**Healthy Lives Together**

**Tender Questionnaire**

**For the provision of**

**Social Prescribing**

**Tier one**

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# Guidance for Submissions

Thank you for expressing an interest in tendering for the provision of the **Tier One** element of the Social Prescribing service in North East Lincolnshire, commissioned by Healthy Lives Together.

Please note the Clinical Commissioning Group (CCG) is facilitating the Procurement but this is not a CCG i.e. Public Sector procurement.

The enclosed documentation will enable assessment of your suitability as a contractor.

Please read the attached notes before completing the documentation. Completed forms should be returned to:

[nelccg.socialprescribing@nhs.net](mailto:nelccg.socialprescribing@nhs.net)

Please enter ***Social Prescribing TIER 1 tender submission*** into the subject line.

**It should be noted that while Organisations can submit separate Tenders for Tier 1 and Tier 2 services the successful Tier 1 provider will not be awarded a contract to deliver Tier 2 services.**

The submission must be completed in accordance with the instructions. Completed submissions must be received by **12 noon on Friday 17th November 2017.**

Failure to return a completed tender questionnaire by the deadline above will result in the disqualification of the potential bidder from participating any further in this Procurement.

A question and answer process will operate during the tender stage as explained in section 4.6 of the MOI.

In addition a Market Engagement Day has been arranged for potential bidders on:   
  
Friday 20th October 2017 at 2pm.

Venue:

Centre 4

17a Wootton Road

Grimsby

North East Lincolnshire

DN331HE

When required, potential bidders should submit clarification questions via e-mail to [nelccg.socialprescribing@nhs.net](mailto:nelccg.socialprescribing@nhs.net) using the template provided at Annex C of the MOI of this form.

Questions received by any other method will not receive a response.

Before returning your application please ensure that:

1. You have answered all the questions appropriate to your application (in English) and submitted all requested/appropriate enclosures as failure to do so may invalidate your application. Where a question is not applicable, you should write; NOT APPLICABLE and explain why you feel it is not applicable.
2. You may include supporting documents and annexes but these should show clearly the name of your organisation and the number(s) of the question(s) to which they refer (including consortiums)

Potential Bidders must complete all parts of sections, supply any additional or supporting information as required. This document is available to potential Bidders in an electronic format that enables it to be used as a template for the potential Bidder’s response.

Potential Bidders are requested to provide their response in **electronic form** to the email above.   
Signed declarations should be scanned and emailed with your application and any supporting documents.

* The responses submitted should be in Adobe Acrobat Portable Document Format (pdf);
* Supporting documents must be clearly referenced;
* Additional files shall be in the formats specified below:

| **File Type** | **Software Package** |
| --- | --- |
| Text based documents | Microsoft Word (Version 2000 or later) |
| Spread sheet based documents | Microsoft Excel (Version 2000 or later) |
| Project programme files | Microsoft Project (Version 2000 or later) |
| Graphics files | PowerPoint (Version 2000) or later |
| **Report and accounts** | Adobe Acrobat (pdf), or MS Word (Version 2000 or later) |

Failure to provide responses in the required format may lead to a potential Bidder’s submission being set aside without evaluation and the potential Bidder’s exclusion from further consideration in this Procurement.

Applicants may be requested to provide further information to assist in the evaluation process.

Where the potential Bidder believes a question is not applicable, or cannot be answered, then the terms “Not known”, “Not available” or “Not applicable” should be used and an explanation must be provided. **No response should be left blank.**

If the potential Bidder is unclear as to whether or not a question is applicable to it, then use should be made of the Question and Answer process.

A potential Bidder who fails to complete and return an application by the stated deadline will be disqualified from further participation in this Procurement, save in exceptional circumstances, where Healthy Lives Together may exercise its discretion to allow a potential Bidder to participate.

In completing their submission, potential Bidders should not assume that Healthy Lives Together has any prior knowledge of the potential Bidder, its practice or reputation or its involvement in existing services, projects or procurements. In evaluating submissions, Healthy Lives Together will only consider information provided in response to this tender questionnaire.

