THE IRISH HOSPICE FOUNDATION

INVITATION TO TENDER
FOR THE EVALUATION OF THE CHILDRENS PALLIATIVE CARE PROGRAMME
AND IMPLEMENTATION OF NATIONAL POLICY ON CHILDRENS PALLIATIVE CARE

ISSUE DATE: 9th December 2013

CLOSING DATE: 17th January 2014
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1. INTRODUCTION

1.1 Scope of evaluation
The Department of Health, Health Service Executive and Irish Hospice Foundation wish to commission an evaluation of the Children’s Palliative Care Programme with a particular focus on three aspects of the programme namely the

- Children’s Outreach Nurses (for children with life limiting conditions)
- Paediatric Consultant with a special interest in palliative care
- Named programmes provided by the Centre of Children’s Nurse Education on Caring for the Child with Life-Limiting Conditions

The evaluation should also incorporate an assessment of progress on national policy recommendations. Work should commence as soon as the contract is issued and continue until May 2015. It is anticipated that the evaluation will include both process and outcome measures informed by the international literature on this topic. A full description of the project including aims, objectives, project partners and context is provided below.

1.2 Background to the National Children’s Palliative Care Programme
The National Advisory Committee on Palliative Care report in 2001 highlighted the need for a review of paediatric palliative care services. A national children’s palliative care needs assessment, “A Palliative Care Needs Assessment for Children” was undertaken in partnership with the Irish Hospice Foundation (IHF) and the Department of Health and Children. It was published in September 2005 and included a series of recommendations.

Following the publication of the 2005 report, the Department of Health and Children, set up a children’s palliative care policy committee to develop a policy for children’s palliative care for the future. Its report, Palliative Care for Children with Life-Limiting Conditions in Ireland, A National Policy, was launched in March 2010.

A programme of work, called the Children’s Palliative Care Programme (CPCP) was established jointly by the HSE and the IHF. In short this comprised of

- Appointment of the first paediatric palliative care consultant
- Appointment of eight children’s outreach nurses (CONs)
- Development of supports and standards for the CONs at both national and regional level
- Development of a national training programme, based in Our Lady’s Children’s Hospital Crumlin, to provide basic and intermediate levels of training in paediatric palliative care.

Terminology – for the purposes of this tender, we have called the entire programme the Children’s Palliative Care Programme (CPCP). The programme posts (children’s outreach nurses supported by a national consultant) are intended to fulfill the aspirations held within the national policy.

The National Development Committee (NDC) for Children’s Palliative Care was established by the HSE with a remit to implement the recommendations of national policy. This committee received regular updates on the recruitment of the CONs and a subgroup of the committee drafted the Education and Governance Framework which guides the work and development of the outreach service. The committee was also responsible for the establishment of the Children’s Outreach Network which comprises the CONs, their nurse managers in their respective hospitals, along with their Champion consultants. The main purpose of the Network is to facilitate best practice, standardisation and coherence within the provision of services for children with life-limiting conditions and their families.

The NDC agreed that it would be appropriate to conduct an evaluation of the CPCP and to that end further agreed that an Evaluation Steering Group be established. The aim of the Steering Group is to manage and oversee the evaluation process. The Steering Group will be chaired by a Public Health Specialist and its membership will represent a range of stakeholders.
Although the Steering Group will work outside of the NDC, reports on the progress of the evaluation and its outcomes will be presented to it on a regular basis.

1.3 Aim of the Children’s Palliative Care Programme
The programme aims to add value to existing services so that children with life limiting conditions can be cared for as far as possible in the home setting. They achieve this by facilitating the smooth transition between services for families caring for a child with life limiting conditions and in particular for children requiring care at home towards the end of their lives; in essence providing a bridge between the child’s care in the acute hospital/tertiary children’s hospital and community services including:

- Families caring for children with life limiting conditions;
- Acute paediatric setting;
- Maternity setting;
- Primary care settings for families of children with life limiting conditions including child protection services and/or Social Workers and allied health professionals;
- Specialist palliative care for children in the acute hospital setting, community settings and in hospices;
- Other relevant community/voluntary services (e.g. bereavement, family support etc);
- Disability services;
- School setting.

