

## Expression of Interest

September 2019

# Youth Indigenous Alcohol and Other Drugs Resource Development

Name of Applicant Organisation: \_\_\_\_\_



# Overview

Northern Territory PHN (NT PHN) is undertaking an Expression of Interest (EOI) for organisations either independently or jointly (e.g. in group /consortium arrangements) to undertake a project to develop and produce resources for use in the delivery of Alcohol and Other Drug (AOD) programs targeted at young people from an Aboriginal and/or Torres Strait Islander background.

## Background

It is recognised that, for the AOD sector, there is a clear need to differentiate treatment modalities and resources for young people from that of the adult cohort. Young people require different forms of engagement, flexible treatment models and a focus on education, prevention and resilience building.

Remote Aboriginal and/or Torres Strait Islander youth in the NT statistically demonstrate focal priorities that are unique from other jurisdictions in Australia. Rates of alcohol and other drug misuse, volatile substance usage and neurodevelopmental disability occur at significantly increased rates in this demographic relative to the rates in the general population. As such there is a need to produce resources and activities that respond specifically to the needs of this client cohort. There is a need to undertake new and updated resource development to ensure resources maintain relevance and remain available.

## Who should apply?

Organisations and individuals who can demonstrate the ability and capacity to undertake a project that will result in the development of AOD resources relevant to Aboriginal and/or Torres Strait Islander Youth populations across the Northern Territory are invited to apply.

Applicants that demonstrate strong connections, as well as relationships with the local Aboriginal and Torres Strait Islander communities organisations and service providers, will be highly regarded.

NT PHN welcomes consortium applications.

*Please note this EOI is only open to organisations or individuals located in the NT.*

# Activity Details

Funding is available to implement a project to work with Aboriginal and/or Torres Strait Islander youth to co-design and develop resources with the following **objectives**:

1. Reduce the risk of harms from the use of alcohol and other drugs for indigenous youth;
2. Enhance understanding of the potential impacts of alcohol and other drug use for the target population;
3. Increase accessibility to information and support for alcohol and other drug treatment services;
4. Reduce stigma around help-seeking behaviour related to alcohol and other drug usage.

**Maximum funding available for any individual organisation is \$100,000 (GST exclusive).** Applicants will be required to provide a detailed budget describing proposed expenditure items.

Applications must demonstrate:

- an active focus on indigenous youth engagement through the resource development process;
- indigenous involvement in program leadership;
- a focus on the enhancement of health literacy amongst indigenous youth;
- relevance to an identified area of need;
- a commitment to the Social and Emotional Wellbeing model<sup>1</sup> of Aboriginal and Torres Strait Islander health.

The approved project will be required to produce resources that:

- are culturally appropriate;
- are evidence-based;
- meet an identified need;
- provide clear, accurate information on accessing referral pathways for further support and, where relevant, AOD treatment services;
- can be sustainably produced and remain accessible after completion of the resource development project.

Costs in-scope for this funding:

- Staffing costs for facilitation of engagement and resource design processes
- Costs associated with facilitation of engagement and design processes (e.g. workshop costs – catering, venue hire, participant transport etc.)
- Cultural mentorship expenses (e.g. costs to engage elders/community leaders to provide guidance and feedback on cultural appropriateness of resources)
- Production and distribution of physical and digital resources
- Administration (maximum 20% of total project costs)

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<sup>1</sup> See [https://www.pmc.gov.au/sites/default/files/publications/mhsewb-framework\\_0.pdf](https://www.pmc.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf)

Costs **not** in-scope for this funding:

- Staffing costs not directly for facilitation of engagement and/or resource design processes.
- Operational costs not directly related to engagement and/or resource design processes.
- Travel expenses.
- Purchase of assets, equipment or vehicles.

## The EOI Process

NT PHN will review all applications and may approach one or more organisations to undertake the project.

The successful applicant(s) will be required to enter into a contract with NT PHN to deliver the activity.

Before awarding a contract to any provider, NT PHN will require additional information from the organisation including documentation to undergo a financial viability assessment. Selected providers will be required to demonstrate they have established corporate and clinical governance processes in place appropriate to the proposed activity.

There is no guarantee that registered organisations or individuals will be selected to undertake their proposed project.

**NT PHN will accept applications to this EOI through the Tenderlink portal until 5pm on Sunday 6 October 2019.**

## EOI Information Briefing

An information briefing will be held on Friday 6 September 2019. This is an opportunity to ask any questions you have about the tender or tendering process.