Healthy Lives Together reserves the right to reject any potential Bidder that fails to comply fully with the requirements of the process set out in this document, or which makes any misrepresentation in supplying any information requested.

Each potential Bidder is subject to an ongoing obligation to notify Healthy Lives Together of any material changes to the information included in its response, including but not limited to changes to the identity of Relevant Organisations or the ownership or standing thereof. Changes should be notified as soon as they become apparent by email to:

[nelccg.socialprescribing@nhs.net](mailto:nelccg.socialprescribing@nhs.net)

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Failure to notify Healthy Lives Together of any material changes may lead to the potential Bidder being liable for disqualification.

In the event that the potential Bidder notifies Healthy Lives Together of a change to their response, Healthy Lives Together reserves the right in its absolute discretion to refuse to allow such a substitution or introduction of information. In exercising its absolute discretion to either refuse or allow such a change, Healthy Lives Together may take into account whether such change is material to the delivery of the services.

The following instructions should be specifically noted:

1. The Application should be made on the completed **Tender Questionnaire** and submitted in the manner and by the time stated.
2. The fact that you have submitted an application does not necessarily mean that you have satisfied Healthy Lives Together regarding any matters raised, and notwithstanding your having applied, Healthy Lives Together makes no representations regarding your financial stability, technical competence or ability in any way to carry out the services described in the application documents.
3. The Applicant will be deemed to have read, examined and accepted all of the documents contained herein prior to the submission of the application. It is the responsibility of the Applicant to obtain for itself and at its own expense all the information necessary for the preparation of its application.
4. Applications must be treated as private and confidential. Applicants must not disclose the fact that they have applied or release details of the application documents other than on an ‘in confidence’ basis to those who have a legitimate need to know or those of the Applicant’s professional advisors whom they need to consult for the purpose of preparing the application.
5. Applications shall only be submitted on the basis that they are bona fide. In recognition of this principle it is hereby agreed that Healthy Lives Together shall have the power to cancel admission to the List(s) if the Applicant has entered into any agreement or arrangement with any person as to the nature of its Application or that any person shall refrain from applying.
6. Healthy Lives Together does not bind itself to accept any or all applications.
7. The Application Documents shall remain the property of Healthy Lives Together and must be returned upon demand.
8. As previously mentioned this is not a service commissioned by the CCG, instead it is being commissioned by Healthy Lives Together.
9. As this will not be a Public Contract this procurement does not fall under the Public Contract Regulations of 2015

