



Request for Proposal

RFP-2526-05 – Homelessness Primary Care Access Program

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Activity	Date
Release date / time	08/10/2025
Industry Briefing and Q&A session <i>To register for the webinar, please RSVP directly at Industry Briefing Webinar. A meeting invite will be sent to you automatically after registration is completed.</i>	12pm to 12.30pm 16/10/2025
Closing date and time <i>Note* late applications will not be accepted</i>	5pm AEST 07/11/2025
Shortlisting	November 2025
Clarification / negotiation	November 2025
Funding awarded	November 2025
Contracts start	Late November

1. Organisation overview

COORDINARE, as the South Eastern NSW Primary Health Network, is dedicated to fostering healthier communities. Our role is to improve the health and wellbeing of our community which is one of the largest rural and regional populations in NSW. To do this, we collaborate with the community, general practices and other stakeholders to design solutions that make it easier for people to get the health care they need. We also use our knowledge and commissioning expertise to attract new funding partners to expand our impact.

Our region stretches from Helensburgh in the north to the Victoria border in the south and inland to Cooma/Monaro, Queanbeyan, Yass and Goulburn.

More information about COORDINARE can be found on our [website](#), including [COORDINARE's Strategic Directions 2024-2027](#).

2. Project background

Purpose

This Request for Proposal (RFP) seeks to identify a provider to lead the design of a flexible, sustainable model of primary care for people experiencing or at risk of homelessness in [Southern NSW](#). This includes following Local Government Areas (LGAs): Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Yass Valley and Upper Lachlan Shire. The model should respond to local needs and integrate with existing services.

Objectives

The objective of this RFP is to:

- Commission a provider to lead the co-design of a model to support access to primary health care tailored to the regional context.
- Identify and support services for people experiencing homelessness where there is demonstrated physical, geographic or other barriers to access primary healthcare services.
- Improve access to primary healthcare services for people experiencing homelessness, with a focus on service integration, stakeholder collaboration, and sustainability.
- Promote coordination between services at a local level and support the provision of effective care that integrates with individuals' usual primary care provider, or support links to engaging with a regular provider.
- Pilot the service in one or more regions of Southern NSW up to December 2026.

Issue background

COORDINARE is investing in services that improve access to primary healthcare for people experiencing or at risk of homelessness in Southern NSW. Previous investments have supported mobile primary care clinics in Wollongong and Nowra, with the current focus shifting to the Southern NSW region where service gaps and rising rates of homelessness – exacerbated by events such as the 2019

Black Summer fires and the COVID-19 pandemic have been identified. People experiencing homelessness in Southern NSW face significant barriers to accessing healthcare. This includes geographic isolation, lack of service integration, stigma, and social determinants such as financial hardship. In regional and rural areas, the complexity of homelessness required place-based, collaborative solutions.

Local snapshot

Homelessness is a serious public health issue linked to increased illness, reduced life expectancy, and heavy reliance on emergency services. People experiencing homelessness often face overlapping health challenges such as chronic conditions including, mental health issues, substance use, and infectious diseases. These are exacerbated by poor nutrition, exposure, and inadequate access to facilities to maintain hygiene. Social determinants like poverty, trauma, and systemic disadvantage further compound these issues.

The [COORDINARE Needs Assessment](#) highlights significant health inequities in the South Eastern NSW PHN region. Homelessness is both a cause and consequence of poor health, with many affected individuals experiencing complex, co-occurring conditions and histories of trauma.

Homelessness rates in Southern NSW are highest in the Snowy Monaro and Bega Valley regions, with significant populations also in Wollongong and Shoalhaven. Living arrangements vary, with many in supported accommodation, temporary stays, or severely crowded dwellings. [Categories of homelessness](#) in scope of this RFP include but not limited to:

- Rough sleepers in improvised dwelling, tents, open air, vehicles
- Supported accommodation residents, including those in women's shelters
- Couch surfers staying temporarily with others
- Boarding house residents
- Temporary e.g. motel dwelling residents (insecure accommodation)
- People living in severely crowded dwellings

Barriers to primary health care access include:

- Structural barriers: lack of documentation like government identification cards or fixed address, limited access to transport, limited bulkbilling, and inflexible service models
- Systemic barriers: fragmented services, poor coordination, stigma, and inadequate discharge planning
- Personal barriers: low health literacy, distrust of institutions, and mental health or substance use challenges.

