Community Services Evaluation Report for Request Process

Title:

[Insert Title]

Request Number:

[Insert the Request Number]

State Party:

**[Insert the State Party name]**

I certify that the Western Australian Government supply policies have been applied and that funds are available to meet service agreement requirements.

[for >$5m to be signed after CSPRC endorsement]

**/ /202**

[Insert Accountable Authority Name and Title]

Community Services Procurement Review Committee

Endorsed Date: [Insert date] / /202

[Remove for <$5m]

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|  |
| --- |
| **Drafting Instructions**  [State Agencies - delete these instructions once the template has been completed]  Please note the following drafting instructions are designed to assist in completing this template.   * Red text represents drafting instructions to assist with completing this template and must be deleted prior to submission to the State Party Accountable Authority. * [Black text highlighted in yellow] and [form fields] represent areas that must be completed by the State Party Accountable Authority. * Black text must be retained in the template. * Blue text represents optional text. The text must be changed to black if included in this template.   For further information about how to fill out this template, please contact [Finance](mailto:fundingandcontracting@finance.wa.gov.au). |

# Evaluation Summary

|  |  |
| --- | --- |
| **Item** | **Response** |
| **Service Agreement Title:** | [Title] |
| **State Party:** | [State Party Name] |
| **Scope:** | [Provide a brief overview of services to be provided]  See ‘**Scope of Service Agreement**’ at **Section 3** for further information. |
| **Service Agreement Term:** | Initial: [Term]  Extension options: [Options]  [If total Service Agreement term including extension options is less than three years, please provide reasons here.] |
| [Delete the inapplicable option:]  Option 1: Recommended Or  Option 2: Preferred Respondent(s): | [name of Recommended OR Preferred Respondent(s)]  See ‘**Recommendation**’ at **Section 5.** |
| **Total Value of Service Agreement (including GST, extension options and indicative indexation):** | $[insert $ amount] [include GST and indexation to ensure the Tenders WA price is all inclusive] |
| **Pre-Tender Estimate:** | $[insert $ amount] [If the difference between Total Value of Service Agreement and Pre-Tender Estimate is significant (>20%), please insert an explanation.  Refer to the section below for confirmation of Approved Funding Sources.] |
| **Confirmation of Approved Funding Sources** | YES / NO  *[Accountable Authority and Chief Financial Officer confirmation of Approved Funding Sources is required where the Total Value of Service Agreement is $5 million or more.*  *Where the Total Value of Service Agreement does not exceed the Pre-Tender Estimate– attach signed copy of Appendix A – Estimated Service Agreement Value and Approved Funding Source) from the approved Procurement Plan.*  *Where the Total Value of Service Agreement exceeds the Pre-Tender Estimate– attach updated/signed copy of Appendix A from the Procurement Plan.]* |
| **Service Payment Variation:** | The Service Payment is fixed for the first year of the Term.  Following the first year of the Term, the Service Payment will be varied in accordance with the Non-Government Human Services Sector Indexation Policy.  [If an alternate approach to the payment of indexation is used by the State Party, provide detail including explanation of why the Indexation Policy for the Non-Government Human Services Sector will not be applied.] |
| **Lowest Priced Conforming Offer?** | YES / NO  [If “no” include the following:] Refer to ‘Basis of Decision’ at Section 5.1. |
| **Anticipated Service agreement Commencement Date:** | [Date] |
| **Issues to be Resolved?** | YES / NO  [If “Yes” include the following:] Refer to ‘Issues to be Resolved’ at Section 5.3. |
| **Contract Management Plan?**  Accountable Authority or Delegate | YES / N/A  [If “Yes” insert name and title of Accountable Authority or delegate.] |
| **Buying Process** [Applicable to standing offer contracts only] | [Insert explanation of buying process] |
| **Small Business? (<20 people)** | YES / NO |
| **Registered Australian Disability Enterprise (ADE)?** | YES / NO  *[If Yes, the ADE must be listed as an approved ADE on the Australian Disability Enterprises website at* [*http://buyability.org.au/*](http://buyability.org.au/)*directory]* |
| **Registered Aboriginal business?** | YES / NO  *[If Yes, verify the business is registered on the Aboriginal Business Directory WA at:* [*http://www.abdwa.com.au/*](http://www.abdwa.com.au/) *and/or on Supply Nation’s Indigenous Business Direct at* [*http://supplynation.org.au/*](http://supplynation.org.au/)*?]*  Date verified [insert date]. |
| **Aboriginal Community Controlled Organisation (ACCO)?** | YES / NO  *[If Yes, ensure that the ACCO has provided their ACNC registration and either their ORIC / ASIC / DEMIRS registration or their constitution / government documents extract]* |
| **Are any of the Respondents, or their subcontractors, debarred or suspended under the *Procurement (Debarment of Suppliers) Regulations 2021*?** | YES / NO  [If “Yes” insert] Refer ‘Desk Top Assessment’ at Section 4.3 |
| **This procurement was part of the Gender Equality in Procurement – WA Public Sector Pilot.**  [Delete this row if the procurement was not part of the Gender Equality in Procurement - WA Public Sector Pilot] | Refer to Appendix F – Gender Equality in Procurement – WA Public Sector Pilot – Disclosure |
| **Aboriginal Procurement Policy – Aboriginal participation requirements**  *[Delete this row if the Aboriginal participation requirements were not applicable to the procurement.*  *Further information about the application of the Aboriginal participation requirements is available in the* [*Aboriginal Procurement Policy Agency Practice Guide*](https://www.wa.gov.au/government/publications/general-procurement-direction-202108-aboriginal-procurement-policy) *on wa.gov.au.]* | [Select one of the following options and edit as required. Delete the other options not required.]  Neither of the Aboriginal participation requirements will be applicable – provide details  *or*  The Employment of Aboriginal Persons Outcomes target is applicable  Target Percentage: [2%, 5% or 10%] *[change if different target percentage negotiated]*  Reporting Frequency: Annually *[change if different reporting frequency required]*  *or*  The Aboriginal Business / ACCO Subcontracting Outcomes target is applicable  Target Percentage: [3%, 3.5% or 4%] *[change if different target percentage negotiated]*  Reporting Date: [contract expiry date] *[change if different reporting date required]* |

