

# EXPRESSION OF INTEREST

## *Building Community Vaccination Awareness*

<b>Release Date</b>	4 November 2022
<b>Deadline for clarification questions</b>	21 November 2022
<b>Deadline for applications</b>	28 November 2022

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## Building Community Vaccination Awareness

Expression of Interest (EOI) and Guidelines

### 1. Overview

This Expression of Interest (EOI) is for the provision of the Building Community Vaccination Awareness program across the Central and Eastern Sydney PHN (CESPHN) region.

The Building Community Vaccination Awareness program aims to expand awareness of the importance of vaccination in vulnerable communities. The aim is to build the capacity of community organisations to equip their communities with the necessary knowledge to make an informed decision about vaccination.

Increasing vaccination coverage rates will contribute to improved health outcomes for people while also reducing unnecessary utilisation of health services, due to less likelihood of people seeking treatment for vaccine preventable diseases (VPD).

The objectives of this initiative are to:

- protect those most vulnerable from COVID-19 and other vaccine preventable diseases.
- empower community by increasing awareness and uptake of recommended COVID-19 vaccination in communities that are vulnerable to COVID-19 infection, due to low vaccination coverage rates.
- build partnerships with local agencies and community groups to optimise individual and community uptake of vaccination.

There are two funding options in this EOI. Applicants may seek funding for either:

- A. \$100,000 (excluding GST)
- B. \$5,000 (excluding GST)

CESPHN will also consider proposals that exceed the funding amounts outlined above where required for proposed program activities.

The timeframe for the delivery of activities to meet program objectives is January 2023 to 30 June 2023.

### 1.1 Background

The Australian COVID-19 vaccination program commenced on 22 February 2021 to priority population groups in the first phase of the roll-out. Vaccine eligibility expanded as vaccine supply increased and additional COVID-19 vaccine brands were provisionally approved by TGA for use in Australia. Currently, COVID-19 vaccines are free and available to all Australians aged 6 months and over, in line with ATAGI recommendations<sup>1</sup>.

As of 26 October 2022<sup>2</sup>, 70.2% of the NSW eligible population had received their third dose of a COVID-19 vaccine. However, there are areas of lower coverage within certain population groups and age groups:

- 53.0% of the eligible Aboriginal and Torres Strait Islander people in NSW have received their third dose.
- 66.1% of eligible people who speak a language other than English at home in NSW have received their third dose.
- 39.8% of children aged 5-11 in NSW have received two doses of COVID-19 vaccine.

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<sup>1</sup> <https://www.health.gov.au/news/atagi-recommendations-on-covid-19-vaccine-use-in-children-aged-6-months-to>

<sup>2</sup> <https://www.health.gov.au/resources/publications/covid-19-vaccine-rollout-update-27-october-2022>

As of 9 October 2022<sup>3</sup>, there are 433,682 people living in CESP HN region who are eligible to receive dose three of a COVID-19 vaccine, where English is not their first language. Of these eligible people, 35.6% (154,496) have not yet received dose three of a COVID-19 vaccine. Over 79% (123,044 people) of the dose three unvaccinated population where English is not their first language, reside in 5 local government areas (LGAs): Canterbury-Bankstown, Bayside, Georges River, Sydney, and Inner West.

The language groups with the highest number of people unvaccinated for dose 3 are Arabic, Mandarin, Greek, Cantonese, and Nepali (91,855 people), 81.5% of which reside in the 5 LGAs mentioned above. These 5 language groups represent the majority of CESP HN's dose 3 unvaccinated population, where English is not their first language (59.5%).

## 2. Information about Central and Eastern Sydney PHN

### 2.1 What are primary health networks?

Primary health networks (PHNs) have been established with the key objectives of increasing the efficiency and effectiveness of medical services for individuals, particularly those at risk of poor health outcomes. They also aim to improve coordination of care to ensure people receive the right care in the right place at the right time.

PHNs are not for profit, regionally based organisations which aim to strengthen primary care by redirecting frontline health services to improve health outcomes of the community.

### 2.2 Our vision

Our vision is better health and wellbeing of the people who live and work across our region. We are committed to investing in strategies that will contribute to individual and population health outcomes including fewer preventable deaths and hospitalisations, reduced health risks and health inequities and more prevention behaviours.

### 2.3 Our region, our community

The central and eastern Sydney catchment spans 587 square kilometres. Our region stretches from Strathfield to Sutherland, as far east as Bondi, and includes Lord Howe Island. We are the second largest of the 31 primary health networks across Australia by population, with over 1.5 million individuals residing in our region.