Service gaps:

- Limited outreach and mobile services
- Lack of trauma-informed and culturally safe care
- Poor integration between housing and health
- Inadequate after-hours services
- Few tailored services for women, children and young people, and Aboriginal and Torres Strait Islander people

Promising approaches:

- Co-located services
- Peer support and lived experience engagement
- Integrated care pathways, Outreach models
- Flexible funding to support innovation

Initial internal and external consultations have emphasised the need for non-judgmental, person-centred care, continuity of care, cultural safety, and lived experience involvement. Recommendations included expanding outreach, improving integration, increasing affordability, building workforce capacity, enhancing after-hours access, and strengthening data collection.

Respondents are encouraged to consider their local knowledge and the demographic and epidemiological data relating to the region in [COORDINARE's Population Health Profile](#).

3. Qualification criteria

Scope and specifications criteria

Stage 1- Design phase:

- Fund a dedicated role within an existing organisation to lead the service design process.
- Map current services and stakeholders.
- Develop a collaborative working group including peak bodies, specialist homelessness services, ACCHOs, housing services, LHDs, GPs and consumers, among others.
- Document and publish a flexible model of care which includes consumer and stakeholder insights.

Stage 2 - Service Pilot phase:

- Pilot the designed service in one or more localities within Southern NSW - this service could be subcontracted to deliver appropriate primary care service as informed by stage 1.
- Partner or subcontract with other agencies if needed.
- Evaluate the pilot.

**The above two stages are an all exclusive project which needs to be undertaken by a single provider or in a consortium/partnership.*

Eligibility Criteria

Respondents must meet the following eligibility requirements to be considered for funding. These criteria are designed to ensure that services are delivered by capable, appropriately located, and suitably qualified providers. Organisations that do **NOT MEET** the below 'Eligibility criteria' are encouraged not to apply. The table below outlines the key eligibility areas.

Eligibility criteria	Guidance
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1.Geographic location	<ul style="list-style-type: none">The applicant organisation must be located in Southern New South Wales (refer to the COORDINARE Health snapshot map for location – Southern NSW LHD).This includes following Local Government Area (LGAs): Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Yass Valley and Upper Lachlan Shire.									
2. Eligible Organisations	<ul style="list-style-type: none">Providers currently providing services for people at risk of or experiencing homelessness. <i>This project is well suited to providers who are specialist in homelessness services/ACHHOs etc experienced in working collaboratively to achieve the outcomes.</i>Non-government organisations, including charities and not for profit organisations and community health organisations based in following LGAs Eurobodalla, Bega Valley, Snowy Monaro, Queanbeyan-Palerang, Goulburn Mulwaree, Yass Valley and Upper Lachlan Shire.State government agencies.Individual providers and/or organisations working in consortia or partnerships, with one lead agency nominated as the legal entity. Successful providers MAY be eligible to sub-contract a primary care provider (e.g GP or other provider) in order to provide a service.General practices – partnership applications may be necessary/encouraged in order to be able to pilot the health service (e.g. a SHS may partner with a healthcare provider).Successful providers MAY be eligible to sub-contract a primary care provider (e.g. GP or other provider) in order to provide the service.									
3. Service capacity & capability	<ul style="list-style-type: none">Experience in providing trauma informed, culturally responsive, place-based approaches.Established relationships with local health services and other relevant stakeholders.Capacity to deliver services in one or more locality within Southern NSW.Capacity and Capability to undertake both stage 1 & 2 exclusively. Proposals from providers for single stage will be excluded from any further consideration.Capacity to start the project in November 2025.									
4. Digital capability	Providers must have the ability to use clinical software and digital health tools, such as My Health Record, secure messaging, and telehealth platforms.									
5. Consortia and partnerships	Applications from consortia or formal partnerships are permitted. A lead organisation must be nominated, and roles and responsibilities of all partners clearly defined.									
6. Direct and indirect funding	Organisations that are not eligible to apply as lead Respondents may still participate as part of a consortium with an eligible lead provider. All funding arrangements must be transparent.									
7. Reporting Requirements	<p>Key performance indicators (KPIs) will be included in the contract with the successful provider, to enable performance monitoring against outputs and outcomes. All KPIs are underpinned by the Quintuple Aim aligned with COORDINARE’s Performance Framework across domains of access, efficiency, appropriateness and effectiveness. Final KPIs will be negotiated and agreed upon during the contracting phase with the successful provider, however indicative KPIs for this service or program are listed below:</p> <p>Stage 1 – Design Phase</p> <table><tr><th>No.</th><th>Performance Domain</th><th>Performance indicator</th></tr><tr><td>1</td><td>Access</td><td>Service mapping completed and documented</td></tr><tr><td>2</td><td>System enablement</td><td>Publication of proposed model of care</td></tr></table>	No.	Performance Domain	Performance indicator	1	Access	Service mapping completed and documented	2	System enablement	Publication of proposed model of care
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	3	System Enablement	Evidence of stakeholder engagement
	4	System Enablement	Number of collaborative partnerships established
	5	Appropriateness	Evidence of consumer consultation in design (lived experience consumers)
	Stage 2 - Service Pilot Phase		
	No.	Performance Domain	Performance indicator
	1	Access	Number of people experiencing homelessness accessing primary health care through the program
	2	Access	Occasions of service delivered
	3	Effectiveness	Service user satisfaction and outcomes
	4	Efficiency	Integration with existing primary care and specialist homelessness services
8. Priority populations	Providers working with a specific focus on identified priority populations- people at risk of or experiencing homelessness, including, but not limited to, Aboriginal and Torres Strait Islander peoples, and people from culturally and linguistically diverse communities are encouraged to apply.		

