PHARMAC

**Part 2: RFP response template**

***Visual Analytics/Business Intelligence Tool***

**Instructions for Respondents**

* Please use this Response Form in responding to our RFP. It is important that you do not change the structure (section headings and sequence). Changing this structure will make it harder for the evaluators to find relevant information quickly.
* Before starting to complete this form please make sure that you have read the Request for Proposals (RFP) in full and understand:
  + PHARMAC’s requirements detailed in Section 1
  + The RFP process and evaluation approach detailed in Section 2
  + Terms and Conditions detailed in Section 3
* If anything is unclear or you have any questions please get in touch by emailing [analysisteam@pharmac.govt.nz](mailto:analysisteam@pharmac.govt.nz) before 23 August 2019, the deadline for questions.
* We have included supplier tip boxes to help you understand what is required. The areas highlighted in yellow indicate where you are to write your response.
* Remember to delete the supplier tip boxes and remove the highlight from your answers before sending us your response – they are for your use only!

|  |  |
| --- | --- |
|  | To remove highlight from text: select the text you want to remove the highlight from. In the ‘Home’ tab in the ‘Font’ group select the arrow at the right of the ‘Text highlight colour’ and select ‘no colour’. |

* For more general information on how to respond to tenders refer to the suppliers’ resource centre at: [www.procurement.govt.nz/suppliers/](http://www.procurement.govt.nz/suppliers/).

Submitted by: [Respondent name]

Product(s) proposed: [Name of product]

Date of this Proposal: [insert date of this document]

# Check list for Respondents

|  |  |
| --- | --- |
| **Please ensure all items listed below are complete** | **✓** |
| 1. All sections of this response form have been completed and statements signed. |  |
| 1. All ‘supplier tip’ boxes have been deleted from the Response Form and the yellow highlighting has been removed. |  |
| 1. The format and instructions in the RFP have been followed. |  |
| 1. All the information to be evaluated is included within this document (no-hyperlinks). |  |
| 1. Your pricing has been provided as a sperate document, please do not include pricing information in this document. |  |
| 1. All documents have been submitted prior to the deadline. |  |
| 1. Documentation is complete with no additional documentation added, only details requested will be evaluated. |  |
| 1. The declaration has been signed. |  |

**Section 1: Profile**

|  |  |
| --- | --- |
| Supplier tips | This section provides PHARMAC with basic information about your organisation and identifies your Point of Contact for the duration of the RFP process.  If you are submitting a joint or consortium Proposal complete an ‘Our profile’ table for each Respondent. Cut and paste the table as appropriate. Provide only one Point of Contact for your joint/consortium Proposal. |

**Choose one of these statements to complete, and delete the others**

This is a Proposal by [insert the name of your organisation] (the Respondent) alone to supply the Requirements.

**OR**

This is a [joint/consortium] Proposal, by [insert the name of your organisation] and [insert the name of the other organisation/s] (together the Respondents) to supply the Requirements.

|  |
| --- |
| If you are submitting a Joint Proposal, please provide details about the arrangement between the parties. Please include:   * the components of the Requirements each party will be responsible for delivering * the nature and/or legal status of the relationships between the parties (e.g. joint venture, sub-contractor, etc.), including the allocation of risk between the parties. * which party (or parties) will contract with PHARMAC if the Proposal is successful * information about the structure and systems that support joint governance, delivery and financial and contract management. |
| [Insert response or write ‘N/A'] |
| Do significant components of your solution involve providing another organisation’s products or intellectual property or rely on the services of a party who is not a Respondent to this Proposal?  If yes, please include:   * the identity of the other organisation(s) * the nature and/or legal status of the relationships with the Respondents * information about any limitations or risks this poses for PHARMAC |
| [Insert response or write ‘N/A' ] |

|  |  |
| --- | --- |
| Item | Detail |
| Contact person | [Name of person responsible for communicating with PHARMAC on behalf of the Respondent or Joint Respondents] |
| Position | [Job title or position] |
| Contact details | [Landline]/[Mobile]/[Work email] |