# Procurement Development

|  |  |
| --- | --- |
| **Item** | **Response** |
| **Exemption from Appropriate Procurement Method (Rule C5)**  [Delete if not applicable] | [Provide full details below if an exemption has been approved.]  [Accountable Authority name and title] approved an exemption on [date] based on [include details of exemption]. |
| **Procurement Method** | Direct Negotiation Or  Preferred Service Provider Or  EOI Or  Open Advertisement Request |
| **State Party Approval to Proceed to Request:** | Name: [insert name]  Title: [insert title] |
| **Procurement Plan Prepared?** | YES / N/A  [If ‘Yes’ insert the following:]  Date endorsed by the CSPRC: [insert date]  General recommendations and comments made by the CSPRC:   * [insert details or attach as an appendix]   Actions taken to address these recommendations and comments prior to Request stage:   * [insert details or attach as an appendix]   [If the process used for the Request differed in any material respect from that outlined in the procurement plan, insert the following:]  The following were departures from the procurement plan:   * [insert a description and justification for the departure(s), add as an appendix if there is insufficient space] |
| **Early Tender Advice Date:**  [Delete if not applicable] | [Date ETA posted on Tenders WA] |
| **Advertising:** | Tenders WA: YES / NO  Date: [If ‘Yes’, insert date advertised]  Newspaper: [name of newspaper and date advertised]  [List any other means used for advertising]  Date released: [insert date] |
| **Tender Briefing Details:**  [Delete if not applicable] | A [mandatory/non mandatory] tender briefing was held on [insert date] at [insert location]. |
| **Addenda Details:**  [Delete if not applicable] | [insert number] addend[a/um] [were/was] released. In summary the addend[a/um]:  [Insert details of each addendum and justification.]  [If there is not sufficient space, include detail as an appendix.] |
| **Request Closing Date:** | [Request Closing Date] |
| **Risk Rating:** | [If no significant or high risks identified, insert the following:] All identified risks were rated as low or moderate.  [If any identified risks were rated as significant or high, insert the following, selecting the applicable rating(s):] Some identified risks were rated as significant and/or high. Refer to ‘**Risk Register**’ at **Appendix F**. |
| **Selection Requirements:** | Refer to copy of the Selection Requirements at **Appendix A.** |
| **Offer Validity Expiry Date:** | [Insert expiration date]  [All Offers should have a validity period. Refer to section 4.4 of the Request.] |