# SECTION A – Bidder Details

# Please submit responses into the white area, the box will expandas required.

|  |
| --- |
| Part 1 – Details of the potential Bidder and its business structure Please note if you are applying as part of a Joint Consortium all members will need to complete parts 1-7.  If you are applying as a Lead Consortium please ensure detail of all members are given. |
| 1. **Full name of Organisation making the application.** |
|  |
| 1. **Main** **address for correspondence including Post Code.** |
|  |
| 1. **Registered Office (if different from above) including Post Code** |
|  |
| 1. **Person applying on behalf of the organisation** |
|  |
| 1. **Position in organisation** |
|  |
| 1. **Telephone number/Facsimile number/e-mail address** |
|  |
| 1. **What are the main business activities of your organisation?** |
|  |
| 1. **Are you sole trader, partnership, private limited company, public limited company or other (*please specify)?*** |
|  |
| 1. **List the full names of every Director, Partner, Associate and Company Secretary. Please give full name, age, address and status (e.g. Partner, Director, etc).** |
|  |
| 1. **Have any of the Directors, Partners or Associates been involved in any firm which has been liquidated or gone into receivership? (*if so, please give details)*** |
| YES/NO (*delete as appropriate*)  Details: |
| **WHERE A LIMITED COMPANY** (complete Questions 1.14 - 1.17) |
| 1. **Please state the firm’s date of registration and registration number under Companies Act 1985.** |
|  |
| 1. **Date of registration and registration number under Industrial and Provident Societies Acts 1965 to 1978.** |
|  |
| 1. **If the company is a member of a group of companies, give the names and addresses of the ultimate holding company and all other subsidiaries.** |
|  |
| 1. **Please confirm that the object(s) of the company, as stated in its Memorandum of Association, covers the execution of the types of work described in the advertisement to be included in this contract.** |
| YES/NO (*delete as appropriate*) |
| **1.15** **Within the past five years, has your organisation (or any member of your proposed consortium, if applicable), Directors or partner or any other person who has powers of representation, decision or control been convicted of any of offences?** |
| Yes/No  If yes please provide details. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Part 2 – Technical Resources & References | | | | | |
| 1. **Has your firm ever suffered a deduction for liquidated and ascertained damages in respect of any contract within the last three years? If so, please detail:** | | | | | |
| YES/NO (*delete as appropriate*)  *If “YES”, please give details:* | | | | | |
| 1. **Has your firm ever had a contract terminated or your employment determined under the terms of the contract?** | | | | | |
| YES/NO (*delete as appropriate*)  *If “YES”, please give details:* | | | | | |
| 1. **Has your firm ever not had a contract renewed for failure to perform to the terms of a contract?** | | | | | |
| YES/NO *(delete as appropriate)*  *If “YES”, please give details:* | | | | | |
| 1. **How does your firm assess the suitability and competence of potential workers? (*Please indicate as appropriate)*** | | | | | |
| Do you use: | | | | | |
|  | | | **YES** | **NO** | |
| Job Descriptions | | |  |  | |
| Application Forms | | |  |  | |
| References | | |  |  | |
| DBS Check | | |  |  | |
| Qualifications | | |  |  | |
| Inspection of previous work | | |  |  | |
| Trial period before confirmation of employment | | |  |  | |
| Personal recommendation | | |  |  | |
| Others (*please specify)* | | |  |  | |
| 1. **Please state the approximate number of employees who have experience of delivering this type of work or similar work** | | | | | |
| |  |  | | --- | --- | | **Categories** | **No. of Employees who are engaged in this type of work** | | Management |  | | Professional / Technical |  | | Admin / Clerical |  | | Others e.g. volunteers *(please specify)* |  | | | | | | |
| 1. **What qualifications/experience do your staff have which are relevant to the provision of the service? *(please list)*** | | | | | |
|  | **Category of Staff** | **Qualifications/Experience** | | |  |
|  |  |  | | |  |
| 1. **Please describe your arrangement for ensuring that all staff (and volunteers) receive the appropriate level of supervision including arrangements for training support and review.** | | | | | |
| Details: | | | | | |
| 1. **Are you a member of a recognised Trade Association? If so, which?** | | | | | |
| Details: | | | | | |
| 1. **Please supply details in the table below of any contracts relevant for the provision of Tier 1 Social Prescribing support (including start and finish dates) which your organisation has been involved in over the past 3 years.** | | | | | |
| Details: | | | | | |
| 1. **Please provide details of ALL Default Notices issued by Authorities for contracts listed in 2.9 above using an additional sheet of paper if necessary.** | | | | | |
| Details: | | | | | |
| **SUB-CONTRACTORS**  (Questions 2.11, 2.12, 2.13 and 2.14 are not scored, they are for information purposes only) | | | | | |
| 1. **Has your organisation used sub-contractors in the performance of any contracts detailed in the questionnaire?** | | | | | |
| YES/NO (*delete as appropriate*) | | | | | |
| 1. **Is it your intention to use sub-contractors to provide any part of the Service for which you wish to be considered?** | | | | | |
| YES/NO (*delete as appropriate*) | | | | | |
| **2.13 If the answer to either of the two preceding questions is yes, please give details of the:**   * **type of work already sub-contracted out (or proposed to be sub-contracted out)** * **sub-contractors** * **sub-contract values expressed by both value and proportion of contract sum, or proposed proportion.** | | | | | |
| Details: | | | | | |