**Section 2: Organisation overview**

|  |  |
| --- | --- |
| Supplier  tips | This section requests core organisational information and must be completed by all Respondents.  The questions seek contextual information about your organisation. This information helps PHARMAC to understand your organisation and can be considered during the selection process.  If any of the matters are not applicable, please write ‘N/A’ in the space provided.  If you are submitting a Joint Proposal, each of the Joint Respondents should complete a copy of the tables in this Section.  If you intend to use a separate legal entity to contract with us directly (such as a subsidiary company of your organisation), you must complete a copy of the tables in this section for each of those legal entities. In addition to completing the tables for each Respondent. |

|  |  |
| --- | --- |
| **Item** | **Detail** |
| Trading name: | [insert the name that you do business under] |
| Full legal name (if different): | [if applicable] |
| Type of business | [please describe the type of goods and services that your organisation is specialised in delivering] |
| Year established | [enter the year] |
| Physical address: | [if more than one office – put the address of your head office] |
| Postal address: | [e.g. P.O Box address] |
| Registered office: | [if you have a registered office insert the address here] |
| Business website: | [url address] |
| Type of entity (legal status): | [sole trader / partnership / limited liability company / other please specify] |
| Registration number: | [if your organisation has a registration number insert it here e.g. company registration number] |
| Country of tax residence: | [insert country where you (if you are a sole trader) or your organisation is resident for tax purposes] |
| GST registration number: | [NZ GST number / if overseas please state] |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational scale - overall | [provide the number of staff by location] | | |
| Organisational scale for staff with relevant experience | [provide the number of staff by location with relevant implementation experience of the proposed solution]   |  |  |  | | --- | --- | --- | | City | Role | Number of staff | | e.g. Wellington | e.g. Functional consultant | XX | |  |  |  | |  |  |  | | | |
| Gross revenue (last 2 years) | [state the gross revenue for the last two years (indicate if revenue is for New Zealand-based or worldwide operations)] | | |
| Gross profit (last 2 years) | [state the gross profit for the last two years (indicate if the profit is for New Zealand-based or worldwide operations)] | | |
| Last audited accounts | [insert date of last audited accounts (indicate if audit is for New Zealand-based or worldwide operations)] | | |
| Insurance policies and cover limits | | Yes | No |
| Do you have sufficient insurance policies including; | | | |
| Public liability cover not less than $3 million. | |  |  |
| Professional Indemnity cover not less than $3 million. | |  |  |
| No major limitations in respect of the above insurance policies. | |  |  |
| An acceptable claim history in the last two years of the above policies.  [insert history] | |  |  |
| Please identify whether your organisation has the following in place.  (Note: we may request copies) | | Yes | No |
| A health and safety policy and formal staff health and safety training | |  |  |
| A business continuity plan | |  |  |
| A health information privacy policy | |  |  |
| [Please provide any additional relevant information about the policies held here (optional)] | | | |

## Respondents who are part of a corporate group or multinational organisation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you part of a corporate group or multinational organisation? | | | Yes | | No |
| If yes, would contract approvals be required from any party beyond the immediate organisation? | | | | | |
| [Insert answer or write ‘N/A’. Please include the names of the parties] | | | | | |
| If you have a parent company, would the parent company be willing to offer a parent company guarantee? | N/A | Yes | | No | |

## The person who has the authority to negotiate the Contract on behalf of the Respondent

|  |  |
| --- | --- |
| Item | Detail |
| Respondent authorised person | [Name of person responsible for communicating with PHARMAC on behalf of the Respondent or Joint Respondents] |
| Position | [Job title or position] |
| Phone number | [Landline] |
| Mobile number | [Mobile] |
| Email address | [Work email] |