1.4 Expected outcomes
The initial expected outcomes are:

- Improved quality of life for children and their families;
- Improved co-ordination of services to children with life limiting conditions so they can be cared for in the home setting as far as possible;
- An improved children’s palliative care sector as a whole with increased education on children’s palliative care and appropriate engagement of the CONs in the provision of education/training.
- Increased awareness of children’s palliative care and of the new service in both the public arena and health sector.

This evaluation will be jointly funded by the IHF, Department of Health (DoH) and HSE.

1.5 Key contact
The key contact for the tender is Mr. Andy Caffrey at Andy.Caffrey@hospicefoundation.ie

2. AIMS AND OBJECTIVES OF THE EVALUATION PROJECT

2.1 Project Aims

A. To evaluate the inputs, outputs, progress and where possible outcomes of the CPCP over a defined period (June 2012- May 2015).
B. To review the extent to which the programme is operating as a national service in terms of coverage and coordination.
C. To assess the implementation of national policy as in Palliative Care for Children with Life-limiting Conditions in Ireland – A National Policy (DoH 2009).

2.2 Project Objectives

- To complete an initial design for the evaluation in line with international and national best practice and in partnership with the evaluation Steering Group;
- To complete an interim process evaluation with the CONS, national consultant, NDC and others as appropriate;
• To undertake a brief review of the implementation of national policy recommendations.
• To undertake a brief review of the provision of named education programmes.
• To complete a final summative evaluation of the CPCP.
• To produce a series of draft and final reports to the evaluation Steering Group on the three phases of the evaluation.

2.3 Methodology

Tenders are required to describe in detail a project plan that clearly outlines how they propose to design and conduct the study, and how they propose to gather, manage and analyse the data so as to meet the aims and objectives of this project.

A mixed methods approach that will incorporate desk research and field research is expected.

2.4 Deliverables

The required deliverables, to be presented to the Steering Group, include:

• A GANT chart for all three phases with deliverables completed within agreed timeframe;
• Production of an evaluation design;
• Research tools such as questionnaires, topic guides and interview schedules;
• Regular progress updates to be provided to the Evaluation Steering Group;
• Production of draft and final interim process evaluation reports;
• Production and presentation of a final report, including references, to a publishable standard. Key points of relevance to improve/enhance to practice and service development and/or policy should be outlined at the end of the report; and a publishable stand alone summary report should also be produced.

3 PROPOSED PROJECT APPROACH

The Steering Group has developed a proposed approach for the project however it is expected that the successful tender will contain suggestions for alteration, improvement or other added value.

Tenders should contain a description of how they propose to approach this project including timelines for the completion of each part and the entire project.

The Steering Group envisages that the project will be divided into 3 parts, as follows:

3.1 Phase 1 - Set up of evaluation

The first phase of the evaluation might be to:

1. Undertake a research process to fully understand the extent of the programme and background.
2. Undertake a rapid literature review examining:
   • Key messages from international evaluation studies which are similar to this programme
   • Key messages from national evaluation studies which are similar to this programme
   • Evaluation designs and data collection tools – Strengths and weaknesses;
3. Prepare a logic model of the initiative documenting the short, medium and long term goals (with associated outputs and outcomes) supported by the evaluation Steering Group;
4. Review the current data available to support delivery of a national evaluation during 2014/15 (what data are currently available and what will be required to demonstrate the outcomes of the Logic Model)
• Disability database
• Needs assessment
• Minimum dataset for paediatric palliative care (now in place and planned to be a core element of any evaluation)
• Data available from delivery, and participant evaluation of the named education programmes
• Available tools – e.g. PedsQL, Provider Satisfaction Survey etc

5. Define and agree with the Evaluation Steering Group (who will liaise with the NDC and National Network) targets and outcomes to be achieved within CPCP which can realistically be measured.