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| --- | --- | --- | --- | --- | --- |
| Response for question 2.9  Relevant contracts. | | | | | |
| **Full name and Address of Organisation and Department** | **Project Manager** | **Contract Title** | **Type of Work** | **Length of Contract (years)** | **Start Date** |
|  |  |  |  |  |  |
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(N.B: You may use additional sheets if necessary, but please mark clearly Question 2.9)

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| Part 3 – Financial Information | | | | |
| 1. **Who is the person in the firm responsible for financial matters?** | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position in Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. **What is the name and address of your banker?** | | | | |
|  | | | | |
| 1. **Please confirm that** **we may contact your bank for a reference should this be deemed necessary by the Finance Evaluator.** | | | | |
| **Confirmed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **Please enclose a copy of the Certificate of Incorporation of the Company under the Companies Act 1985 (if applicable), and certificate of change of name.** | | | | |
| **Enclosed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **Please enclose a copy of audited or independently examined accounts and annual reports for the last three years, to include:**  * BALANCE SHEET * PROFIT AND LOSS ACCOUNT AND COST OF SALES * FULL NOTES TO THE ACCOUNTS * DIRECTOR’S REPORT/AUDITOR’S REPORT   (For newer companies unable to provide 3 years’ worth of accounts, please answer question 3.8.) | | | | |
| **Enclosed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **If the accounts you are submitting are for a year ended more than 10 months ago, can you confirm that the company as described in those accounts is still trading?** | | | | |
| **Confirmed still trading -** YES/NO (*delete as appropriate*) | | | | |
| 1. **If “YES” to 3.6, please enclose a statement showing the current financial position of your company. Please supply up to date management accounts** | | | | |
| **Enclosed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **If you are new company without 3 years’ worth of annual reports, please provide all available accounts and a letter(s) of financial status from your current banker and previous banker if you have changed banks within the last 12 months** | | | | |
|  | | | | |
| 1. **Please give details of any outstanding claims or litigation against the company.** | | | | |
| Details: | | | | |
| 1. **Please give details of the approximate number of contracts carried out in each of the value ranges shown below during the last three years.** | | | | |
|  | **Value Range** | | **Number of Contracts** |  |
|  | Up to £100,000 | |  |  |
|  | £100,000 to £500,000 | |  |  |
|  | £500,000 to £1 million | |  |  |
|  | Above £1 million | |  |  |
| **TAXATION** | | | | |
| 1. **VAT Registration Number** | | | | |
|  | | | | |
| **INSURANCE** | | | | |
| 1. **Employers Liability Insurance held** | | | | |
|  | | | | |
|  | Insurer |  | |  |
|  | Policy Number |  | |  |
|  | Extent of Cover |  | |  |
|  | Expiry Date |  | |  |
| *Please enclose a copy of your policy.*  **Enclosed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **Public Liability (Third Party) Insurance held** | | | | |
|  | | | | |
|  | Insurer |  | |  |
|  | Policy Number |  | |  |
|  | Extent of Cover |  | |  |
|  | Expiry Date |  | |  |
| *Please enclose a copy of your policy.*  **Enclosed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **Professional Indemnity/Malpractice Insurance held** | | | | |
|  | | | | |
|  | Insurer |  | |  |
|  | Policy Number |  | |  |
|  | Extent of Cover |  | |  |
|  | Expiry Date |  | |  |
| *Please enclose a copy of your policy.*  **Enclosed -** YES/NO (*delete as appropriate*) | | | | |
| 1. **Please list any other insurances you hold that you deem relevant to this contract.** | | | | |
|  | | | | |
|  | | | | |