# Scope of Service Agreement

[At a minimum, this section should provide a description of the stakeholder engagement, consultation and collaboration process undertaken to inform this procurement process, the domain, the community outcomes sought, the service level outcomes of the proposed service agreement and a summary of the service requirements.]

# The Evaluation

## Evaluation Panel Participants

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Agency** | **Job Title** | **Voting/Non Voting Member/Advisor** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The evaluation panel chairperson was [Name, Title and Contact details]. The evaluation panel facilitator was [Name, Title and Contact details].

[List all who attended the evaluation panel’s consensus meeting in the table above, including technical advisors, external facilitators and observers.]

[If a probity auditor or advisor was engaged for this process, include their details here.]

All panel members completed a Declaration of Confidentiality and Interest form. No interests were declared. Or

The following interests were declared:

* [insert details].

These interests were addressed by:

[Insert details of the manner in which these interests were managed].

## Responses Received

Responses were received from the following organisations:

[List Respondents in alphabetical order. Identify any Respondents who are for-profit organisations.]

1. [insert name]
2. [insert name]
3. [insert name]
4. [insert name]

## Desk Top Assessment

[Unless operation of the Procurement (Debarment of Suppliers) Regulations 2021 has been excluded, the State Party must exclude from consideration any Offer received from a Respondent who is suspended or debarred, and any Offer which includes a subcontracting arrangement with a suspended or debarred subcontractor. Refer to the [*Western Australian Supplier Debarment Regime*](https://www.wa.gov.au/government/publications/debarment-regime-guide-western-australian-government-agencies) and the [*Excluded Suppliers*](https://www.tenders.wa.gov.au/watenders/news/browse.do?CSRFNONCE=BC47BF6C8B895C8C0C0CB75B4FF0C4AF&&ss=1) page on Tenders WA for more information.]

[Ensure that you check the suspension and debarment status of all Respondents and named subcontractors on the [Excluded Suppliers](https://www.tenders.wa.gov.au/watenders/news/browse.do?CSRFNONCE=BC47BF6C8B895C8C0C0CB75B4FF0C4AF&&ss=1) page before progressing to the Qualitative Assessment, finalising this Evaluation Report and prior to awarding the contract.]

All Respondents passed through to the Qualitative Assessment.

OR

*The following Respondents did not pass through to Qualitative Assessment*: [List all organisations in alphabetical order and the applicable reasons below:]

1. [Name]   
   [Reason why]
2. [Name]   
   [Reason why]
3. [Name]   
   [Reason why]
4. [Name]   
   [Reason why]

All other Respondents passed through to the Qualitative Assessment.

## [Initial] Qualitative Score and Price Summary Table

[If a two stage evaluation process was undertaken, insert the word ‘initial’ as indicated above, and include information relating to non-shortlisted respondents below. List in alphabetical order.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Respondent** | **Price Ranking** | **Price including GST/extensions** | **Qualitative Ranking** | **Score (%)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

[Discuss why this price schedule was chosen – e.g. why a fixed budget or unit price method was selected.]