6. Building on the 2005 needs assessment report, establish a baseline for follow-up in Phase 3 (Outcome evaluation)
   • Establish critical questions to explore at baseline stage
     1. Targets to be achieved
     2. Outcomes to be achieved
   • Direction on the core elements to be gathered in the baseline audit of services in each region covered by a children’s outreach nurse (to be completed by CONs)
   • Initial interviews of selected stakeholders involved with rollout of national consultant post (scope to be defined)
     1. Expectations from stakeholders on what the programme will achieve
     2. User perspectives: It is not intended that a pre- and post- survey of parents of children with life limiting conditions will be undertaken. However some measures to get their perspectives (perhaps through case studies) are expected to be included in the tender.
     3. Assessment of where supports are currently in place
     4. Key questions to be explored at the outset of the evaluation.
   • Baseline data for Consultant post
   • Finalise protocol for fieldwork (Phase 2 and Phase 3) - Qualitative and quantitative data collection.

7. Work with the Steering Group on ethical approval for field work and plan for and overcome any ethical approval issues. The tenderer should specify how they would obtain ethical approval.
   • Possibly two applications for ethical approval should be considered
     1. Health care professionals
     2. Families (access to data and interviews)

8. Work with the Steering Group to agree the parameters of the review of progress against national policy recommendations
9. Work with the Steering Group to agree the parameters of the review of the provision and delivery of named education programmes
10. Prepare an initial evaluation report capturing as above and including recommendations so as to improve quality and efficiency, and thereby enhance the future delivery of the CPCP

3.2 Phase 2 Process evaluation of the initiative (qualitative and quantitative)
   Once research ethical approval is obtained

1. Interviews/survey with key stakeholders (including statutory and voluntary providers and families).
   1. CONS, director of nurses / line managers and champion consultants
   2. NDC
   3. HSE and Dept of Health and other recognised bodies – Jack and Jill, Laura Lynn, Disability providers, parents groups etc.
2. Identify strengths and weaknesses of CPCP with specific attention to:
   • Governance procedures;
   • Child-centredness;
   • Communication channels (across sectors and with families);
   • Integration within mainstream services (HSE and voluntary organisations);
• NDC;
• Partnership working and engagement;
• Support for post holders;
• Measurement and monitoring against baseline and target set for evaluation;

3. Recommendations for adaptation and development
4. Prepare an evaluation mid-way report capturing all of above

3.3 Phase 3 Outcome evaluation

1. Before and after analysis of the key measures (identified from Phase 1).
   e.g. Improvement in quality of life for children with life-limiting conditions and their families;
   Improved coordination of services to children with life-limiting conditions.
2. Qualitative interviews with key stakeholders – {to be identified by the Steering Group in consultation with NDC / DoH}
3. Final report with key messages from Phases 1-3.

INSTRUCTIONS TO TENDERERS

4.1 Sufficiency & Accuracy of Tender
Tenderers will be deemed to have examined the information in this document and by their own independent observations and enquiries will be held to have fully informed themselves as to the nature and extent of the requirements of the tender.

Tenderers are cautioned to check the accuracy of their tender prior to submission. A tender found containing any clerical errors or omissions may, at the sole discretion of the Steering Group be referred back to the tenderer for correction. Any subsequent adjustment(s) must be confirmed in writing. The Steering Group reserves the right to disqualify incomplete tenders.

4.2 Cost of Preparation of Tender
The Steering Group will not be liable for any costs incurred by tenderers in the preparation of proposals or any associated work effort. It is the responsibility of the tenderer to ensure that they are fully aware and understand the requirements as laid down in this document. Tenderers will be responsible for any costs incurred by them in the event of their being required to attend clarification or other meetings or make a presentation of their proposals.

4.3 Confidentiality
The distribution of the tender documents is for the sole purpose of obtaining offers. The distribution does not grant permission or licence to use the documents for any other purpose.

Tenderers are required to treat the details of all documents supplied in connection with the tender process as private and confidential.