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| Part 4 – Equality & Diversity **Providers commissioned by Healthy Lives Together are responsible for ensuring they comply with the Equality Act 2010. As part of this you will be required to comply with the Public Sector Equality Duty as if they were a public sector body.** | | |
| 1. **Is it your policy as an employer to comply with your statutory obligations under the Equality Act 2010 and accordingly, your practice not to treat one group of people less favourably than others because of their protected characteristics?** | | |
| YES/NO (*delete as appropriate*)  Also, please describe **how** you meet the requirements of the Public Sector Equality Duty in relation to the following three points:   * Eliminating unlawful discrimination, harassment and victimisation * Advancing equality of opportunity between groups * Fostering good relations between different groups | | |
| 1. **Does your organisation conduct the appropriate Equality Impact Assessment when reviewing policy or when making changes to the service?** | | |
| YES/NO (*delete as appropriate*)  If “YES” please supply an example of one of your Equality Impact Assessments with its associated action plan. | | |
| 1. **a) Does your organisation have a written Equality and Diversity (E&D) Policy to ensure you comply with statutory obligations under the Equality Act 2010?** | | |
| YES/NO (*delete as appropriate*)  *If your answer to this question is “YES”, please attach a copy of your policy to this document and proceed to question 4.3b. If your answer is “NO”, please proceed to question 4.4* | | |
| 1. **b) Is this policy promoted to all employees and published on your company website?** | | |
| YES/NO (*delete as appropriate*) | | |
| 1. **c) Is this policy endorsed by a senior manager or company director?** | | |
| YES/NO (*delete as appropriate*) | | |
| 1. **d) Does your policy cover complaints procedures and E&D considerations in recruitment, training and dignity at work?** | | |
| YES/NO (*delete as appropriate*) | | |
| 1. **e) How does your organisation collect and analyse data relating to any of the following characteristics of your employees or customers? Please provide brief details for each of the characteristics below:** | | |
|  | | |
| Gender |  |  |
| Race |  |  |
| Age |  |  |
| Disability |  |  |
| Other (please specify) |  |  |
|  | | |
| 1. **How does your organisation use Equality Data to inform service improvement and recruitment practice? Please provide an example of where this data has been used to improve service(s)** | | |
|  | | |
| 1. **In the last three years, please confirm that your organisation HAS NOT been the subject of a formal investigation, or had Employment Tribunal proceedings or other legal action taken against it in respect of discrimination, harassment or victimisation.** | | |
| CONFIRMED/NOT CONFIRMED (*delete as appropriate*)  If “NOT CONFIRMED” please give details of action taken. | | |
| 1. **In the last three years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission?** | | |
| YES/NO (*delete as appropriate*)  If “YES” please give details. | | |
| 1. **In the last three years, what training have you provided to your employees regarding Equality and Diversity? Please detail below** | | |
|  | | |
| 1. **Has your organisation ever consulted with staff or service users in respect of Equality and Diversity? What service improvements ensued?** | | |
|  | | |

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| Part 5 – Health and Safety |
| 1. **Name of Director, Partner or other person responsible for the implementation of the firm’s Safety Policy.** |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position in Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Please state the number of employees in your firm (including Directors, Apprentices, Trainees, etc.)** |
|  |
| 1. **Who provides the company with competent advice on Health and Safety matters as required by the Management of the Health and Safety at Work Regulations 1999? Please state name, full details, experience and relevant qualifications.** |
|  |
| 1. **How are your health and safety policies and procedures conveyed to the workforce?** |
|  |
| 1. **Please enclose a copy of your Health and Safety Policy (covering general policy, organisation and arrangements) as required by Section 2 (3) of the Health and Safety At Work Act 1974 and any codes of safe work practices issued to employees.** |
| **Enclosed -** YES/NO (*delete as appropriate*) |
| 1. **If you have less than five employees or if your company policy does not detail any of the following** **please enclose written details of:** |
| * **Procedures to be followed in cases of emergency.**      * **Procedures for the reporting and recording of accidents and dangerous occurrences**      * **First aid and welfare provisions** |
| 1. **Has your organisation been subject to any prosecution or notices served by the Health & Safety Executive?** |
| YES/NO (*delete as appropriate*)  If “YES” please give details |

