documentation, refer to Tenderlink and/or website. 1. Appendix 1 – Budget template 2. Appendix 2 – National Service Model: Medicare Mental Health Centres 3. Appendix 3 – Tenderlink User Guide for Supplier Response 4. Appendix 4 – Contract for Service Template 5. Appendix 5 – Potential Co-Location Opportunity with headspace Queanbeyan 6. Appendix 6 – MMHC Implementation Plan
Obtain further information	**Industry Briefing** This live session is **optional** but strongly encouraged for prospective Respondents. - Time: 2pm - Date: Wednesday 23 September

	- Venue: Microsoft Teams (online) Registration via link The session will be recorded. Questions, responses, and any clarifications raised during the briefing will be shared with all registered Respondents through an Addendum published on TenderLink and the COORDINARE website. All information will be provided in a de-identified format. **Online Tenderlink forum** All questions regarding the RFP process or content can be submitted anonymously/public via the online forum, accessible after registration on TenderLink. All questions submitted via the TenderLink forum will receive a response within **three (3) business days.**
Guidelines to Provider	- Complete the TenderLink application form and address all assessment criteria and mandatory requirements. - Review this RFP in full before preparing your submission. Read each assessment criterion carefully and respond to all components within the specified word limits. - Attach only documents that directly support your application. Supporting documents must not exceed six (6) pages unless otherwise specified. - File formats accepted: word, excel, pdf and jpg files are all acceptable formats. - Where supporting documents are lengthy, clearly identify the relevant page numbers or sections.
Further clarification with Respondents	Successful Respondent will be selected through a competitive process. Submissions will be evaluated by a panel against the mandatory requirements and the selection criteria outlined Section 8. Evaluation of submission. During the evaluation process, COORDINARE may seek clarification of a submission or request additional information from respondents. This may include written responses, interviews, presentations, site visits, or participation in a Best and Final Offer (BAFO) process. Respondents must provide all requested information within the timeframe advised and at no cost to COORDINARE.
Site Visit	COORDINARE may conduct site visits, either in person or virtually, as part of the evaluation process. Site visits may be used to verify information provided in a proposal, assess service delivery capability, and gain a better understanding of the respondent's proposal. Respondents will be provided with reasonable notice should a site visit be required.
Best and Final Offer (BAFO)	COORDINARE reserves the right to invite one or more respondents to participate in a Best and Final Offer (BAFO) process. A BAFO process may be conducted where clarification, refinement of service offerings, budget, or

	other aspects of a proposal are required to support the final evaluation and selection process.
Contracting	The successful Respondent will be required to enter into a Contract for Service with COORDINARE (see Appendix 4). Final terms will be negotiated with shortlisted Respondent(s). Funding recipient must provide progress reports aligned to agreed milestones, with reporting formats tailored to the size, cost, complexity, and risk of the project.

10. Interpretation

The following table includes key term definitions relevant to this RFP.

Requirement	Details
COORDINARE	The South Eastern New South Wales Primary Health Network and the organisation responsible for the RFP and the RFP process.
Closing time	The time specified by which RFP responses must be received.
Response(s) to RFP	A document/s lodged by a Respondent in response to this RFP containing a response to provide Goods or Services sought through this RFP process.
Respondent	An entity that submits a response to this RFP.
RFP process	The process commenced by the issuing of this RFP and concluding upon formal announcement by SENSW PHN of the selection of a preferred respondent(s) or upon the earlier termination of the RFP process.
Request for Proposal (RFP)	This document and any other documents designated by SENSW PHN.

11. Conditions of this Request for Proposal

ABN/Taxation requirements	COORDINARE will only deal with Respondents who have an Australian Business Number (ABN).
Acceptance	Non complying submissions may be rejected. COORDINARE may not accept the lowest priced proposal and may not accept any proposal.
Additional information	COORDINARE reserves the right to request additional information from respondents. If additional information required by COORDINARE, written information and/or interviews may be requested to obtain such information. Respondents are required to provide additional information at no cost to

	COORDINARE. COORDINARE may also provide additional information or clarification.
Assessment	COORDINARE reserves the right to engage a third party to carry out assessments of a Respondent's financial, technical, planning and other resource capability. COORDINARE is entitled to consider all information known to COORDINARE in relation to a respondent and their submissions when assessing submissions.
Conflicts of interest	A conflict of interest, or perceived conflict of interest, may exist if a Respondent or any of its personnel or consortia, any member of an advisory or evaluation panel and/or any COORDINARE staff: • has a relationship (whether professional, commercial or personal) with a party who is able to influence the application assessment process, such as a member of the selection panel; or; • has a relationship with, or interest in, an organisation, which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or; • has a relationship with, or interest in, an organisation from which they will receive personal gain as a result of the organisation receiving funding under this program. Respondent will be required to declare as part of their application existing conflicts of interest or that to the best of their knowledge there in no conflict of interest, including in relation to the examples above, that would impact on, or prevent, the applicant from proceeding with the project.
Child	A person under 18 years of age.
Expenses	All expenses and costs incurred by a Respondent in connection with this RFP including (without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the Respondent.
Explanations	Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE.
General	Respondents should familiarise themselves with this document and the separate online Submission Form and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anti-competitive, collusive, deceptive or misleading practices in structuring and submitting the proposal.
Legal entity	COORDINARE will only enter into a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health

	Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.
Lobbying	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
Ownership	All submissions become the property of COORDINARE once lodged. COORDINARE may copy or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions.
Negotiation	COORDINARE reserves the right to negotiate with short-listed Respondents after the RFP closing time and allow any Respondent to alter its submission. Contract negotiations are strictly confidential and not to be disclosed to third parties.
No contract	Nothing in this RFP should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP or the lodgement of a submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place.
Notification of Probity Breach	Should any supplier feel that it has been unfairly excluded from responding or unfairly disadvantaged by the process, the supplier is invited to write to the Business Team at commissioning@coordinare.org.au
Part applications	COORDINARE reserves the right to accept applications in relation to some, and not all of the scope of activity described, or contract with one, more than one or no Respondent on the basis of the proposals received.
Process	COORDINARE reserves the right to withdraw from, or alter, the RFP process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.
Relevant information	COORDINARE reserves the right to consider any information in its possession which it considers may be relevant to a decision to enter into a contract with a successful Provider.
Related Party	(a) an entity that controls or has significant influence over Respondent at any time; (b) an entity that the Respondent controls or has significant influence over at any time, including the Respondent's subsidiaries; (c) a person who is a member of the Respondent's board or governing body, other than in their capacity as an employee; (d) a member of the board of an entity referred to in clause (a) or (b), other than in their capacity as an employee; (e) a member of the Respondent Staff, other than in their capacity as an employee; or

	(f) a spouse or immediate family member of: i. a member of the Respondent's Staff; or ii. a person specified in (c) or (d), other than in their capacity as an employee.