## Audit and accreditations

|  |  |  |
| --- | --- | --- |
| Have you been audited by a New Zealand government agency or other external auditor within the last 12 months? | Yes | No |
| [If yes, please provide a brief overview of the nature of the audit (e.g. financial or performance based), the organisation or agency that conducted the audit and a brief explanation of the outcome (or write ‘N/A’)] | | |

|  |
| --- |
| Do you currently hold any other relevant formal accreditations or meet any other formal regulatory or other standards which may provide external verification of your organisational strength or ability to deliver? |
| [If yes, please name the accreditation held or standard met] |

**Section 3: Response to the Requirements**

## Pre-conditions

|  |  |
| --- | --- |
| Supplier tips | You must be able to answer ‘yes’ to the pre-condition(s). Make sure you can verify that this is the case, if asked.  ‘Yes’ means that you can currently meet the pre-condition. It does not mean that you are planning to or intend to at some time in the future.  If you cannot answer ‘yes’ to all, your Proposal will not meet the basic Requirements and will be declined. |

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Pre-condition** | **Meets** | |
| 1. | Your solution can be installed within a data centre and be provided with a subscription costing model, enabling PHARMAC to pay only for what is required, either by number of users or other metrics. | | [Yes/No] |
| 2. | Your solution runs effectively in a Windows Hyper V environment | | [Yes/No] |
| 3. | The solution must be able to handle multiple datasets with single large datasets  sizes upto 2000 GB | | [Yes/No] |

## 

## Overview of solution

|  |  |
| --- | --- |
|  | Please provide an overview of your solution, it is not acceptable to direct evaluators to websites to understand your solution. This section is mandatory and should not exceed two A4 sides. |
| Please provide an overview of your solution. For example, describe the technical aspects of the product and/or elements of the service offering. The aim of this question is to provide an introduction/overview to PHARMAC of the service you are offering, ensure that your answer includes details of software licensing (not prices). | |
| [Insert Respondent answer]. | |

**Questions relating to the evaluation criteria**

|  |  |
| --- | --- |
| Supplier tips | Here you are asked to answer questions relating to the evaluation criteria. Your Proposal will be scored against your answers to these criteria. Aim to give answers that are relevant, concise and comprehensive.  Please take the weightings of each section into account when deciding how much detail to include, note weightings vary by question.  If you have made any assumption about the Requirements or delivery, clearly state the assumption.  Please respond to all questions detailing if and how your proposed solution can be configured to fully satisfy these requirements. Details should be provided of any elements you can only partially meet and how your solution can satisfy these. Where appropriate you may support your answers with screen shots if it provides clarity to your responses. |