Exclusion criteria

Applications may be deemed ineligible and excluded from assessment if they meet any of the following conditions. These criteria are intended to ensure transparency, avoid duplication of funding, and maintain the integrity of the procurement process.

Eligibility area	Guidance
1. Duplicate Funding	Initiatives that have already received funding from another source for the same or substantially similar activities will not be considered. Respondents must disclose all current and pending funding sources.
2. Conflict of Interest	Applications that present a real or perceived conflict of interest, which cannot be appropriately managed or mitigated, may be excluded from consideration.
3. Non-compliance with Eligibility	Any application that fails to meet the minimum eligibility requirements outlined in this guidance will be excluded from assessment.
4. Incomplete or Misleading Submissions	Applications that are incomplete, contain false or misleading information, or fail to provide required documentation may be disqualified.
5. Non-adherence to Submission Guidelines	Submissions that do not comply with formatting, deadline, or procedural requirements may be excluded from the process.

4. Project funding

A total of up to **\$233,000 (ex GST)** will be dispersed through this initiative. Funding will be divided in two (2) stages, with funding released to the successful provider as follows:

Stage 1 – Service Design Phase:

- Duration: *Approximately 5–8 months*
- Funding Allocation: **\$83,000**
- Purpose: Co-design and development of the service model

Stage 2 – Service Pilot Phase* (*subject to service design acceptance and approval*)

- Duration: *Approximately 6–8 months*
- Funding Allocation: **\$150,000**
- Purpose: Implementation and piloting of the designed service

Proceeding with Stage 2 is contingent on COORDINARE's receipt of funding approval from the Department of Health, Disability and Ageing, AND service design acceptance and approval.

There will be two separate contracts, one for each stage, to reflect the distinct scope and deliverables of each phase. Funding for Stage 2 will be dependent on the outcome of Stage 1; for example, service acceptability by stakeholders and COORDINARE.

This funding is subject to below “Funding Eligibility table”:

[Funding eligibility table](#)

Eligible for funding	Not eligible for funding
Salaries and on-costs for project staff	Purchase of motor vehicles
Third-party contractor expenses	Capital works
IT and communications (e.g., software, hardware, internet, phones)	Depreciation of expenses
Travel costs, including vehicle lease, fuel, and related expenses	Activities that duplicate those funded under other PHN or government initiatives
Staff training and professional development	Activities already undertaken or expenses already incurred
Other expenditure directly related to patient outcomes (must be specified)	Items not directly related to patient outcomes
	Payments for professional services listed on the Medicare Benefits Schedule (MBS)
	Conference attendance
	Clinical trials
	Board fees

The above list is indicative and is not intended to be exhaustive.

