Community Services Preferred Service Provider Evaluation Report

Title:

[Insert title here]

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] / /201

[Remove the above text for <$5m]

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# Evaluation Summary

|  |  |
| --- | --- |
| **Item** | **Response** |
| **Service Agreement Title:** | [Title] |
| **State Party:** | [Name of State Party] |
| **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 the 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, indicative estimation and extensions]:** | $[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]. |
| **Total Value of Current Service Agreement [including GST, indicative estimation and extensions]:** | $[insert $ amount] |
| **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, please provide detail including explanation of why the Indexation Policy for the Non-Government Human Services Sector will not be applied.] |
| **Anticipated Service Agreement Commencement Date:** | [Date] |
| **Issues to be Resolved?** | YES / NO  [If “Yes” include the following:]  Refer ‘Issues to be Resolved’ at Section 5.3  [Given the restricted nature of a PSP tender process, issues (of a significant nature) should ideally be resolved prior to finalising the PSP evaluation report.] |
| **Contract Management Plan?**  Accountable Authority or Delegate | YES / N/A  [If “Yes” insert name and title of Accountable Authority or delegate.] |
| **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]* |
| **Is the Respondent, or their subcontractors, debarred or suspended under the *Procurement (Debarment of Suppliers) Regulations 2021*?** | YES / NO  [If “Yes” insert] Refer ‘Response Received’ at Section 4.2 |
| **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 E – 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** |
| **Service Review:** | A Service Review was undertaken on [insert date]. A summary of the finding of the Service Review is included in Appendix A. |
| **Preferred Service Provider Approval** | [Accountable Authority or Delegate] granted approval on [date] to issue a Restricted Request to [Service Provider name] only on the basis that they are a Preferred Service Provider under the Delivering Community Services in Partnership Policy.  The [Service Provider name] has been deemed suitable for Preferred Service Provider status for the delivery of this service on the following grounds:   * continuing to meet the identified need; * meeting the agreed service specifications, quality standards and contractual requirements; * operating efficiently and effectively; and * actively engaged in continuously improving services to provide the best possible service to the community.   [Provide further detail of how the Service Provider has met these criteria.] |
| **Procurement Method** | Preferred Service Provider (Restricted 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 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] |
| **Request Issued Date:** | [Request Issued Date] |
| **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 D. |
| **Selection Requirements:** | Refer to copy of Selection Requirements at **Appendix B.** |
| **Offer Validity Expiry Date:** | [Insert expiration date]  [All Offers should have a validity period. Refer to section 4.4 of the Preferred Service Provider Request.] |

# Scope of Service Agreement

[Provide a summary of the stakeholder engagement process undertaken to inform this Preferred Service Provider 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].

## Response Received

[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.]

A Response was received from the [insert Service Provider name].

## Qualitative Score and Price Summary

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondent** | **Unit Price** | **Price including GST and extensions** | **Qualitative Score (%)** |
|  | [Delete column if not applicable for this service] |  |  |

[Details relating to how the price schedule was developed should be discussed in this section e.g. use of estimated hours, categories of work etc.]

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

## Clarification Sought

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

Also, if the evaluation panel was reconvened at any point, provide full details in this section. Delete this section if not applicable].

# Recommendation

## Basis of Decision

[Name of Service Provider] 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 the price is competitive or why the service model is best suited to achieve the service level outcomes]

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

## Evaluation Statement – Qualitative Requirements and Price

A summary statement for the Respondent is provided below.

This summary has 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 recommended or 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]%

Total price $[insert amount]

[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**

## 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 and their role] | [Insert summary of referee comments] |
| [Organisation and contact person and their role] | [Insert summary of referee comments] |

In summary, the referee reports supported the evaluation panel’s recommendation(s).

[Or provide further detail.]

## Issues to Be Resolved

[Given the restricted nature of a PSP process, issues should ideally be resolved prior to finalising the PSP evaluation report.

As a restricted process, PSP procurement affords the opportunity to engage the service provider to co-design the service and agree on many matters or issues (e.g. as related to strengths and weaknesses of the current services, changing best practice etc.) prior to issuing the Request. There is capacity and scope to seek clarity on any issues identified in an Offer received as part of the PSP Request process prior to the evaluation report being completed.]

No issues to be resolved.

[Or

Discuss applicable issues. What are the issues? What are the mitigation techniques/strategies? What is the contingency plan if the issues are unable to be resolved?]

# Endorsement by Evaluation Panel

[If the value if this procurement process is >$5 million, 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 – Service Review (Preferred Service Provider)

Provide detail of the service review undertaken to inform this preferred service provider procurement process. Include information regarding the consultation and collaboration undertaken to inform the service design and ensure all four of the PSP criteria in the Delivering Community Services in Partnership Policy are adequately addressed.

# Appendix B – Selection Requirements

# Mandatory Requirements

[Delete if not applicable]

The mandatory requirements for this Request were:

# Qualitative Criteria

[In this section identify how the service provider was evaluated, particularly if they were not required to address qualitative criteria (i.e. a pre-populated vs respondent completed criteria).]

The qualitative criteria for this Request were:

# Disclosure Requirements

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

The disclosure requirements for this Request were:

# Appendix C – Evaluation Rating Scale

A rating of 0-9 was used for evaluating each Offer. Panel members were required to score the 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 D – 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 E – 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 |  |  |