# SECTION B - Delivering the Service

**Please expand the boxes where necessary**

|  |
| --- |
| Part 6 – Mobilisation/ Implementation*(This section will be weighted x2)* |
| * 1. **Please outline your mobilisation/implementation process from the date of contract award to service commencement.**   Responses should include, but not be limited to:   * Existing staff resource available, including staff of any partner organisation and/or sub-contractors if applicable * Details of recruitment and induction processes * Arrangements for involvement of key stakeholders of stakeholder groups. * Details of how you will develop and implement an appropriate engagement strategy, ensuring that all stakeholders understand what the service offers * Please attach the following: * Implementation Plan, detailing key milestones, responsibilities and timescales, * An organisation chart showing internal structures, the interfaces with any partner organisations, and the lines of responsibility, together with details of where key personnel would be based. |
|  |
| **6.2 An effective communication plan/strategy is paramount to ensuring a smooth and controlled transition period. Please describe your communication plan/strategy including how you will manage communications with all key stakeholders.**  Responses should address how the Bidder proposes to manage communications with all main stakeholder groups and any risks and mitigation of said risks. |
|  |

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| Part 7 – Service Delivery*(this section will be weighted x4)* |
| * 1. **How would you ensure that the service continues, throughout the duration of the contract, to be is visible, equitable, and accessible to all stakeholders in the target group** |
|  |
| * 1. **Please describe what precautions and measures your organisation puts in place to ensure that safeguarding is fully considered and embedded.** |
|  |
| * 1. **Explain how you will obtain feedback from organisations and individuals using your services.** |
|  |
| * 1. **Please describe how you will deliver a successful Tier 1 service**   ***This individual question will be weighted by 4.***  Responses should include but not limited to:   * Processes and Procedures * Comprehensive assessment of individual needs and appropriate engagement through the Patient pathway. * The on-going relationships and understanding of Tier 2 Providers and their services. * Achievement of individual and service outcomes.   **Please note the word limit for question 7.4 is 2000.** |
|  |

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| Part 8 – Staffing and resource |
| * 1. **Please explain your approach to recruiting and utilising members of staff and/or volunteers ensuring they have the appropriate skills to deliver the service as described in the specification.** |
|  |
| * 1. **Please outline your proposed contingency arrangements to cover for planned and unplanned increases in workload and/or staff absences** |
|  |
| * 1. **Please outline your business continuity plan.**   *Responses should include but not be limited to extreme weather, flooding, power outage, communications failure and other extreme circumstances.* |
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| Part 9 – Governance |
| **9.1 Please provide a description of how compliance with the Data Protection Act will be achieved and the methods taken to ensure data security.** |
|  |

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| Part 10 - IM & T |
| **10.1 Please describe how IT will support the requirements of the specification including data management and sharing as well as monitoring performance.** |
|  |

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| Part 11- Partnerships |
| * 1. **Please provide details of your experience of working in partnership with other voluntary and community sector organisation and commissioners. You response should include how such partnerships have and will continue to add value to your proposal.** |
|  |
| * 1. **Please describe your experience of working with other VCSE organisations and how you will continue to develop and maintain effective working relationships to ensure successful delivery.** |
|  |
| * 1. **Please describe how conflict with key partner organisations would be managed. Give examples of how you dealt with such conflicts previously.** |
|  |

|  |
| --- |
| Part 12- Knowledge and experience of the District |
| * 1. **Please outline your knowledge of the local area including any experience you have of working within North East Lincolnshire that will benefit the Social Prescribing Service.** |
|  |

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| --- |
| Part 13 – Financial Proposal |
| * 1. **Please demonstrate how you will operate to the financial envelope.** |
| Please complete the Financial Model Template attached.    Any narrative or explanations can be provided below. |
|  |

Completion Checklist

**WHEN YOU HAVE COMPLETED THE APPLICATION QUESTIONNAIRE, PLEASE READ CAREFULLY AND ENSURE THAT YOU HAVE:**

1. Answered all questions appropriate to your application clearly referring to any annexes provided.
2. Enclosed relevant documents

**FAILURE TO DO SO MAY RESULT IN YOU NOT PROGRESSING ANY FURTHER WITHIN THIS PROCUREMENT**