5. Application guidance and requirements

Respondents are advised to carefully review all sections of this RFP document and follow the outlined instructions, timelines, and documentation requirements to ensure a complete and compliant submission.

Requirement	Details
Writing effective submissions	<p>COORDINARE has developed a series of webinars and practical tools with University of New England (UNE) Partnerships, to provide primary care with foundation skills and knowledge to write effective tenders and submissions. Potential respondents may access these resources via our website. These resources are designed to help potential providers confidently respond to funding opportunities and improve their chances of success.</p> <p>Please note: This is a guide only and does not guarantee success in tender applications. We encourage practices to use these resources as part of a broader strategy for professional development and business planning.</p>
Documents to download	<p>To download the below documentation, refer to tender link and or website.</p> <ol style="list-style-type: none">1. RFP 2526-05 Homelessness Primary Care Access Program2. Appendix 1 - Budget Template - Stage 13. Appendix 2 - Budget Template - Stage 24. TenderLink User Guide for Supplier Response
Industry Briefing	<p>To register for the webinar, please RSVP directly at Industry Briefing Webinar. A meeting invite will be sent to you automatically after registration is completed.</p> <p>After registering, you will receive a confirmation email containing information about joining the webinar. A recording of information session will be published on TenderLink. A copy of the slides and any questions and answers will be posted on the TenderLink portal and COORDINARE website after the webinar.</p>
Guidelines to provider	<ul style="list-style-type: none">- Outline a proposed approach aligned with the online assessment criteria via COORDINARE's TenderLink (https://www.tenderlink.com/COORDINARE/).- Read each criterion carefully specified in online Application Form and respond to all components.- Attach only documents directly relevant to your response. (Max 5 Pages)- If attaching large documents, specify relevant page numbers or sections. Avoid large attachments — only the first 5 pages will be reviewed.

	<ul style="list-style-type: none"> - Providers must ensure they are well-versed with the contents of this RFP document before preparing their submission. It is essential to read and understand the sections on Purpose and Objectives, Background of the Project, Qualification Criteria, and Funding of the Project prior to completing any forms or attaching supporting documents. - Successful respondents will be selected through a competitive process. Submissions will be evaluated by a panel against the mandatory requirements and the selection criteria outlined in the Application Form. If additional information beyond what is requested in this document is required during the evaluation, COORDINARE may request written responses or interviews at no cost to the organisation. - Successful respondents will be required to enter into a [<i>Grant Agreement / Consultancy Agreement / Schedule of Service</i>] with COORDINARE. Final terms will be negotiated with shortlisted providers. Funding recipients must provide progress reports aligned to agreed milestones, with reporting formats tailored to the size, cost, complexity, and risk of the project.
Provider questions	<p>All questions regarding the RFP process or content can be submitted anonymously via the TenderLink online forum, accessible after registration on TenderLink. COORDINARE will respond within 2 business days of receiving your questions.</p> <p>Please note that all questions, responses, and points of clarification will be shared with all participating providers in a de-identified format. Any identifying information about the organisation submitting the question will be removed to maintain confidentiality.</p>
Documents to submit	<ul style="list-style-type: none"> - Online RFP Application Form via Tenderlink - Appendix 1 – Budget Template-Stage 1 - Appendix 2 – Budget Template-Stage 2 - Any mandatory compliance documents specified in the RFP application form - Any supporting documents to evidence any statements made in the RFP application (5 pages maximum)
Submission method	<p>Submit via the following:</p> <ul style="list-style-type: none"> - TenderLink: Provider to register themselves via TenderLink – registration is free and required to access the portal. Please see the TenderLink guide provided for more information. Respondents will receive a time and date stamped confirmation after successful proposal submission.
Deadline for submission	<p>5:00 PM (AEST) on 07/11/2025</p> <p>Late or incomplete submissions will not be accepted.</p>

Submission Format	File formats accepted: word, excel, pdf and jpg files are all acceptable formats.
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6. Interpretation

The following table includes key term definitions relevant to this RFP.