|  |  |  |  |
| --- | --- | --- | --- |
| Capability to deliver Overall weight: 30% | | | |
|  | All Respondents should answer this section. | |  |
| Commitment & ability to deliver to the NZ public sector | | | |
|  | Describe your organisation structure, level of presence and capabilities within New Zealand to support a strong project delivery team and underpin a commercial relationship in the longer term with PHARMAC. | | |
| [Insert Respondent answer] | | | |
|  | Outline your experiences with clients in New Zealand and Australia public sector. What are the challenges working with clients in the public sector and what approach do you adopt? | | |
| [Insert Respondent answer] | | | |
| External assessment & future development | | | |
|  | If applicable, provide details of Gartner’s latest assessment of your product, include within your answer; rating/position, strengths and weaknesses identified, including any comments you feel appropriate to support, challenge or address the assessment made. | | |
| [Insert Respondent answer] | | | |
|  | How do you expect your organisation’s service offering to evolve during the anticipated length of the contract? Please include in your answer whether you currently offer a full SaaS solution or whether you plan to in the next 5 years. | | |
| [Insert Respondent answer] | | | |
|  | Describe the benefits to PHARMAC of selecting your specific tools (over and above functionality), this may include efficiencies or cost effectiveness of sharing data within the health sector or partnerships or ease of integration with related products. | | |
| [Insert Respondent answer] | | | |
| Non-functional requirements Overall weight: 30% Non-functional requirements are those requirements that do not directly address the business or application needs. Instead, they may address:   * A property the product must possess * The standards by which it must be created * The supporting structure that makes it possible * The environment in which it must exist | | | |
| **All Respondents should answer this section.** | | | |
| Security | | | |
|  | Describe if and how the software can be configured to control access to both features and data at a user and/or role level. Include in your description a list of features that can or are restricted at each level. | | |
| [Insert Respondent answer] | | | |
|  | Does the software have encryption capabilities for stored data and/or provide the functionality for data in transit? | | |
| [Insert Respondent answer] | | | |
|  | Does the solution include appropriate security and access control to ensure compliance with privacy and security regulations, including federated security support such as Active Directory (AD), LDAP and at a minimum support role-based single sign-on (SSO)? | | |
| [Insert Respondent answer] | | | |
| Support | | | |
|  | Describe the ongoing support of the solution including the support hours and locations. | | |
| [Insert Respondent answer] | | | |
|  | Describe your release cycle for updates and enhancement including timing and any additional support provided during this period. | | |
| [Insert Respondent answer] | | | |
| Operating environment | | | |
|  | Provide details/specifications of the optimal technology infrastructure for your proposed solution including server, computer power, & storage requirements where it is hosted locally. | | |
| [Insert Respondent answer] | | | |
|  | Describe the ability of the solution to connect to different data sources for example API, other external databases or data warehouses. | | |
| [Insert Respondent answer] | | | |
| Data management | | | |
|  | Describe how the solution enables users to find existing data, analysis and reports. Minimising redundancy and ensuring one version of the truth. | | |
| [Insert Respondent answer] | | | |
|  | Is it possible for data to become out of sync or otherwise corrupted during business-as-usual (BAU) operation? If it is, please describe how the solution identifies this and re-establishes data integrity. | | |
| [Insert Respondent answer] | | | |
|  | Does the solution include a centralised hub/sandpit for the sharing of consistent knowledge, data, reports, analysis and code? | | |
| [Insert Respondent answer] | | | |
|  | Can the solution scale to 100-150 users over the contract period if required and handle at a minimum 30 concurrent users at any one time? | | |
| [Insert Respondent answer] | | | |
| Audit | | | |
|  | Does the solution log appropriate error conditions to facilitate debugging and troubleshooting in both test and production environments, and can that information be extracted in commonly used file formats? | | |
| [Insert Respondent answer] | | | |
|  | Please confirm by ticking the box below if event successes and failures are logged in the following solution components. | | |
| Account login/logout attempt  Session termination  Account getting locked out  Privilege escalation attempt  Password change attempt  Creation, modification, deletion of accounts  Reset of passwords  System/service shutdown/restart  Access of any pre-defined file/folders  Access of any pre-defined functions | | Access of any pre-defined fields from database tables  Modification of database structure/schema Access of security log records  Modification of system time  Modification of security-related settings  Inbound/outbound network connections to system  Error conditions  Failed database queries  File-not-found/File-cannot open errors  Unexpected programme states  Timeout conditions | |
|  | Please confirm by ticking the box below if every event recorded in the log contains the following information: | | |