4.4 Conflict of Interest
Any conflict of interest involving a tenderer must be fully disclosed to the Steering Group. Any registerable interest involving the tenderer and the agency or employees of the Irish Hospice Foundation or their relatives must be fully disclosed in the tender submission or should be communicated to the Steering Group immediately upon such information becoming known to the tenderer, in the event of this information only coming to their notice after the submission of a bid and prior to the award of the contract.
Should the tender include, as part of the project team, any individual, or their relatives, associated with or involved in the direct delivery or management of the CPCP, tenderers should disclose this interest within the tender. It is
preferable that those awarded the tender will not be directly providing CPCP services or be part of national governance arrangements.

4.5 Freedom of Information Act
All responses to this invitation to tender will be treated in confidence and no information contained therein will be communicated to any third party without the written permission of the tenderer except insofar as is specifically required for the consideration and evaluation of the response or as may be required under law, including the Freedom of Information Acts 1997 and 2003, EU and Irish Government Procurement Procedures, or in response to questions, debates or other parliamentary procedures in or of the Oireachtas (the Irish Parliament).

Tenderers are asked to consider if any of the information supplied by them in response to this request for tenders should not be disclosed because of its sensitivity. If this is the case, tenderers should specify the information that is sensitive and the reasons for its sensitivity. The Irish Hospice Foundation cannot guarantee that any information provided by tenderers, either in response to this tender or in the course of any contract awarded as a result thereof will not be released pursuant to the Irish Hospice Foundation’s (or partners) obligations under law, including the Freedom of Information Acts 1997 and 2003, EU and Irish Government Procurement Procedures, and accepts no liability whatsoever in respect of any consequential damage suffered as a result of such obligations.

4.6 Tax Clearance Certificate
It will be a condition of award of contract and that the successful tenderer(s) can promptly produce a current Tax Clearance Certificate issued by the Irish Revenue Commissioners at the time of award of contract. This tax clearance status must be maintained throughout the lifetime of any contract or framework agreement.

Refer to the Irish Revenue web site [http://www.revenue.ie](http://www.revenue.ie) for further information. Non-resident tenderers should apply to the Office of the Revenue Commissioners, Non Resident Tax Clearance Unit, Office of the Collector General, Sarsfield House, Francis Street, Limerick, Ireland; e-mail: nonrestaxclearance@revenue.ie.

4.7 Clarification of Tenders
To assist in the examination and comparison of tenders, the Steering Group may ask tenderers for clarification of their tenders, including breakdowns of unit prices. No change in the price or substance of the tender shall be sought, offered or permitted. To assist in finalising the tender evaluation, selected tenderers may be invited to attend clarification meetings with the Steering Group.

4.8 Evaluation and Notification of Tender Evaluations
The Steering Group will devise a scoring mechanism for evaluating the submitted tenders. All tenders submitted will be reviewed by the full Steering Group and if necessary a shortlist will be agreed.
A subgroup of the Steering Group will hold individual meetings with the shortlisted tenderers on 6th February 2014, and the tender will be awarded by 14th February.

All tenderers will be informed of the outcome of their proposals following tender evaluation. Potential outcomes can be:

a) Letter of intent of award of contract.
b) Letter of regret.

4.9 Disclaimer
The Request for Tender contains no contractual offer of any kind. Any submission will be regarded as an offer by the tenderer and not as an acceptance by the tenderer of an offer made by the partners. No contractual relationship will exist except pursuant to a written contract signed by the Agency and any successful service provider(s) for specific services. The Agency is under no obligation to appoint any service provider as a result of this competition. Tenderers should note that receipt of an offer does not guarantee appointment as a service provider even if that offer contains what appears to be an acceptable proposal.
4.10 Completion of tender document
Your tender shall be submitted in accordance with the requirements of this document. Please submit all information requested in no more than 10 x A4 pages as follows:

**General Information** including previous experience, costings, timeframes etc. in a maximum of 4 x A4 pages;

**Project Approach** in a maximum of 6 x A4 pages

The forms in **Appendices 2-4 must also be included** and are additional to the 10 page document.