Requirement	Details
COORDINARE	The South Eastern New South Wales Primary Health Network and the organisation responsible for the RFP and the RFP process.
Closing time	The time specified by which RFP responses must be received.
Response(s) to RFP	A document/s lodged by a Respondent in response to this RFP containing a response to provide Goods or Services sought through this RFP process.
Respondent	An entity that submits a response to this RFP.
RFP process	The process commenced by the issuing of this RFP and concluding upon formal announcement by SENSW PHN of the selection of a preferred respondent(s) or upon the earlier termination of the RFP process.
Request for Proposal (RFP)	This document and any other documents designated by SENSW PHN.

7. Conditions of this Request for Proposal

ABN/Taxation requirements	COORDINARE will only deal with Respondents who have an Australian Business Number (ABN).
Acceptance	Non complying submissions may be rejected. COORDINARE may not accept the lowest priced proposal and may not accept any proposal.
Additional information	COORDINARE reserves the right to request additional information from respondents. If additional information required by COORDINARE, written information and/or interviews may be requested to obtain such information. Respondents are required to provide additional information at no cost to COORDINARE. COORDINARE may also provide additional information or clarification.
Assessment	COORDINARE reserves the right to engage a third party to carry out assessments of a Respondent's financial, technical, planning and other resource capability. COORDINARE is entitled to consider all information known to COORDINARE in relation to a respondent and their submissions when assessing submissions.

Conflicts of interest	Respondents must declare to COORDINARE any matter or issue which is or may be perceived to be or may lead to a conflict of interest regarding their submission or participation in the RFP process, or in the event their proposal is successful.
Expenses	All expenses and costs incurred by a Respondent in connection with this RFP including (without limitation) preparing and lodging a submission, providing COORDINARE with further information, attending interviews and participating in any subsequent negotiations, are the sole responsibility of the Respondent.
Explanations	Verbal explanations or instructions given prior to acceptance of a proposal shall not bind COORDINARE.
General	Respondents should familiarise themselves with this document and the separate online Submission Form and ensure that their proposals comply with the requirements set out in these documents. Respondents are deemed to have examined statutory requirements and satisfied themselves that they are not participating in any anti-competitive, collusive, deceptive or misleading practices in structuring and submitting the proposal.
Legal entity	COORDINARE will only enter into a contract with an organisation or individual with established legal status (e.g. under Corporations Law, Health Services Act, Trustee Act), or a natural person at least 18 years of age with mental capacity to understand the agreement.
Lobbying	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying COORDINARE staff, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
Ownership	All submissions become the property of COORDINARE once lodged. COORDINARE may copy, or otherwise deal with all or any part of a submission for the purpose of conducting evaluation of submissions.
Negotiation	COORDINARE reserves the right to negotiate with short-listed Respondents after the RFP closing time and allow any Respondent to alter its submission. Contract negotiations are strictly confidential and not to be disclosed to third parties.
No contract	Nothing in this RFP should be construed to give rise to any contractual obligations or rights, express or implied, by the issue of this RFP or the lodgement of a submission in response to it. No contract will be created unless and until a formal written contract is executed between COORDINARE and a Respondent. Respondents will not be considered approved until a final service agreement is in place.
Notification of Probity Breach	Should any supplier feel that it has been unfairly excluded from responding or unfairly disadvantaged by the process, the supplier is invited to write to the Director of Commissioning at commissioning@coordinare.org.au

Part applications	COORDINARE reserves the right to accept applications in relation to some and not all of the scope of activity described, or contract with one, more than one or no Respondent on the basis of the proposals received.
Process	COORDINARE reserves the right to withdraw from, or alter, the RFP process described in this document for whatever reason, prior to the signing of any agreement/contract with any party.
Relevant information	COORDINARE reserves the right to consider any information in its possession which it consider may be relevant to a decision to enter into a contract with a successful provider.