



# REQUEST FOR TENDER RESPONSE FORM

**Project Name:** Mapping of disability services for Aboriginal people in the Northern Territory, including Aboriginal community-controlled disability services.

**Issued on:** 30 January 2024

**Application close date:** 5pm ACST 20 February 2024

**Submissions to:** [secretariat.board@amsant.org.au](mailto:secretariat.board@amsant.org.au)

## A. APPLICANT'S DETAILS

Legal Entity Name:	
Registered Trading Name (if applicable):	
ABN (or ACN if appropriate)	
Registered Address:	
Postal Address:	
Registered for GST:	
Professional indemnity insurance:	
Public liability policy number:	
Phone:	
Email:	

## B. CONTACT DETAILS

<b>Principal Contact:</b> This is the person who is legally authorised to enter contracts on behalf of your organisation	
Contact Name:	
Position:	
Email:	
Phone:	
<b>Contact for this Application (if different from above)</b>	
Contact Name:	
Position:	
Email:	

## B. CONTACT DETAILS

Phone:	
--------	--

## C. CONFLICT OF INTEREST

Do you or any of your organisation's personnel for example employees, contractors, board members or their immediate family members have a personal or business relationship with AMSANT or any of our staff?

*(Please note that declaring a conflict will not impact on the assessment of your application. However, knowing this information will enable AMSANT to manage the situation appropriately).*

No	
Yes (please provide details)	

## D. REFERENCE

Details of one Australian based referee who can comment on your expertise to deliver this scope of work and working with you as a client.	Name:	
	Position:	
	Organisation:	
	Phone:	
	Email:	

## E. APPLICATION QUESTIONS

<b>1. Brief background of the organisation/applicant</b>	
<b>2. Past performance</b> Please provide examples of other similar projects/assignments you have undertaken.	
<b>3. Local development and value-added</b> Please indicate the extent to which your approach will support and enhance improvements in Indigenous health, social, and commercial outcomes in the Northern Territory. Please attach any letters of support.	
<b>4. Timeliness</b>	

E. APPLICATION QUESTIONS	
Please indicate your ability to comply with the timing and/or scheduling requirements of this procurement process.	
<b>5. Capacity</b> a) Please outline your ability, resources, and capacity to carry out the project, considering your current workload and availability, and any relevant accreditation.	
b) Please outline the experience of the personnel nominated for the work, including experience working in culturally safe ways with Aboriginal people and people with disabilities.	<b>Name:</b> <b>Position/role:</b> <b>Qualifications:</b> <b>Experience:</b>
<b>6. Scope specific</b> Please outline your compatibility with the Statement of Requirement, including your proposed workflow, methodology, and expected timeline to complete key tasks and produce deliverables.	

F. TIMELINE	
List the specific activities that will be completed and the intended timeframe. <i>(please add additional rows as required)</i>	
Activity	Timeframe

F. TIMELINE	

G. BUDGET	
Please provide a detailed <b><u>budget, listing</u></b> all expenditure directly related. All figures must be GST exclusive.	
Will your organisation be providing any in-kind funding?	
Amount requested:	
Description	Cost
TOTAL	\$

H. RISK MANAGEMENT	
What could put the activity at risk of achieving intended outcomes in a timely and equitable way? <i>(Please provide specific details about potential risks you have identified and actions to manage and mitigate these risks)</i>	
Risk	Mitigation

<b>I. DECLARATION</b>
<b>This section must be completed by an authorised representative of the organisation:</b>
I declare on behalf of the Applicant that:

## I. DECLARATION

1. 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.
2. I agree to contact AMSANT should I become aware of any changes to information contained in this application.
3. I agree to declare as part of the application process any actual, perceived, or potential conflicts of interest, for example financial, material, or professional.
4. I understand that this application does not create a legal or binding commitment, arrangement or understanding between AMASNT and the applicant organisation.
5. I am authorised to make this declaration on behalf of the applicant/s.

<b>Name:</b>	
<b>Position of authorised representative:</b>	
<b>On behalf of (organisation):</b>	
<b>Date:</b>	
<b>Signature:</b>	