Our catchment population is characterised by cultural diversity and high population growth, with an estimated 16,225 (1.05 per cent of total population) identifying as Aboriginal and/or Torres Strait Islander. 40% of our community are born outside Australia, 36.8% speak a language other than English at home and 6.2% do not speak English well or at all. By 2031 our region's population will reach more than 1.85 million, an increase of 28.1% or more than 400,000 individuals.

Our boundaries align with those of South Eastern Sydney Local Health District and Sydney Local Health District and covers twelve LGAs. Refer to this complete list of [postcodes](#) within the CESP HN catchment area.

For more information about our region visit the 'About CESP HN' page on our website at <https://www.cesphn.org.au/>

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<sup>3</sup> Department of Health and Aging, 3 October 2022, AIR-MADIP Culturally and Linguistically Diverse (CALD) Operational Reports by LGA

### 3. Target population and eligibility

The target population for this initiative is vulnerable populations and/or persons due to the low dose 3 COVID-19 vaccination coverage. This may include:

- Aboriginal and Torres Strait Islander peoples
- Children aged 5-11 years
- Culturally, ethnically, and linguistically diverse (CALD+) communities
- People with Alcohol and/or Drug dependency
- People living in public housing (e.g., via in-reach services to public housing), or who are homeless or at risk of homelessness
- People who identify as LGBTIQ+
- Refugees and newly arrived migrants
- Other At-Risk and/or Vulnerable Persons

According to the data provided by AIR-MADIP Culturally and Linguistically Diverse (CALD) Operational Reports, the language groups with low dose 3 COVID-19 vaccination coverage in the CESP HN region, and therefore the target CALD+ population groups for the Building Community Vaccination Awareness program are:

- Arabic speaking
- Mandarin speaking
- Greek speaking
- Cantonese speaking
- Nepali speaking

The data suggests the largest proportion these target CALD+ population groups reside in the following LGAs:

- Canterbury-Bankstown LGA
- Georges River LGA
- Bayside LGA
- Sydney LGA
- Inner West LGA

The eligibility criteria for this initiative includes:

- Target populations accessing services live in the CESP HN region
- Services must be delivered within the CESP HN region

### 4. Program objectives and outcomes

The objectives of this initiative are to:

- protect those most vulnerable from COVID-19 and other vaccine preventable diseases (VPD).
- empower community by increasing awareness and uptake of recommended COVID-19 vaccination in communities vulnerable to COVID-19 infection due to low vaccination coverage rates.
- build partnerships with local agencies and community groups to optimise individual and community uptake of vaccination.

The expected program outcomes of this initiative are:

- improved awareness of the benefits of vaccination, resulting in increased uptake of COVID-19 (dose 3) vaccination in communities with low COVID-19 vaccination coverage, as well as an increased uptake of other recommended vaccinations
- community building through enhanced partnerships with local agencies and community groups in vulnerable populations

## 5. Models of service

### 5.1 Service model requirements

Service providers are expected to propose a program to reach the vulnerable communities in the target populations described above, to increase understanding of immunisation, build community capacity and improve health outcomes. The timeframe for the program delivery is January – June 2023.

There are range of ways in which the intervention could be designed and delivered. Applicants are encouraged to take an innovative approach in the development of their proposed initiatives. Some suggested activities include education workshops with respected leaders in community; or social media, radio, and other media to educate using existing resources by various Government and health agencies. It is preferred that no new resources are produced unless there is an obvious gap in the market.

Service providers should consider the following factors in the program design:

- English is the second language for a high proportion of the target audience.
- Cultural considerations for staff and clients.
- Engaging with appropriate stakeholders within community groups to design a program that builds trust with target audience.
- Low level of community engagement with content due to ‘vaccination fatigue’.

#### 5.1.1 Funding option A

The service provider expressing interest in **funding option A (\$100,000)** will be required to do the following activities:

- Meet with people from one or more target audience populations and provide practical support and guidance to help them understand immunisation and its health benefits.
- Raise awareness of immunisation in the community more generally through community engagement activities.
- Engage vulnerable groups within the target audience such as older people and (parents of) children using a range of communication approaches.
- Form partnerships with local councils, libraries, and community organisations to promote the service and encourage referrals via talks/ meet and greet opportunities.
- Create awareness among GPs and other health professionals of the service.
- Provide culturally appropriate and safe care, that includes people from diverse backgrounds, such as Aboriginal and Torres Strait Islander People, people who identify as LGBTQI+, people living with a disability and people from CALD+ backgrounds.
- Enter into a Master Services Agreement with CESPHN.