4.11 Requirements of tender
The following information **must** be supplied in the tender document:

(a) The name, address, telephone number, e-mail address and fax number of tenderer.
(b) Account manager
(c) Details of previous experience of staff being assigned to this project.
(d) Details of at least two similar projects which have been undertaken, with referee details.
(e) An outline of how the tenderer will approach the aims and objectives of the project (methodology)
(f) An outline of how any ethical issues will be overcome
(g) A schedule of costs for this project as follows:
   - A breakdown of costs for the three parts of the project:
   - Indication of applicable rate of VAT in respect of the project.
   - Indication of any expected expenses
   - Details of any other costs, taxes or duties which may be incurred.
   - Proposals should also clearly indicate any discounts to which the IHF would be entitled including charity discounts, early payment discounts and any other discounts.

Note that evidence of the following should be included.
- Qualitative research skills (in-depth interviewing)
- Quantitative research skills (including survey development, and appropriate statistical and analytical skills).
- Designing, collecting and analysing both qualitative and quantitative data within one study.
- Knowledge and experience working with relevant databases and measurement tools.
- Experience of working with and/or conducting research on families/carers.
- Engaging with a range of health service professionals.

4.12 Budget
The advised budget for the completion of this project is €50,000 (including VAT).
An additional small retained budget to facilitate engagement with families may be available.
The currency and invoices in which all prices and rates shall be tendered, and which payments under the contract will be paid, shall be Euros (€). All prices and rates quoted should be exclusive of VAT.

4.13 Account manager
The IHF shall require the appointed company to nominate a dedicated account manager who will act as the main point of contact for the duration of the contract. This person shall have the authority to deal with all matters in relation to the contract and be responsible for the satisfactory delivery of the services required.

4.14 Invoicing
Invoices shall be submitted by the successful tenderer on the completion of parts 1 and 2 of the project (review and analysis). The final invoice shall be submitted on project completion (submission of final report to a publishable standard).
4.15 Review of supplier performance
Supplier performance will be continually monitored over the term of the contract. Cost competitiveness, quality of service, communication with the commissioners / Steering Group, and maintaining timelines will be the main criteria for measuring performance. It is expected that the successful tenderer will take a proactive role in monitoring performance with a view to making appropriate recommendations.

4.16 Price
Fees quoted shall remain firm for a period of six months from the date of submission of tender. The price of the tender must be the tenderer’s best and final offer and must cover the duration of the project.

4.17 Queries
All queries regarding this tender should be sent to Mr. Andy Caffrey at Andy.Caffrey@hospicefoundation.ie

Queries should be in question format and should be submitted by email. All such queries will be responded to by e-mail, and the queries and responses will be forwarded to all tenderers in order to ensure that no party has an unfair advantage over any other. The details of the person making a query will not be disclosed when circulating the response.

4.18 Tender submission
Please submit 8 hard copies of the tender (one unbound) in a sealed envelope which should be clearly addressed to:

   Mr. Andy Caffrey, The Irish Hospice Foundation, Morrison Chambers, Naussau Street, Dublin 2

   • On the outside of the envelope, please write CPCP Evaluation together with the name and address of your company.
   • Please mark the envelope “Private & Confidential”.
   • It is advised that tenders should be sent by registered post or recorded delivery as the tenderer is fully responsible for the safe and timely delivery of the tender.
   • Fax or e-mail copies of tenders will not be accepted.

Closing date for tenders is 5pm on Friday 17th January 2014

Under our tendering procedures, tenders received after the deadline above cannot be considered. Tenders which are received after this strict deadline will be returned, unopened.

4.19 Ownership
Findings and any report will remain the property of the funding bodies i.e. the IFH, DoH and HSE.
APPENDIX 1 – Notes from Workshop on Evaluation Process

These notes are taken from a facilitated workshop with the NDC on the evaluation process. They are intended to inform tenderers on the evaluation design.