Date: 6 September 2019

Time: 10am

Venue: Jacana room – NT PHN, 23 Albatross St, Winnellie

Please register to attend to [contracts@ntphn.org.au](mailto:contracts@ntphn.org.au). Please register to attend to [contracts@ntphn.org.au](mailto:contracts@ntphn.org.au). Teleconference details will be provided upon request.

*NB: The briefing will not proceed if there are no registrations.*

# About Tenderlink

Tenderlink is a secure platform, which enables organisations to receive notifications of tenders, ask questions about a tender and apply for a tender. If your organisation has:

- not yet registered on Tenderlink, [register now](#) at <https://www.tenderlink.com/ntphn/>. Registration is free, and quick
- previously registered on Tenderlink, you do not need to register again.

If you have difficulty accessing Tenderlink, or completing the registration process please contact Jasmyne Berry:

Phone: 08 8982 1092

Email: [contracts@ntphn.org.au](mailto:contracts@ntphn.org.au)

Applicants are advised to carefully review this document, and all attachments before submitting an application. Applications received in response to the EOI will be bound by the NT PHN Conditions of Tendering as provided at Attachment 3.

All enquiries regarding this EOI should be sent to [contracts@ntphn.org.au](mailto:contracts@ntphn.org.au).

# EOI Application

1. PROVIDER DETAILS			
Legal Entity Name:			
Registered Trading Name (if applicable):			
ABN (or ACN if appropriate):			
Registered Address:			
Postal Address:			
Phone:		Website:	
Email:			
2. CONTACT DETAILS			
<b>Principal Contact:</b> This is the person who is legally authorised to enter into 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:			
Phone:			
3. CONFLICTS 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 NT PHN or any of our staff? <i>Please note that declaring a conflict will not impact on the assessment of your application however knowing this information will enable NT PHN to manage the situation appropriately.</i>			<input type="checkbox"/> No  <input type="checkbox"/> Yes - provide details below

#### 4. CONSORTIUM DETAILS (if applicable)

For consortium applications please provide details of all organisations involved in delivering the proposed activities:

Lead Organisation:

Other Organisations:

Please include a brief overview of any groups or sub-contract arrangements proposed to deliver services in the Description of Services at section 5.

#### 5. DESCRIPTION OF SERVICES

What region/s or groups will the proposed project be targeting?

Please describe the identified need the project will address?

Please provide details of your organisation's linkages with Aboriginal and Torres Strait Islander communities and relevant service providers in the target region.

Provide an overview of the activities that are proposed for project delivery including details of the:

- Engagement strategy
- Resource development process
- Intended resources to be developed?

(maximum 300 words)

Please identify the specific Service Organisation/s that will be identified in resources for further follow up and referral options.

How does the proposed campaign align to the components, objectives and strategies of the 'Social and Emotional Wellbeing' model of indigenous health delivery?																			
Please provide a summary project budget.	<table border="1"> <thead> <tr> <th colspan="2">Proposal Budget</th> </tr> <tr> <th>Item</th> <th>Amount (Exc. GST)</th> </tr> </thead> <tbody> <tr> <td>Personnel Costs:</td> <td></td> </tr> <tr> <td>Resource development costs:</td> <td></td> </tr> <tr> <td>Program delivery costs:</td> <td></td> </tr> <tr> <td>Administration (cannot exceed 20% of total project costs):</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td><b>TOTAL EXPENDITURE</b></td> <td></td> </tr> </tbody> </table>	Proposal Budget		Item	Amount (Exc. GST)	Personnel Costs:		Resource development costs:		Program delivery costs:		Administration (cannot exceed 20% of total project costs):						<b>TOTAL EXPENDITURE</b>	
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Name of the personnel who will implement the project.																			



## **Final Checklist**

Please ensure the following:

- ☐ All sections have been completed and questions answered in full where applicable
- ☐ The appropriate person/s have authorised and signed the application
- ☐ Attachments have been included where relevant

## **6. DECLARATION**

**This section must be completed by an authorised representative of the organisation:**

I declare on behalf of the Applicant that:

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

Please submit yes if you agree this is a true declaration    Yes   ☐    No   ☐

Name (Block Letters): \_\_\_\_\_

Position of Authorised Representative: \_\_\_\_\_

On behalf of (Organisation): \_\_\_\_\_

Date: \_\_\_\_\_