| Time & date  Source IP address  Source User ID | | Description of event  Affected data/component in the system Success/failure | |
| Documentation and training | | | |
|  | Detail how much would be provided by way of documentation, context-sensitive online help and training for support staff and analysts, briefly explain the components covered. | | |
| [insert your answer here] | | | |
|  | Provide details of any materials available to support self-paced training including online tutorial videos for different types of users (support/analysts/consumers of info) | | |
| [insert your answer here] | | | |
| Functional Requirements Overall weight: 40% | | | |
| Advanced analytics Advanced Analytics is defined as a solution providing analytical capabilities beyond traditional query and reporting. It utilises modern, sophisticated quantitative methods such as statistical and predictive modelling to generate new information, recognise patterns and to predict outcomes.  The current tools being used are SAS Enterprise Guide and SAS VA | | | |
|  | Describe your solutions advanced analytics capabilities, including details of any inbuilt analytical tools. Please provide details of any forecasting module and capabilities, statistical modelling or predictive analytics included within the proposed solution. | | |
| [insert your answer here] | | | |
|  | Detail the level of skill/knowledge of programming language required by an analyst to perform analytics end to end with your solution. Include in your answer whether your solution has any integrated support for any programming languages or the ability to share code. | | |
| [insert your answer here] | | | |
|  | Detail whether the solution provides drill-down capability to access details directly from the dashboard. | | |
| [insert your answer here] | | | |
|  | The solution must allow selected users the ability to access, transform and integrate the underlying data. Please provide details of how this is addressed and whether the system has an inbuilt prep tool. | | |
| [insert your answer here] | | | |
|  | Please confirm that the solution can publish visualisations (reports and analysis) on the web, detail any limitations. | | |
| [insert your answer here] | | | |
|  | Does the solution provide GIS/geographical mapping/location intelligence capabilities? | | |
| [insert your answer here] | | | |
| Data visualisation The data visualisation solution is expected to go beyond the standard charts and graphs used in Microsoft Excel. The tool enables data to display in sophisticated graphical formats with interactive capabilities that enable users to manipulate or drill into the underlying details.  The tool should also allow self-service data preparation and data discovery capabilities without requiring significant involvement from technical resources such as an internal IT department to predefine data models upfront as a prerequisite to analysis.  Current tools being used are Microsoft Excel and SAS VA | | | |
|  | Describe how the solution allows users to undertake data discovery and exploratory analysis. | | |
| [insert your answer here] | | | |
|  | Please describe how your solution provides easy access to multiple, diverse data sets and can integrate these datasets without the need for traditional ETL processes. Include within your answer how users are provided with a single, comprehensive view of data coming from multiple data sets. | | |
| [insert your answer here] | | | |
|  | Detail whether files can be both imported and exported using commonly used file formats; text, csv, xls or pdf. Provide details of the format in which publication quality analytics can be provided in. | | |
| [insert your answer here] | | | |
|  | Does the solution allow analysis of non-structured textual data? | | |
| [insert your answer here] | | | |
|  | Does the solution allow analysis of both unstructured and structured data? | | |
| [insert your answer here] | | | |
|  | Please provide details of any functionality which would allow data to be edited from the tool -applying a write back to the original data table and whether the tool can record comments, allow users to share views on analysis etc. Specify any specific access level required to use this functionality. | | |
| [insert your answer here] | | | |
| Enterprise reporting Enterprise reporting is defined as large scale systems-of-record reporting systems including capabilities to create and distribute trusted, sanctioned and highly controlled production reports, ad-hoc queries and dashboards, based on pre-modelled data and predefined semantic layer.  Currently tolls being used are SAS VA, T-SQL, SAS EG | | | |
|  | Explain how the tool supports self-service for reporting and performing data analysis for users with limited technical knowledge reducing the reliance on third parties to fulfil simple requests. | | |
| [insert your answer here] | | | |
|  | Does the solution include a business semantic layer? | | |
| [insert your answer here] | | | |
|  | Is there visibility of data lineage including the data’s origin, what happens to it and where it moves over time? Please detail. | | |
| [insert your answer here] | | | |
|  | Please detail the functionality available for delivering, scheduling, printing reports to user. | | |
| [insert your answer here] | | | |
|  | Does the solution ensure standardised, transparent definitions of data and measures making use of a data dictionary or catalogue? Please provide details. | | |
| [insert your answer here] | | | |
|  | Detail how the solution enables open, role-based access to up-to-date and standardise, granular data, reports and analysis via a common user interface. | | |
| [insert your answer here] | | | |