What would the ideal report look like:
- It would demonstrate what difference has been made since the appointment of the eight outreach nurses and the national consultant in paediatric palliative care.
- Demonstrates the success or otherwise of the programme - mixture of qualitative and quantitative information.
- Information to feed into business plans - inputs on activities and outcome measures.
- Information on how service providers felt about integration of services and the success of integration
  - What measures are in place now?
  - What might be difficult to capture?
- Qualitative piece looking at nurses, stakeholders, impact measures/qualitative information/structures in place.
- Service providers prospective.
  - Look back and see changes.
  - What has been the impact of the programme

How will we know if outcomes have been achieved?
- Smooth transitions for parents with children with life limiting condition. How to measure?
- Progress on needs assessment: Go back to the 2005 and 2010 Policy Reports and pick out the key elements. The 2005 needs assessment was the baseline study for this work. There were definite themes identified and the children’s outreach nurses/roles are a direct response to these gaps. 2005 Baseline Survey was a qualitative piece. Staff completed a survey which could be replicated.
- The group recommended the key themes be taken from the baseline study and review ones we can control and ones outside control.
- Outcomes.
  - Quality of life for children and their families (tools available, do assessment of quality of life, at diagnosis and first referral).
  - Perception of better outcomes for families by critical stakeholders include homecare teams Jack and Jill, outreach nurses, paediatricians in hospitals, Irish Hospice Foundation etc.

Themes to be covered in evaluation
- Have to look at management and governance.
- Has to tie back to policy.
- Has to include Minimum Dataset data.
- Roles of Children’s Outreach Nurses.
- Relates to original needs assessment.
- Impact on resources available.

Baseline Survey
- A baseline audit/survey should be done - each nurse would be expected to do a mapping exercise of what services are in place and then be able to track the level of integration at the end of the post.
- There is a question as whether the 2005 report might do some of this at a national level – this was extensive
- The evaluation needs to be robust.

Questions for scope of evaluation
• How does the programme link paediatric and palliative care so that children can die at home? (a huge question).
• Will the programme reach to the 1400 children with life limiting conditions or those entering palliative care phase only?
• Does the evaluation cover policy or just the children’s outreach nurses and consultant – really policy review and an in-depth review of the Children’s Outreach Nurse Investment plus a mapping of contextual changes and a comment in other developments in policy?
• Co-Ordination of Care : Does the result of the investment in Children’s Outreach Nurses result in overlap or co-ordination of care?

What information is there already
• MDS data will commence in 2013
• Data on Consultant post - the time spend on clinical work (how do we evaluate this part/post?).
• Other qualitative data completed on children with life limiting conditions.
• Will the project need ethical approval? If so it will need it in advance and might be linked or needed in each individual hospital?

Governance
• There would need to be some evaluation of the NDC.
• Patient experience how families are being served – how to ensure equity of access for all families who need care (how to ensure everyone works together (question for the Steering Group and the evaluation).

Concerns
The evaluation should capture concerns of the NDC for future development this might include:-
• Overlap with other services such as Jack and Jill / CONs.
• What are the unique offerings of the CONs v’s other services.
• How to use resources to best effect.
• Roles, divisions and territorial concerns.
• Being very clear on resources.
• Professional integration.
• What are the risks to the programme in facing diminishing finance and resources?

Ethics
May need to be done with individual hospitals but could be done through a University.

Need for cost effectiveness
The evaluation should look at leverage and cost effectiveness for evaluation.
• How to measure / gather information in a cost effective way.
• What would happen if the service was not there compared to the Baseline Survey 2005.
• How to measure the ‘saving hassle’ for family?
• Added value is the key argument and this is difficult to measure as it includes what difference it has made for families, less or more episodes of care, etc.
• Are there aggregate numbers under HIPE which could inform the evaluation and can we find out from HIPE or CSO data whether more children are dying at home
• The risks that numbers are so small needs to be considered
• International trend on quality of life / Patrick Carragher in Scotland and Dr. Mary Devins might inform this piece.
APPENDIX 2 – Declaration of Bona Fides
(As per Article 45 of Directive 2004/18/EC and Regulation 52 of SI329)

THIS DECLARATION, DULY COMPLETED, MUST BE SUBMITTED BY ALL TENDERERS

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>YES</th>
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<tbody>
<tr>
<td>1</td>
<td>The Tenderer is bankrupt or is being wound up or its affairs are being</td>
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<td>administered by the court or has entered into an arrangement with creditors or has suspended business activities or is in any analogous situation arising from a similar procedure under national laws and regulations.</td>
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<td>2</td>
<td>The Tenderer is the subject of proceedings for a declaration of bankruptcy, for an order for compulsory winding up or admission by the court or for an arrangement with creditors or of any similar proceedings under the national laws and regulations.</td>
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<td>3</td>
<td>The Tenderer, a Director or Partner, has been convicted of an offence concerning his professional conduct by a judgement which has the force of res judicata or been guilty of grave professional misconduct in the course of their business.</td>
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<td>4</td>
<td>The Tenderer has not fulfilled its obligations relating to the payment of taxes or social security contributions in Ireland and any other State in which the Tenderer is located.</td>
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<td>5</td>
<td>The Tenderer, a Director or Partner has been found guilty of fraud.</td>
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<td>The Tenderer, a Director or Partner has been found guilty of money laundering.</td>
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<td>7</td>
<td>The Tenderer, a Director or Partner has been found guilty of corruption.</td>
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<td>8</td>
<td>The Tenderer, a Director or Partner has been convicted of being a member of a criminal organisation.</td>
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<td>9</td>
<td>The Tenderer has been guilty of serious misrepresentation in providing information to a public buying agency.</td>
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<td>10</td>
<td>The Tenderer has contrived to misrepresent its Health &amp; Safety information, Quality Assurance information, or any other information relevant to this application.</td>
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<td>11</td>
<td>The tenderer has the capacity and intention to remain in business for the duration of this 3 year contract period.</td>
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THIS FORM MUST BE COMPLETED AND SIGNED BY A DULY AUTHORISED OFFICER OF THE TENDERER’S ORGANISATION

I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being excluded from participation in this and future tenders.

<table>
<thead>
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<th>Signature</th>
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APPENDIX 3 – Form of Tender

THIS FORM OF TENDER MUST BE COMPLETED AND RETURNED BY ALL TENDERERS. Failure to sign this Form of Tender will invalidate the offer.

To: The Irish Hospice Foundation

From: ____________________________________________

I/We have examined the tender documentation and hereby offer to provide the services in accordance with the details contained within the Invitation to Tender Document.

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Cost proposed (excl. VAT) €</th>
<th>Total Cost proposed (incl. VAT) €</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part 1 – Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part 2 – Analysis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part 3 - Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Costs for Project</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) This offer will remain open for acceptance by you for a period of 6 months from the closing date for receipt of tenders.
(b) We acknowledge that you are not obliged to accept the lowest or any offer.
(c) We undertake to perform and complete the services in accordance with the terms and conditions of the tender specification.
(d) We acknowledge that all costs and expenses incurred by us in producing and submitting this offer will be borne by us in full.
(e) We undertake to treat the details of this contract as private and confidential. We acknowledge that no part of these documents may be transmitted by us to a third party.

Signed  

Name in capital letters:  
On behalf of:  
Address:  
Telephone  Fax  
Email:  Date  

FOR USE BY THE IRISH HOSPICE FOUNDATION ONLY
TENDER ACCEPTED

Date: ____________________________

Authorised Officer: ____________________________

Signature: ____________________________
APPENDIX 4 – Statutory Obligations

TO: The Irish Hospice Foundation

Tender for: __________________________________________________

We, ______________________________________________________

Confirm that:

(a) We are fully compliant with the minimum terms and conditions of the Employment Regulation Order of the Irish Labour Court, with the Working Time Directive and with all other relevant employment legislation, as well as all relevant Health & Safety Regulations; and

(b) We have the procedures in place to ensure that our subcontractors, if any, who are used for this contract, apply the same standards.

I certify that the information provided above is accurate and complete to the best of my knowledge and belief. I understand that the provision of inaccurate or misleading information in this declaration may lead to my organisation being excluded from participation in future tenders.

Signed: _________________________________________________

Print Name: ______________________________________________

Company Name: ___________________________________________

Address: __________________________________________________

Telephone: ________________________________________________

Date: ______________________________________________________