

OTAGO REGION	
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 1.5 FTE clinical intervention (General services) • 1.0 FTE public health (General services) 	
INFORMATION REQUIRED	PROVIDER INFORMATION
A	<p>Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Otago region</p> <p style="text-align: center;">YES / NO</p>
CLINICAL INTERVENTION PURCHASE UNITS	
B	<p>Please clearly identify the clinical intervention purchase units your organisation proposes to deliver</p>
C	<p>Please record the number of clinical intervention FTE your organisation proposes to deliver</p>
D	<p>Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services</p>
PUBLIC HEALTH PURCHASE UNITS	
E	<p>Please clearly identify the public health purchase units your organisation proposes to deliver</p>
F	<p>Please record the number of public health FTE your organisation proposes to deliver</p>
G	<p>Please clearly identify the average price per FTE that you propose to deliver the public health Services</p>

SOUTHLAND REGION		
<p><i>Indicative need for services to prevent and minimise harm from gambling:</i></p> <ul style="list-style-type: none"> • 1.0 FTE clinical intervention (General services) • 1.0 FTE public health (General and/or Māori services) 		
	INFORMATION REQUIRED	PROVIDER INFORMATION
A	Please indicate your interest in being considered for the delivery of services to prevent and minimise harm from gambling in the Southland region	YES / NO
CLINICAL INTERVENTION PURCHASE UNITS		
B	Please clearly identify the clinical intervention purchase units your organisation proposes to deliver	
C	Please record the number of clinical intervention FTE your organisation proposes to deliver	
D	Please clearly identify the average price per FTE that you propose to deliver the clinical intervention Services	
PUBLIC HEALTH PURCHASE UNITS		
E	Please clearly identify the public health purchase units your organisation proposes to deliver	
F	Please record the number of public health FTE your organisation proposes to deliver	
G	Please clearly identify the average price per FTE that you propose to deliver the public health Services	

APPENDIX A: Indicative Contract Terms

Request for Proposal for Regional and National Services to Prevent and Minimise Gambling Harm

Refer to separate Appendix document

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APPENDIX B: Statement of Compliance

Request for Proposal for Regional and National Services to Prevent and Minimise Gambling Harm

Your Proposal must list the clauses of the indicative contract that you take issue with, if any, accompanied by the reasons for not agreeing. You may suggest alternative wording.

Table 1: Statement of Compliance / Non-Compliance

Information to be Provided	Response
Confirm whether you will comply with and accept in full the Ministry's General Provisions. Where Not Accepted is selected, complete Table 2: Summary of Non-Compliance Issues	Accepted / Not Accepted

Table 2: Summary of Non-Compliance Issues

Reference	Comments / Information

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APPENDIX C: Indicative Service Specifications

Request for Proposal for Regional and National Services to Prevent and Minimise Gambling Harm

Refer to separate Appendix document

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APPENDIX D: Indicative Service Requirements by Region

Request for Proposal for Regional and National Services to Prevent and Minimise Gambling Harm

CLINICAL INTERVENTIONS FTE

REGION	Total FTE by Region	Desired Mix of Ethnic Service Required
Northland	3.0	General and Māori services
Auckland	30.0	General, Māori, Pacific and Asian services
Waikato	6.0	General and Māori services
Bay of Plenty	4.5	General and Māori services
Gisborne	1.5	General and Māori services
Hawke's Bay	3.5	General and Māori services
Taranaki	1.0	General services
Manawatu – Wanganui	1.5	General and Māori services
Wellington	7.5	General, Māori and Pacific services
Tasman-Nelson-Marlborough	1.5	General and Māori services
Canterbury – West Coast	6.5	General and Māori services
Otago	1.5	General services
Southland	1.0	General services

PUBLIC HEALTH FTE

REGION	Total FTE by Region	Desired Mix of Ethnic Service Required
Northland	2.0	General and Māori services
Auckland	20.0	General, Māori, Pacific and Asian services
Waikato	4.5	General and Māori services
Bay of Plenty	4.5	General and Māori services
Gisborne	1.0	General and Māori services
Hawke's Bay	2.0	General and Māori services
Taranaki	1.0	General and Māori services
Manawatu – Wanganui	2.5	General and Māori services
Wellington	5.5	General, Māori, Pacific and Asian services
Tasman-Nelson-Marlborough	1.0	General and Māori services
Canterbury – West Coast	6.0	General, Māori and Asian services
Otago	1.0	General services
Southland	1.0	General and Māori services

APPENDIX E: Request for Proposal Declaration

Request for Proposal for Regional and National Services to Prevent and Minimise Gambling Harm

Please complete and sign the attached declaration confirming that the information given to the Ministry in this document and any other document provided as part of your response to this Request for Proposal is true and correct in all aspects.

DECLARATION

Name of Organisation: _____

I declare that the information provided to the Ministry in response to the RFP for Regional and National Services to Prevent and Minimise Gambling Harm is true and correct in all aspects.

Declared at _____ this _____ day of _____ 2013.

Signature (of duly authorised officer): _____

Full Name and Designation: _____

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APPENDIX F: Conflict of Interest Declaration for Potential Provider's

Request for Proposal for Regional and National Services to Prevent and Minimise Gambling Harm

Name of Organisation:

DECLARATION

I hereby declare that, to the best of my knowledge,

- no-one significantly associated with the Proposal from the Organisation is employed by or has a contractual or other relationship with the Ministry that could influence, or create the potential to influence, the evaluation of responses to this RFP
- no-one significantly associated with the Proposal from the Organisation has any relatives or friends who are employed by or have a contractual or other relationship with the Ministry that might lead to the perception of bias or undue influence, in the evaluation of responses to this RFP
- except as set out as follows:

AUTHORISATION AND SIGNATURE

I confirm I am authorised to sign this Declaration on behalf of the Organisation.
A further declaration will be made immediately to the Ministry should the circumstances of the Proposal change in any way that invalidates this Declaration.

Name:

Title:

Signature:

Date: