

Canterbury

District Health Board

Te Poari Hauora o Waitaha

PLANNING AND FUNDING

**REQUEST FOR PROPOSAL
(RFP)**

November 2009

**For the Provision of Healthy Eating – Healthy
Action Maori & Pacific Community Action
Projects**

1. INTRODUCTION

The Canterbury District Health Board (CDHB) invites applications, from appropriately skilled individuals or organisations for the provision of Healthy Eating – Healthy Action (HEHA) Maori and/or Pacific Community Action Projects. These projects will support and strengthen community action around healthy environments that promote:

- breastfeeding.
- increased physical activity
- improved nutrition
- reduced obesity

This submission pack includes:

Form A – Acknowledgement & Agreement
Form B – Consent for Release of Information
Form C – Organisational Details
Form D – Application Form

Appendices

Appendix One – HEHA Messages

2. LEGAL EFFECT OF INVITATION TO PROPOSE

Neither our issue of the Request for Proposal (RFP) nor your response to it will create any obligations on us to enter into any contract with you or any third party. Our RFP is an invitation only and the submission of a Proposal will be regarded as an offer by you to provide the services described in the service specifications.

We reserve the right not to enter into any correspondence regarding our final decision or process we undertook to reach this decision.

3. THE TREATY OF WAITANGI

An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. The NZPHD Act requires DHBs to take active steps to reduce health inequalities by improving health outcomes for Maori. In this role DHBs must establish and maintain DHB processes to enable Maori to participate in and contribute towards strategies for Maori health improvement. Potential providers would be required to demonstrate a similar commitment within their service.

Reducing health inequalities for Pacific is also a key priority for this RFP.

4. PROCESS AND TIMELINE

The planned process is as follows:

Task	Date
Application form available	6 November 2009

Applications close 12 Noon	27 November 2009
Applications evaluated by Canterbury DHB	8 December 2009
Applicants notified of outcome of their applications	18 December 2009

We reserve the right to extend/change the key dates at our discretion should circumstances arise which may impact on our ability to meet these dates. In these circumstances we would advise all proposers of any extended time frames.

At our sole discretion, we may choose not to accept late proposals.

Please follow the format layout as closely as possible and **ensure that pages are numbered.**

You must complete the following:

- a) Acknowledgment and Agreement Form (Form A)
- b) Consent for release of Information Form (Form B)
- c) Organisational Details (Form C)
- d) Application Form (Form D)

Other Documents to be sent with your proposal are:

- Certificate/s of Incorporation/Registration of the organisation/s submitting proposal
- Organisational Structure
- Most recent audited financial accounts

5. APPLICATION GUIDELINES

Canterbury DHB is inviting applications for the provision of HEHA Community Action Projects that support or strengthen community action around healthy environments that promote breastfeeding, improved nutrition, increased physical activity and reduced obesity for Maori and/or Pacific communities.

There is a total of \$100,000 available for Pacific Community Action Projects and \$40,000 for Maori Community Action Projects within the Canterbury region.

Projects will be funded for a 12 months period to the maximum value of:

- \$10,000 for projects that that support breastfeeding
- \$20,000 for projects that support physical activity and healthy eating

Please note:

- It is a requirement that at least 15% of the funding requested in each application is utilised for identified opportunities for professional development for community representatives.

- You must be either a legal entity or work with a legal entity to apply for funding
- This funding is not available for individuals or families
- If your application is successful at least one person from your community will be expected to attend professional development workshops as arranged with CDHB
- You will be required to complete three monthly progress reports
- You will be required to provide details of referees
- You will be required to provide at least one referee who will be contacted to discuss this application and who can vouch for your commitment to the project
- You may be audited

6. EVALUATION CRITERIA

All applications will be evaluated by a panel. Priority will be given to applications that:

- Meet the identified needs and priorities of Pacific and/or Maori communities
- Show consistency and alignment with the key messages of Healthy Eating – Healthy Action
- Focus on empowering, enabling, supporting and assisting Maori or Pacific communities
- Facilitate a whole of community approach, identifying collaboration and where and if possible, multi-stakeholder participation
- Are innovative and encourage sustainable changes
- Illustrate a commitment to Maori or Pacific community members undertaking training in nutrition, physical activity, breastfeeding and community action
- Illustrate that communities and/or organisations are committed to working in a health promoting way e.g. establishing a Breastfeeding Policy and/or Healthy Eating Policy
- Show linkages to other settings such as kura kaupapa / kohanga reo / Pacific Language nest.

Canterbury DHB reserves the right to extend/change the key dates at our discretion should circumstances arise which may impact on our ability to meet these dates. In these circumstances we will endeavour to advise all proposers of any extended time frames.

Please follow the format layout as closely as possible.

Please submit **4 copies** of your completed proposal by **27 November (12 noon)** to:

HEHA Maori and Pacific Community Action Projects– Planning & Funding RFP
 Business Assurance
 PO Box 1600
 Level 5, Princess Margaret Hospital
 Cashmere Road
 Christchurch

An authorised officer of your organisation must sign the proposal. Any unsigned proposals **will not** be considered. Please mark your proposal envelope confidential. If you have any queries regarding this Request for Proposal please contact Kim Sinclair, Portfolio Manager, Healthy Eating – Healthy Action Planning & Funding on 027 355 1681 or e-mail kim.sinclair@cdhb.govt.nz

8. CONFIDENTIALITY

All information in your RFP will be treated in the strictest confidence and will not be disclosed to third parties unless we are so obliged to by law.

The information contained in the RFP is provided for the sole purpose of allowing you to submit your information to the Canterbury DHB. The information contained in this RFP is not to be used for any other purpose or revealed to any other person or parties not directly involved in the submission of your information.

9. EVALUATION PANEL

You acknowledge that an evaluation panel will be appointed by the CDHB and that visits to your existing or proposed sites may be required.

ACKNOWLEDGMENT & AGREEMENTS FORM A

1. Submitting this proposal constitutes your organisation's offer to Canterbury District Health Board to provide the services described in the proposal, at the funding specified.
2. Neither Canterbury District Health Board issue of its Request for Proposal nor your response to it will create any obligation on Canterbury District Health Board to enter into any agreement with you or any third party.
3. Canterbury District Health Board reserves the right at any time to –
 - Change any date/s in the Request for Proposal process
 - Change any rule/s of the Request for Proposal process by written notice
 - Withdraw the Request for Proposal and;
 - Not give any reason for the acceptance or non-acceptance of any response for the cancellation of this Request for Proposal process.
4. You are responsible for all costs of submitting your proposal.
5. Canterbury District Health Board reserves the right to reject your proposal or terminate any offer/contract made to you, if any information provided by you is a false and/or an inaccurate representation.
6. By signing below, the signatory represents a person duly authorised to make this offer on behalf of the organisation/s referred to in this proposal.

Signed on behalf of the organisation/s submitting this proposal:

Organisation: _____

Signed: _____

Full name (please print): _____

Position: _____

Date: _____

Organisation: _____

Signed: _____

Full name (please print): _____

Position: _____

Date: _____

CONSENT FOR RELEASE OF INFORMATION FORM B

CONSENT FOR RELEASE OF INFORMATION

The organisation/s submitting this proposal acknowledge/s that it/they give permission for Canterbury DHB to make any enquiries or request from any person for any information (including personal information about anyone who might have a role in providing the service) which may have a bearing on its/their ability to provide the service proposed.

Confidentiality of Information

Subject to the paragraph below, the information contained in this proposal will be treated as strictly confidential by Canterbury DHB, its agents and its advisors. Canterbury DHB will not, except as required by law, disclose any of the information provided in your proposal to any other person without your prior written consent.

Canterbury DHB may however disclose the fact that the organisation/s referred to above submitted a proposal to provide the service and in submitting that proposal the organisation/s referred to above accepts that Canterbury DHB may disclose all or part of the information provided (including prices) and any subsequent contract with you, in response to a request under the Official Information Act 1982 without reference to you.

If you are not successful in the selection process, please advise whether you want us to **keep** your information on our file for future reference or **destroy** it. Please select one option.

Keep

Destroy

Organisation: _____

Signed: _____

Full Name (please print): _____

Position: _____

Date: _____

Organisation: _____

Signed: _____

Full Name (please print): _____

Position: _____

Date: _____

ORGANISATIONAL DETAILS FORM C

Name of Service applying for

HEHA Maori and/or Pacific Community Action Projects

If this is a joint proposal, a separate Form A Organisation Details must to be complete by each of the organisations.

1.0 Is this a joint proposal?

Yes

No

If yes, please name the organisations involved

2.0 ORGANISATION DETAILS

Please provide the following details of your organisation:

2.1 Full name of legal entity: _____

2.2 Legal Status: _____
eg Incorporated Company, Charitable Trust, Incorporated Society, etc
(Please attach a copy of your certificate of incorporation/registration)

2.3 Is the entity registered for GST:

Yes GST Number _____

No

2.4 Details of Owners/Directors/Board Members

Name	Owner/Director/ Board Member/Other (please specify)

2.5 Please attached a copy of your organisation structure

2.6 Contact details:

Address: _____

Phone Number: _____ Fax Number: _____

Contact person: _____

Position: _____



ORGANISATIONAL DETAILS FORM D

MAORI AND/OR PACIFIC COMMUNITY ACTION PROJECT APPLICATION FORM

CANTERBURY DISTRICT HEALTH BOARD

YOUR ORGANISATION'S DETAILS

Name of Organisation applying for funding		
Mailing address		
Contact details		
Contact person		
Referee's Name		
Referee's Contact Details		

COMMUNITY INFORMATION

Target Community	
Location of Project	
Total number of Maori / Pacific People involved	
What group(s) will your project target? (can be more than one box)	<input type="checkbox"/> Children/Parents/Caregivers/whanau <input type="checkbox"/> Food preparation staff <input type="checkbox"/> Children and Young People <input type="checkbox"/> Community <input type="checkbox"/> Other please specify –

COMMUNITY ACTION PROJECT TITLE:

PROJECT SUMMARY:

How do you intend to carry out your HEHA Community Action Project?

Please ensure that you:

- Describe how this project will contribute to improving nutrition, increasing physical activity and reducing obesity in your Community
- Include as much detail as possible and assume that the panel reviewing your application know nothing at all about this application
- Includes information on identified opportunities for the professional development of community representatives

Description of Community Action project	How do you intend to carry out the project?	What are the short and long term outcomes for the Community	How will you ensure that the project is sustainable?	How do you intend to monitor your success? (Include information that will be measured and how it will be collected and reported)
1.				

PROJECT BUDGET

Have you sought funding from another source?

If YES, please give details:

Name & Address of Funder	Amount Sought	A comment e.g. was it successful?

PROJECT COSTS

Item	Supplier	Quantity	Cost per unit	Total cost

Who will lead the project?

Community Action Partners/ Stakeholders Involved		
Name of Organisation	Signature	Position

REFERENCES

- Ministry of Health. (1999). *Standards for Traditional Maori Healing (rongoa)*. Wellington: Ministry of Health.
- Ministry of Health. (2002). *He Korowai Oranga: Maori Health Strategy*. Wellington: Ministry of Health.
- Ministry of Health. (2003). *Healthy Eating Healthy Action. Oranga Kai - Oranga Pumau: A Strategic Framework*. Wellington: Ministry of Health.
- Ministry of Health. (2004). *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau. Implementation Plan: 2004 – 2010*. Wellington: Ministry of Health.
- Ministry of Health. (2006). *Whakatātaka Tuarua: Māori Health Action Plan 2006–2011*. Wellington: Ministry of Health.
- World Health Organisation. (1986). *Ottawa Charter for Health Promotion*. Ottawa: World Health Organisation.

Appendix 1

Key HEHA Messages

- Eat a variety of nutritious foods
- Eat less fatty, salty and sugary foods
- Eat more vegetables and fruits
- Fully breastfeed infants for at least six months
- Be active everyday for at least 30 minutes in as many ways as possible
- Add some vigorous exercise for extra benefit and fitness
- Aim to maintain a healthy weight throughout life
- Promote and foster the development of environments that support healthy lifestyles