**Appendix 6 – Tenderer Response Form**

**Closing date for applications:  Monday 3rd August 2020 at 9am**

Guidelines on submitting a tender for the Change That Lasts Perpetrator Response:

* Responses should be submitted using the template below.
* Responses should be returned to Victoria.Cousins@respect.uk.net as A4 PDF documents within a zip file.
* Please follow the word counts as indicated below.
* Responses should include the author and respondent organisation at the bottom of each page and include page numbers.
* Existing documents, such as policies, can be sent alongside, rather than reproducing in the text. If so please refer to the attachment explicitly in your response. If lengthy (10 pages plus) attachments are being sent please highlight where the relevant points can be found within the attachments.

# Section A: Organisational Details

|  |  |
| --- | --- |
| Full Name of the Organisation: |  |
| Charity Number |  |

|  |  |
| --- | --- |
| Contact Name |  |
| Telephone Number |  |
| Email Address  |  |
| Registered Address |  |

# Section B: Due Diligence

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| Please provide as attachments:  |
| * your audited accounts for the past two years
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| * your safeguarding policy
 |
| * your case management policy
 |
| * your equality/diversity policy
 |
| Please provide a description of anything you cannot provide: Max 200 words |

# Section C: Budget

1.1 Please provide a detailed breakdown of spend against the available budget against the budget lines below. Please complete in conjunction with Appendix 5 Budget that outlines the costs submitted to the funder for the anticipated costs.

**Please note the maximum available for each year and do not exceed this, budgets that exceed the maximum available will be automatically excluded.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Year 1 | Year 2 | Year 3  | Year 4 | Year 5  |
| Line Management  |  |  |  |  |  |
| Front line delivery staff |  |  |  |  |  |
| Support Workers (Sessional) |  |  |  |  |  |
| Travel/Expenses |  |  |  |  |  |
| Recruitment |  |  |  |  |  |
| Training |  |  |  |  |  |
| Accreditation of the relevant organisation (Respect/WAFE)  |  |  |  |  |  |
| Admin/core costs  |  |  |  |  |  |
| Premises, Office, Legal & Finance costs  |  |  |  |  |  |
| Impact/Outcomes Measurement  |  |  |  |  |  |
| IT and phone  |  |  |  |  |  |
| Clinical supervision |  |  |  |  |  |
| Other |  |  |  |  |  |
| Totals |  |  |  |  |  |

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| 1.2 Please provide any additional information including: salary levels and hours worked for each post, a description of other costs and any added value you bring. (max 200 words) |
|  |

# Section D: Ability to deliver

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| 2.1 Please tell us how you will deliver this service against the service provision requirements. Please include:* Your approach to providing services that enhance the safety of survivors
* Your relevant expertise in the field of work
* Your underlying values and principles that impact on your work
* How you will measure outcomes
* Your plan to mobilise

How you will oversee ongoing delivery (max 750 words) |
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| 2.2 Please could you identify any risk you anticipate and the mitigations you will put in place. (max 250 words) |
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| 2.3 Please tell us about your operational and case management processes and supervision policies. Please attach your case management and supervision policies as part of your submission. (max 250 words) |
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| 2.4 Please tell us about your ability to deliver an accessible service and in particular how you take a gendered and intersectional approach to your work. Please include details of how you will mitigate barriers to people accessing services across the relevant workstreams. (250 words) |
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| 2.5 Please tell us about the steps you put in place to ensure equality and diversity across your organisation and those with whom you work, including how you monitor this (250 words) |
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| 2.6 Please tell us about your existing partnerships, how you sustain these and can utilise to support the roll out of Make a Change (250 words) |
|  |

# Section E: Declarations

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| By signing this Form, I declare that I have read and accept the accompanying tender documentation, and that the Tender complies with these requirements, that the information provided in this Form and the Tender is accurate and complete and I warrant that I have all the requisite corporate authority to sign this Tender on behalf of the Organisation that has been invited to tender by the Make a Change Partnership.  |
| Name: (Please Print) |       | Organisation: |       |
| Signature: |  | Date: |       |