### Respondents not shortlisted

[Delete this section if not applicable]

The following Respondents were not short-listed:

1. [Name] [reason, price, qualitative score]
2. [Name] [reason, price, qualitative score]
3. [Name] [reason, price, qualitative score]

Refer to **Appendix B** for a copy of the **Evaluation Rating Scale** used in the evaluation process.

Refer to **Appendix C** for a detailed “**Qualitative Score & Price Summary**” and **Appendix D** for the “**Comparative Statements**”.

## [Revised] Qualitative Score Price for Shortlisted Respondents Summary Table

### Shortlisting Process

After the initial evaluation, a number of shortlisted Respondents were selected to be further evaluated. The additional evaluation was undertaken as follows:

[detail process undertaken]

### Revised Qualitative Scores for Short-Listed Respondents

As a result of the short-listing process, the qualitative scores for the short-listed Respondents were revised as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Respondent** | **Original Score** | **Original Ranking** | **Revised  Score (%)** | **Revised Ranking** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Refer to **Appendix E** for a detailed “**Short-listed Qualitative Score and Price Summary**”.

## Clarification sought

[Provide full details of any clarifications sought from Respondents, how the clarification process was conducted and the effect/outcome of the clarifications.

Also, if the evaluation panel was reconvened at any point, provide full details in this section.]

# Recommendation

## Basis of decision

[Name of Respondent/s] is the evaluation panel’s recommended or preferred Respondent.

The basis for this decision is as follows:

1. Quality

[Insert justification with direct reference to the qualitative criteria associated with this Request.]

1. Price

[Insert justification]

1. Summary

[Insert justification for your value for money decision. Include, for example, detail of why a lower priced or comparatively higher scored Response was not recommended]

In summary, [name of Respondent/s] is best suited to meet the Request requirements and represents Value for Money.

## Referee Reports

As part of the evaluation process, a number of referees were contacted. The following table provides a summary of the referees contacted and their comments in relation to the [Recommended] or [Preferred] Respondent.

|  |  |
| --- | --- |
| **Referee Contact** | **Comments** |
| [Organisation and contact person name] |  |
| [Organisation and contact person name] |  |

In summary, the referee reports supported the Evaluation Panel’s recommendation(s).

Or

[If no referees were contacted, explain why]

## Issues to be resolved

No issues to be resolved.

[Or if there are issues to be resolved, discuss here. What are the issues? What are the mitigation techniques/strategies? What is the contingency plan if the issues are unable to be resolved?]

## Competitive neutrality

[Delete if not applicable]

The [name of tertiary institution or government organisation] provided a covering letter from the [title of the head of the institution / organisation] certifying that their Offer had been calculated on a full commercial basis and (if appropriate) verified by an independent expert.

# Endorsement by Evaluation Panel

[If the value of this procurement process is >$5 million and an exemption has not been sought, the evaluation panel members should only sign below following CSPRC endorsement.]

Name DATE: / /202

Name DATE: / /202

Name DATE: / /202

Name DATE: / /202

Name DATE: / /202

# Appendix A – Selection Requirements

# Mandatory requirements [Delete if not applicable.]

The mandatory requirements for this Request were:

# Qualitative Criteria

The qualitative criteria for this Request were:

[List all qualitative criteria including sub-criteria from highest to lowest weighting.]



# Disclosure Requirements

The disclosure requirements for this Request were:

[List all disclosure requirements as stated in the Request.]

