Tender response form

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| Response to: | Scoping partner to inform a future funding programme on technology enabling new models of care in the home or community |
| Name of organisation submitting tender: |  |

**Contents:**

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*Organisation details*

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| Organisation name |  | |
| Type of organisation (if you are a private individual / sole trader, see section 1.1 below) |  | |
| Company or charity number |  | |
| VAT number (if applicable) |  | |
| What was your organisation’s income in the most recent financial year? *(Not applicable for public bodies/universities)* |  | |
| Number of employees |  | |
| Names of any joint applicants |  | |
| Address |  | |
| Registered address (if different) |  | |
| Website address |  | |
| Primary contact name including position and title (to whom all correspondence will be addressed) |  | |
| Phone numbers (office and mobile) of primary contact |  | |
| Email address of primary contact |  | |
| Has your organisation ever had a contract terminated for default? | |  |
| Has your organisation been a supplier of the Health Foundation before (please give details if so) | |  |
| Is there anything else in connection with this tender that the Health Foundation should be aware of? | |  |

* 1. If you work under a personal service company you should be aware that your tax status will need to be assessed under our IR35 protocols for each separate engagement with the Health Foundation. If you work as a private individual or as a sole trader we will need to look at your tax status under the wider off-payroll working rules to assess whether each engagement is that of someone who is self-employed for this engagement, and paid by invoice, or whether the engagement looks like that of an employee where tax would need to be paid on an engagement through an umbrella company.

*Organisational description*

* 1. Please provide a brief description of the organisation in terms of its activities/services and the organisational governance and management structure (up to 250 words).

1. Tender

*Please note that sections 2.7 and 2.8 request information that we gather across all of our ITTs to better-understand our suppliers. You should keep your responses brief.*

* 1. Please use this section to provide an overview of your tender (up to 500 words).

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* 1. Please give us the details of your proposed approach, remembering to refer back to the ITT. Your tender must include detailed plans ensuring the following issues are addressed:
  2. How will your tender meet the needs of the Health Foundation, and why would you like to work as our scoping partner (up to 500 words)?
  3. Your approach and methodology, including proposed activities that will enable us to prioritise opportunities for our new programme (up to 1000 words).
  4. Your relevant experience and expertise. Please see the assessment criteria section (8.0) of the ITT (up to 500 words).
  5. Capacity to deliver and value for money. Capacity to deliver to include continuity arrangements that would be put in place to ensure that the work to deliver the project can be maintained, at an appropriate standard, in any situation where the staff named in this tender response form are not available as expected during the delivery of this project (up to 250 words).
  6. Environmental sustainability, diversity and inclusion and safeguarding – detail which of these areas you have an organisational policy on, and how your work for the Health Foundation will take each of these into account (up to 250 words).

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* 1. Living wage – confirm whether your organisation has a policy on this, and that all staff engaged on providing the services to the Health Foundation will be paid the relevant living wage as a minimum

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* 1. Any other relevant information?

1. Management and communications
   1. Please use this section to describe how you envisage working with the Health Foundation and other relevant stakeholders in this work. Additionally, please give details of how you will ensure we are kept informed of the project's progress (up to 500 words).

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* 1. Please provide a high-level project management plan for May-August 2022 (up to 1000 words)
  2. Please consider any risks in relation to the tender and how you will mitigate against these (up to 250 words).

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1. Details of team members
   1. Please provide details of the key members of your team who will be working on the programme of work. Please copy the table below to include additional team members.

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| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| --- | --- | --- | --- |
| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

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| Name | **Title** | **First name** | **Last name** |
| Relevant experience for this project |  | | |
| Roles and responsibilities on this project |  | | |

1. Costings
   1. We require full costing of your tender. Please fill in [this budget template](https://www.health.org.uk/sites/default/files/2021-11/Contract%20budget%20template.xlsx) and submit it alongside this tender.
   2. The Health Foundation wishes to maximise the return it provides to beneficiaries and obtain best value from external providers.
   3. What is the total cost of your tender? Please include VAT in your costing.

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* 1. Please provide full justification for your costs, including the time spent on the project by each member of your team and all other relevant costs (up to 250 words).

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1. Provider references
   1. Please note that if you/your organisation has not worked with the Health Foundation before we will contact your references if you are shortlisted for interview or if you are the only provider.

Name, address, phone number and email address of first referee:

Name, address, phone number and email address of second referee:

1. Contract
   1. Do you agree to all the terms and conditions in [our sample contract](https://thehealthfoundation98.sharepoint.com/:w:/r/sites/thf_site/staff_area/contracts/Award%20and%20Contract%20governance/4.%20Delivery%202%20(establish%20agreement)/Establish%20agreement/2.%20Contract/Contract%20(Non-grant)%20.docx?d=w361db56c0dec40bcabe40f8af49566db&csf=1&web=1)? If not, please give details.

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Signed on behalf of the organisation:

Name:

Position:

Date: