Community Services Evaluation Report for Expression of Interest Process

Title:

**[Insert Title]**

EOI Number:

**[Insert EOI Number]**

State Party:

**[Insert State Party Name]**

Table of Contents

[1. Evaluation Summary 3](#_Toc103949262)

[2. Procurement Development 3](#_Toc103949263)

[3. Scope of EOI 5](#_Toc103949264)

[4. The Evaluation 6](#_Toc103949265)

[4.1 Evaluation Panel Participants 6](#_Toc103949266)

[4.2 Responses Received 6](#_Toc103949267)

[4.3 Desk Top Assessment 6](#_Toc103949268)

[4.4 Qualitative Score Summary Table 7](#_Toc103949269)

[5. Recommendation 8](#_Toc103949270)

[5.1 Basis of Decision 8](#_Toc103949271)

[6. Endorsement by Evaluation Panel 9](#_Toc103949272)

[Appendix A – Selection Requirements 10](#_Toc103949273)

[Appendix B – Evaluation Rating Scale 11](#_Toc103949274)

[Appendix C – Qualitative Score Summary 13](#_Toc103949275)

[Appendix D – Comparative Statement 15](#_Toc103949276)

[Appendix E – Risk Assessment 17](#_Toc103949277)

# Evaluation Summary

|  |  |
| --- | --- |
| **Item** | **Response** |
| **EOI Title:** | [Title] |
| **State Party:** | [Name of State Party] |
| **Scope:** | [Provide a brief overview of the scope of the EOI process]  See ‘**Scope of EOI’** at **Section 3** for further information. |
| **Respondent(s) Recommended for Short-listing/Direct Negotiation:** | [name of Shortlisted Respondent(s)]  See ‘**Recommendation**’ at **Section 5** |
| **Estimated Value of Service Agreement (inc GST, indicative indexation and extension options):** | $[insert $ amount]  [Include if the value of the service has been estimated/agreed] |
| **Anticipated Procurement Approach:** | [Detail process to be undertaken following receipt and evaluation of EOIs]  Direct Negotiation or  Short-listing for Restricted Request or  Open Advertisement Request |
| **Are any of the Respondents debarred or suspended under the *Procurement (Debarment of Suppliers) Regulations 2021*?** | Yes / No  *[If “Yes” insert]* Refer ‘Response Received’ at Section 4.3 |

# Procurement Development

|  |  |
| --- | --- |
| **Item** | **Response** |
| **Exemption from Appropriate Procurement Method (Rule C5)**  *[Delete if not applicable]* | *[Provide full details below if an exemption has been approved.]*  [Accountable Authority name and title] approved an exemption on [date] based on [include details of exemption]. |
| **State Party Approval to Proceed:** | Name: [name]  Title: [title] |
| **Briefing:** | [Mandatory/Non-Mandatory and include date] |
| **EOI Closing Date:** | [Insert EOI Closing Date] |
| **Risk Rating:** | If no significant or high risks identified:[insert] All identified risks were rated as low OR moderate.  [If any identified risks were rated as significant or high, insert the following, selecting the applicable rating(s): ] Some identified risks were rated as significant and/or high. Refer to ‘**Risk Register**’ at **Appendix E**. |
| **Advertising:** | Tenders WA: **Yes / No – Date**: [If Yes, date advertised]  Newspaper: [name of newspaper and date advertised]  [List any other means used for advertising the EOI]  Date released: [insert date] |
| **Selection Requirements:** | Refer to copy of Selection Requirements at **Appendix A.** |

# Scope of EOI

[Provide a summary of the consultation and collaboration process undertaken to inform this expression of interest process, the domain, the community outcomes sought and the service level outcomes of the proposed Service Agreement.]

# The Evaluation

## Evaluation Panel Participants

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

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

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

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

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

• [insert details].

These interests were addressed by:

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

Addendum to Request form

## Responses Received

Responses were received from the following organisations:

[List in alphabetical order]

1. [Name] *(location eg Perth, WA...)*
2. [Name] (location eg Perth, WA...)
3. [Name] *(location eg Perth, WA...)*

## Desk Top Assessment

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

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

All Respondents passed through to the Qualitative Assessment.

Or

The following Respondents did not pass through to the Qualitative Assessment: [list all organisations and the applicable reasons below:]

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

All other Respondents were processed through to Qualitative Assessment.

## Qualitative Score Summary Table

List in qualitative ranking order.

|  |  |  |
| --- | --- | --- |
| **Respondent** | **Qualitative Ranking** | **Score (%)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

Refer to **Appendix C** for a detailed ‘**Qualitative Score Summary**’ and **Appendix D** for the ‘Comparative Statements’.

# Recommendation

## Basis of Decision

[Name of Respondent/s] is/are the Respondent/s recommended for short-listing/direct negotiation by the evaluation panel.

The basis for this decision is as follows:

1. [Insert Reason]

[Insert full justification.]

1. [Insert Reason]

[Insert full justification.]

1. [Insert Reason]

[Insert full justification.].

In summary, [Name of Respondent/s] is best suited to meet the requirements.

# Endorsement by Evaluation Panel

Name DATE: / /202

Name DATE: / /202

Name DATE: / /202

Name DATE: / /202

Name DATE: / /202

# Appendix A – Selection Requirements

# Mandatory Requirements

[Delete if not applicable.]

The mandatory requirements for this Request were:

# Qualitative Requirements

[List all qualitative criteria including sub-criteria.]

The qualitative requirements for this Request were:

# Disclosure Requirements

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

The compliance and disclosure requirements for this Request were:

# Appendix B – Evaluation Rating Scale

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

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

# Appendix C – Qualitative Score Summary

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Qualitative Requirement** | | **Weighting** | **[Respondent name]** | | | **[Respondent name]** | | | **[Respondent name]** | | | **[Respondent name]** | | | **[Respondent name]** | | |
|  |  |  | **Raw** | **Weighted** | | **Raw** | **Weighted** | | **Raw** | **Weighted** | | **Raw** | **Weighted** | | **Raw** | **Weighted** | |
|  |  |  | **/9** | **/9** | **%** | **/9** | **/9** | **%** | **/9** | **/9** | **%** | **/9** | **/9** | **%** | **/9** | **/9** | **%** |
| 1 | Insert criterion | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Insert criterion | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Insert criterion | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Insert criterion | X% |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Weighted Score (%) | | |  | | |  | | |  | | |  | | |  | | |
| Qualitative Ranking | | |  | | |  | | |  | | |  | | |  | | |

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

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

* The table is on a landscape page and there is a section break between the table and the previous page – do not delete this, otherwise the pages will lose their formatting.
* Shade the three columns of the preferred Respondent/s.
* List the respondents in qualitative score order. This order should be consistently used throughout the EOI evaluation report.
* Qualitative requirements to be listed in highest to lowest weighting.
* If the total qualitative score has been ‘rounded’ please ensure that the rounded score is referred to throughout the rest of the report]

# Appendix D – Comparative Statement

**Comparative Statement – Qualitative Requirements**

A summary statement for each Respondent is provided below.

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

# Respondent's Name

Total qualitative score [insert percentage]% – ranking [insert ranking]/X.

**[Insert Heading of Qualitative Requirement]**

Discussion of the response to the requirement.

Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**[Insert Heading of Qualitative Requirement]**

Discussion of the response to the requirement.

Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**Outcome: [Not] Suitable for Shortlisting/Direct Negotiation**

# Respondent's Name

Total qualitative score [insert percentage]% – ranking [insert ranking]/X.

**[Insert Heading of Qualitative Requirement]**

Discussion of the response to the requirement.

Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**[Insert Heading of Qualitative Requirement]**

Discussion of the response to the requirement.

Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**Outcome: [Not] Suitable for Shortlisting/Direct Negotiation**

# Respondent's Name

Total qualitative score [insert percentage]% – ranking [insert ranking]/X.

**[Insert Heading of Qualitative Requirement]**

Discussion of the response to the requirement.

Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**[Insert Heading of Qualitative Requirement]**

Discussion of the response to the requirement.

Include the evaluative statement from the evaluation rating scale that corresponds to the score given.

**Outcome: [Not] Suitable for Shortlisting/Direct Negotiation**

# Appendix E – Risk Assessment

[Insert a risk register here.

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

This appendix should describe the risks identified, along with their ratings and treatment strategies employed.