## Assumptions

|  |
| --- |
| Please state any assumptions that you have made in preparing your Proposal.  Where you have made assumptions in relation to your pricing or financial information, please provide these in the Pricing Template contained in Part 1 (RFP), Section 2. |
| [Please list any assumptions here] |

## Risks

|  |
| --- |
| Please provide an overview of any risks which arise from your solution and how the risks identified will be mitigated. |
| [Please list any risks and their mitigation approach here] |

**Section 4: Proposed Contract feedback**

|  |  |
| --- | --- |
| Please confirm whether you are prepared to do business based upon the Proposed Contract template provided with the RFP Part 1 – Section 3 Proposed Contract.  Please read the Proposed Contract, which is likely to be used by the PHARMAC, and then select between Option 1 and Option 2 below. Where you have selected Option 2, please complete the table below, ensuring that the information you provide makes your position clear and enables us to understand any concerns.  PHARMAC may take into account each Respondent’s willingness to accept the Proposed Contract terms and conditions in its decision-making process.  Do not put off raising concerns with the Proposed Contract until the negotiation stage. If it would have been reasonable for the Respondent to raise the concern within this section, failure to raise the concerns in the Response Form may affect our willingness to consider the change at negotiation. This may also be taken into account when determining the Successful Respondent. | |
| **Option 1:** Having read and understood the Proposed Contract, I/we confirm that these terms and conditions are acceptable. If successful, I/we agree to sign a contract based on the Proposed Contract, or such amended terms and conditions of contract as are agreed with PHARMAC following negotiations. |  |
| **Option 2:** Having read and understood the Proposed Contract, I/we agree to sign a contract based on the Proposed Contract subject to negotiating the clauses in the table below.  I/we understand that where I/we indicate the change required is essential and PHARMAC is unable to accept the proposed change, this may result in the Proposal not progressing through the selection process. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Clause | Concern | Alternative | Indicative importance |
| [Insert clause number] | [Briefly describe your concern about this clause] | [Describe your suggested alternative] | [Please indicate the importance of the changes you are seeking, e.g.:  **Essential**: PHARMAC acceptance anticipated as necessary for contractual agreement  or  **Ideal:** PHARMAC acceptance would be preferred, but if PHARMAC is unable to accept the proposed amendment, the Respondent would like to continue to be considered] |

**Section 5: Referees and Statements**

|  |  |
| --- | --- |
| Respondent tips | This section of the Response Form involves providing us with information to help us verify your suitability to perform the Requirements.  If you are submitting a Joint Proposal, each Respondent must complete a copy of each table in this section of the Response Form.  If you intend to use a separate legal entity to contract with us directly (such as a subsidiary company of your organisation), you must complete a copy of the tables in this section for each of those legal entities, in addition to completing the tables for each Respondent. |

## Referees

In submitting this Proposal, you authorise PHARMAC to collect any information about you, except commercially sensitive pricing information from any party or available source, and to use this information for the purposes of conducting due diligence.

To assist with PHARMAC’s due diligence, please supply the details of two work-related referees for each Respondent. Please note that referees must not be PHARMAC personnel. Each referee should be a representative of a separate organisation.

**Referees in respect of:** [Insert Joint Respondent name and copy the tables if submitting a Joint Response. Delete this text if not submitting a Joint Response]

|  |  |
| --- | --- |
| Name of first referee | [Insert name of referee] |
| Name of organisation | [Insert name of their organisation] |
| Description | [Insert brief description of the goods/services you provided to this referee and the date of provision] |
| Telephone/Email | [Insert mobile or landline]/ [Insert email] |

|  |  |
| --- | --- |
| Name of second referee | [Insert name of referee] |
| Name of organisation | [Insert name of their organisation] |
| Description | [Insert brief description of the goods/services you provided to this referee and the date of provision] |
| Telephone/Email | [Insert mobile or landline]/ [Insert email] |

## Due diligence disclosure statement

|  |  |
| --- | --- |
| **Respondent tips** | * Please complete this disclosure statement to assist with PHARMAC’s due diligence processes. * If you are submitting a Joint Proposal, each Respondent must complete a separate copy of this confirmation statement. Please copy and paste the tables. * If you intend to use a separate legal entity to contract with us directly (such as a subsidiary company of your organisation), you must complete a copy of the tables in this section for each of those legal entities, in addition to completing the tables for each Respondent. |

|  |  |  |
| --- | --- | --- |
| **Due diligence disclosure statement in respect of:** [insert Respondent name] | | |
| Have you or any related party (such as a parent company, subsidiary, other entity with substantially the same ownership and/or personnel, person with beneficial ownership or control, director, trustee, officer or senior staff member, or key subcontractor in relation to your Proposal) been subject to any investigations, sanctions, penalties, proceedings or claims within the last five years, including any that are ongoing or contemplated? | Yes | No |
| [If yes, please provide particulars, including any remedial actions taken.  Relevant areas of consideration include, but are not limited to, claims, investigations or proceedings in relation to the following matters:  investigations, penalties or prosecutions in respect of any law, including employment law, environmental law and criminal law  competition or trade practices, tax and corporate practices (including tax evasion, bribery, fraud or money laundering)  professional regulation investigations, discipline or sanctions, or negligence claims  investigations or sanctions for breaches of privacy, consumer/patient rights, or safety  formal sanctions or blacklisting by government or multilateral agencies  striking off or involuntarily deregistration from any register, such as a charities register or companies register  adverse findings or action taken by any other regulatory authority, market operator or government agency] | | |
| Are you aware of any other past, current, contemplated or threatened matter that may represent a risk to PHARMAC, including (but not limited to):  matters that reflect upon your professional integrity, or affect our trust and confidence in your competence or professionalism  matters which may affect or reflect upon your ability to successfully deliver the Requirements without disruption. | Yes | No |
| [If yes, please provide particulars, including any remedial actions taken or proposed.  Relevant areas of consideration include, but are not limited to:  insolvency  pending complaints (for example, to the Health Practitioners Disciplinary Tribunal)  structural or ownership changes  litigation against you in relation to an alleged breach of contract by you] | | |

## Conflict of Interest disclosure statement

|  |  |
| --- | --- |
| **Respondent tips** | * Please complete the following Conflict of Interest disclosure statement. * If you are submitting a Joint Proposal, each Respondent must complete a separate copy of this confirmation statement. Please copy and paste the tables. * If you intend to use a separate legal entity to contract with us directly (such as a subsidiary company of your organisation), you must complete a copy of the tables in this section for each of those legal entities, in addition to completing the tables for each Respondent. |

Disclosure statements for each Respondent should include any Conflict of Interest that relates to a particular individual who belongs to that organisation.

The information supplied will be primarily used to support our probity processes within the procurement phase. A disclosed Conflict of Interest will not necessarily exclude a Respondent’s Proposal, if PHARMAC considers the disclosed conflict can be managed appropriately.

Failure to disclose a relevant Conflict of Interest may lead to exclusion from this procurement process.

|  |  |  |
| --- | --- | --- |
| Respondent name: [insert Respondent name] | | |
| A Conflict of Interest arises if a Respondent’s personal or business interests or obligations could be perceived to conflict with its obligations to PHARMAC under the RFP or in the anticipated provision of the goods or services. It means the Respondent’s independence, objectivity or impartiality can be called into question.  A Conflict of Interest may be:  actual: where the conflict currently exists  potential: where the conflict is about to happen or could happen, or  perceived: where other people may reasonably think that a person is compromised.  Are you aware of any matters which may give rise to an actual, potential or perceived conflict of interest in submitting this Proposal, or entering into a Contract to deliver the Requirements? | Yes | No |
| [If you have answered ‘yes’, please insert details here, including how you intend to manage the conflict of interest risk.  Examples of conflicts of interest may include, but are not limited to:  where the Respondent (including any of the Respondent’s personnel) or related parties have worked for PHARMAC within the last 12 months or during the development of this RFP  where the Respondent (including any of the Respondent’s personnel) or related parties could be seen to be privy to any information about this RFP which could lead to the view that the Respondent has insider information  where the Respondent or the Respondent’s personnel are engaged to conduct work which is inconsistent with the objectives of this RFP, or hold office for an organisation with inconsistent objectives  where the Respondent or its leading personnel have provided donations, sponsorship, gifts or hospitality to any PHARMAC personnel within the last 12 months] | | |

## Confirmation statement

|  |  |
| --- | --- |
| **Respondent tips** | * Please complete this confirmation statement. * Remember to get the confirmation statement signed by someone who is authorised to sign and able to verify each of the elements of the statement e.g. chief executive or a senior manager. * If you are submitting a Joint Proposal, each Respondent must sign a separate copy of this confirmation statement. |

|  |  |  |  |
| --- | --- | --- | --- |
| Respondent’s confirmation statements | | | |
| **RFP Process, Terms and Conditions:** | I have read and fully understand this RFP, including the RFP Process, Terms and conditions detailed in the RFP (Part 1), Section 3. I/we confirm that I/we agree to be bound by them. | | **[agree / disagree]** |
| **Collection of further information:** | I authorise PHARMAC to:   1. collect any information about me/us, except commercially sensitive pricing information, from any relevant party, including a referee, or previous or existing client 2. use such information in the evaluation of this Proposal.   I agree that all such information will be confidential to PHARMAC. | | **[agree / disagree]** |
| **Requirements:** | I have read and fully understand the nature and extent of the PHARMAC’s Requirements described in the RFP (Part 1), Section 1. I/we confirm that I/we have the necessary capacity and capability to fully meet or exceed the Requirements and will be available to deliver throughout the relevant Contract period. | | **[agree / disagree]** |
| **Ethics:** | In submitting this Proposal, I warrant that I:   1. have not entered into any improper, illegal, collusive or anti-competitive arrangements with any Competitor 2. have not directly or indirectly approached any representative of PHARMAC (other than the Point of Contact) to lobby or solicit information in relation to the RFP 3. have not attempted to influence, or provide any form of personal inducement, reward or benefit to any representative of PHARMAC | | **[agree / disagree]** |
| **Offer Validity Period:** | I confirm that this Proposal, including the price, remains open for acceptance for the Offer Validity Period. | | **[agree / disagree]** |
| Content confirmation: In submitting the Proposal and this confirmation statement, I confirm the following:  a. All information provided is true, accurate, complete and not misleading in any material respect. I will also immediately notify PHARMAC of any relevant or material changes to any aspect of this Proposal, including any of the statements, during the course of this procurement process.  b. The submission and PHARMAC’s use of the Proposal in accordance with this RFP will not breach a third party’s rights (for example, in relation to Intellectual Property rights).  c. I have secured appropriate authorisations to submit this Proposal, to make the statements and to provide the information in the Proposal and I am/we are not aware of any impediments to enter into a Contract to deliver the Requirements.  I understand that the falsification of information, supply of misleading information or suppression of material information in the Proposal, including any statement, may result in the Proposal being eliminated from further participation in the RFP process and may be grounds for termination of any Contract awarded as a result of the RFP. | | | |
| **Due diligence:**  I agree that PHARAMAC may ask Respondents to provide evidence to support due diligence at any time during this procurement, and that failure to provide the requested information without reasonable justification may lead to a Proposal being excluded. | | | |
| **Authorisation:**  By signing this confirmation statement, I confirm that I have been authorised by the Respondent to make this confirmation on its behalf. | | | |
| **Representative signature:** | | [Insert signature (may be electronic)] | |
| **Full name:** | | [Insert] | |
| **Title/position:** | | [Insert title. Please also indicate the organisation’s name if submitting a Joint Response. | |
| **Date:** | | [Insert] | |