# Appendix B – Evaluation Rating Scale

A rating of 0-9 was used for evaluating each Offer. Panel members were required to score each Respondent’s response to the qualitative requirements. The rating scale and a description for the range of scores is shown in the table below.

|  |  |
| --- | --- |
| **SCORE** | **DESCRIPTION** |
| **0** | The response **does not** address the qualitative requirement  **OR**  The evaluation panel is **not confident** that the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily meet the qualitative requirement(s) |
| **3** | The evaluation panel has **some reservations** whether the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily complete the Request requirements covered by this qualitative requirement.   If **Minor** concern: rate higher (4).  If **Major** concern: rate lower (1 or 2). |
| **5** | The evaluation panel is **reasonably confident** that the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily complete the Request requirements covered by this qualitative requirement to a reasonable standard. |
| **6** | The evaluation panel is **confident** that the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily complete the Request requirements covered by this qualitative requirement to a reasonable standard. |
| **7** | The evaluation panel is **confident** that the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily complete the Request requirements covered by this qualitative requirement to a good standard. |
| **8** | The evaluation panel is **confident** that the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily complete the Request requirements covered by this qualitative requirement to a high standard. |
| **9** | The evaluation panel is **confident** that the Respondent:   * Understands the Request requirements covered by this qualitative requirement; and / or * Will be able to satisfactorily complete the Request requirements covered by this qualitative requirement to a **very high standard**. |

# Appendix C – Qualitative Score and Price Summary

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualitative Requirement** | | **Weighting** | **[Respondent name]** | | | **[Respondent name]** | | | **[Respondent name]** | | | **[Respondent name]** | | | **[Respondent name]** | | |
|  |  |  | **Raw** | **Weighted** | | **Raw** | **Weighted** | | **Raw** | **Weighted** | | **Raw** | **Weighted** | | **Raw** | **Weighted** | |
|  |  |  | **/9** | **/9** | **%** | **/9** | **/9** | **%** | **/9** | **/9** | **%** | **/9** | **/9** | **%** | **/9** | **/9** | **%** |
| 1 | [insert criterion] | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | [insert criterion] | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | [insert criterion] | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | [insert criterion] | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Weighted Score (%)** | | |  | | |  | | |  | | |  | | |  | | |
| **Qualitative Ranking** | | |  | | |  | | |  | | |  | | |  | | |
| **Price including GST and extension** | | |  | | |  | | |  | | |  | | |  | | |
| **Total Price** | | |  | | |  | | |  | | |  | | |  | | |
| **Price Ranking** | | |  | | |  | | |  | | |  | | |  | | |

[Please refer to the following page for drafting instructions.]

[**When completing the table please note the following:**

* The table is on a landscape page and there is a section break between the table and the previous page – do not delete this, otherwise the pages will lose their formatting.
* You may have to adapt the table where there are various prices – e.g. price per program. Please adjust where necessary.
* **Shade the three columns of the preferred respondent.**
* **List the Respondents in price or qualitative score order. This order should be consistently used throughout the evaluation report.**
* Qualitative requirements to be listed in highest to lowest weighting.
* **If the total qualitative score has been ‘rounded’ please ensure that the rounded score is referred to throughout the rest of the report**
* If shortlisting has occurred duplicate this table including details of the shortlisted Respondents.]

# Appendix D – Comparative Statement

## Comparative Statement – Qualitative Requirements and Price

[If a shortlisting process was undertaken, provide comparative statements both for the initial assessment of all respondents and the final assessment of shortlisted respondents. Include in the comparative statements for the initial assessment the reasons why each respondent was or was not shortlisted for further consideration.]

A summary statement for each Respondent is provided below.

The summaries have been prepared for the purposes of providing feedback to Respondents and as a brief overview of the principal issues used by the Evaluation Panel to reach a decision on the preferred Respondent. The summaries are not meant to cover all criteria and issues discussed by the Evaluation Panel.

# Respondent's Name

* Total qualitative score [insert percentage]% – ranking [insert ranking]/X.
* Total price $[insert amount] – ranking [insert ranking]/X.

[Insert Heading of Qualitative Requirement]

* [Discussion of the response to the requirement.]
* Include the evaluation statement from the evaluation rating scale that corresponds to the score given.]

**[Insert Heading of Qualitative Requirement]**

* [Discussion of the response to the requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.]

**Summary:**

* [Insert justification for recommendation]

**Outcome: [Not] Recommended**

# Respondent's Name

* Total qualitative score [insert percentage]% – ranking [insert ranking]/X.
* Total price $[insert amount] – ranking [insert ranking]/X.

**[Insert Heading of Qualitative Requirement]**

* [Discussion of the response to the requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.]

**[Insert Heading of Qualitative Requirement]**

* [Discussion of the response to the requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.]

**Summary:**

[Insert justification for recommendation]

**Outcome: [Not] Recommended**

# Respondent's Name

* Total qualitative score [insert percentage]% – ranking [insert ranking]/X.
* Total price $[insert amount] – ranking [insert ranking]/X.

**[Insert Heading of Qualitative Requirement]**

* Discussion of the response to the requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**[Insert Heading of Qualitative Requirement]**

* [Discussion of the response to the requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.]

**Summary:**

* [Insert justification for recommendation]

**Outcome: [Not] Recommended**

# Respondent's Name

* Total qualitative score [insert percentage]% – ranking [insert ranking]/X.
* Total price $[insert amount] – ranking [insert ranking]/X.

**[Insert Heading of Qualitative Requirement]**

* [Discussion of the response to a requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.]

**[Insert Heading of Qualitative Requirement]**

* [Discussion of the response to a requirement.
* Include the evaluative statement from the evaluation rating scale that corresponds to the score given.]

**Summary:**

* [Insert justification for recommendation]

**Outcome: [Not] Recommended**

# Appendix E – Risk Assessment

[Insert a risk register here.

There is no single risk register or table that must be used in this section. The risk register provided in the department of finance ‘risk workbook’ template can be used, or any other risk register, table or other means of documenting risk.

As a minimum, this appendix should describe the risks identified, along with their ratings and treatment strategies employed.]

# Appendix F – Gender Equality in Procurement – WA Public Sector Pilot - Disclosure

[Delete this section if the procurement was not part of the Gender Equality in Procurement trial as part of Stronger Together: Western Australia’s Plan for Gender Equality and therefore did not contain the Gender Equality disclosure requirement.

The Gender Equality in Procurement Pilot – Disclosure table below is:

* provided to record information necessary for completing the Gender Equality in Procurement Pilot disclosure requirements in Tenders WA (Gender Equality Initiative).
* to be completed for each preferred/recommended Respondent prior to the evaluation report being signed off. Copy and paste the table where there is more than one preferred/recommended Respondent.

Remove the (A) or (B) sections where they are not applicable.]

As part of the Gender Equality in Procurement Pilot the below disclosure details are for the preferred/recommended Respondent(s).

|  |  |  |
| --- | --- | --- |
| **[Insert preferred/recommended Respondent name]** | **Yes** | **No** |
| 1. **[Delete section if not applicable] The Respondent is a business or organisation that employs 100 or more people.** |  |  |
| Does the Respondent comply with the Workplace Gender Equality Agency reporting requirements? |  |  |
| Did the Respondent provide a letter of compliance with the *Workplace Gender Equality Act 2012*? |  |  |
| 1. **[Delete section if not applicable] The Respondent is a business or organisation that employs less than 100 people.**   Does the Respondent have any of the following policies/strategies in place to support workplace gender equality? |  |  |
| Audit of salaries/pay rates to identify any gender gaps |  |  |
| Flexible work arrangements for all staff – e.g. flexi-hours, part-time, work from home |  |  |
| Work practices to facilitate family or caring responsibilities e.g. meetings only held during school hours, designated parents’ room |  |  |
| Paid parental leave for either parent when their child is born or adopted |  |  |
| Program to prevent and respond to discrimination in the workplace |  |  |
| Support for victims of sexual or gendered abuse and harassment in the workplace |  |  |
| Consequences for perpetrators of sexual or gendered abuse and harassment in the workplace |  |  |
| Paid family and domestic violence leave |  |  |
| Counselling/support for staff who experience family and domestic violence |  |  |