#### 5.1.2 Funding option B

The service provider expressing interest in **funding option B (\$5,000)** will be required to do the following activities:

- Raise awareness of immunisation in one or more of the target populations through community engagement activities.
- Provide culturally appropriate and safe care, that includes people from diverse backgrounds, such as Aboriginal and Torres Strait Islander People, people who identify as LGBTQI+, people living with a disability and people from CALD+ backgrounds.
- Enter into a Memorandum of Agreement with CESPHN.

## 5.2 Reporting requirements

Successful applicants will be required to meet the following reporting and data requirements (as relevant to the provider's program):

### General requirements – Applicable to both funding options A and B

- Description of activities undertaken to meet the needs of the target population receiving services under the Building Community Vaccination Awareness program, including details on successes, challenges, and outcomes.
- Description of marketing, promotional and advertising strategies undertaken to promote program.
- Description of engagement and reach to population type.
- Establish and maintain the security, integrity and confidentiality of data and compliance with the Privacy Act 1988 to prevent any misuse or unauthorised access or disclosure of the data.
- Seek and record informed consent from clients to collect their personal information and for CESPHE to use their de-identified information for evaluation purposes.

### Data requirements – Applicable to funding option A only

- Number of personnel employed (FTE equivalent, number of individuals and locations)
- Number of clients receiving a service:
  - By gender
  - By age group (5-11, 12-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+)
  - By ethnicity
  - By language spoken at home
- Number of program services held
- Number of new clients
- Participant feedback

## 6. Responsibilities

Service providers will deliver this program through direct funding from CESPHE and are responsible for the efficient and effective delivery of the activities.

### The Service Providers will also be responsible for:

- ensuring that the terms and conditions of the Agreement are met and that the program is managed in a cost effective and efficient manner.
- ensuring the activities achieve value for money.
- employing and managing suitably qualified, experienced, and culturally appropriate staff.
- delivering culturally appropriate services.
- maintaining contact with CESPHE and advising of any emerging issues that may impact on the success of the activities.
- identifying, documenting, and managing risks and putting in place appropriate mitigation strategies.
- ensuring outcomes and output reporting in accordance with the agreement; and
- participating in activity evaluation as necessary.

### Activities that are not considered to be in scope for this program:

- Duplication or replacement of existing services provided by other organisations, including state and territory government services.
- Provision of a service which could, in the same location for the same population group, be provided through other locally based service providers.
- Duplication or replacement of existing resources provided by other organisations, including state and territory government services

## Compliance with law

The provider will be responsible for complying with the following legislation, regulation, and industry standards:

- Privacy Act 1998 (Cth), Health Records and Information Privacy Act 2002 (NSW), the Privacy Amendment (Enhancing Privacy Protection Act (NSW) and the Australian Privacy Principles.
- Work Health and Safety Act.

## 7. Who can apply

Eligible organisations must be an organisation or individual with established legal status (e.g., under Corporations Law, Health Services Act, Trustee Act) understand the agreement and include:

- Not-for-profit incorporated associations registered with the Australian Charities and Not-for-profits Commission.
- Incorporated under the Corporations Act 2001.
- Working in consortia or partnerships, with one lead agency working as the legal entity.

CESPHN is required to procure services according to the PHN Grant Programme Guidelines<sup>4</sup>.

## 8. Contract term

The term of the contract is January 2023 to 30 June 2023.

## 9. Funding

There are two funding options in this EOI. Applicants may seek funding for either:

- A. \$100,000 (excluding GST)
- B. \$5,000 (excluding GST)

CESPHN will also consider proposals that exceed the funding amounts outlined above where required for proposed program activities.

The timeframe for the delivery of activities to meet program objectives is January 2023 to 30 June 2023.

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<sup>4</sup><https://www.health.gov.au/resources/publications/primary-health-networks-phn-grant-program-guidelines>



## 10. Timeline

Milestone	
EOI released	<i>4 November 2022</i>
Deadline for questions from potential applicants	<i>21 November 2022</i>
Deadline for CESP HN to respond to questions	<i>22 November 2022</i>
Deadline for EOI application submission	<i>28 November 2022</i>
Applications evaluated	<i>29 November – 5 December 2022</i>
Clarification/negotiations with preferred provider(s)	<i>6 December – 19 December</i>
Contracts awarded	<i>22 December 2022</i>

This timeline is provided as a guide. CESP HN reserves the right to make alterations to the timetable for this EOI process.

## 11. CESP HN's approach to evaluating submissions

In considering proposals, panel members will assess how well the applications provide:

### Alignment with the Activity Objectives

The proposed activities must meet the objectives outlined in this document and demonstrate how the organisation will effectively reach the target population.

### Capacity to Deliver

Ability and experience of the organisation to successfully plan and apply resources, in order to effectively deliver the proposed program to achieve the objectives of the healthy ageing hub initiative.

### Project Management

Ability to implement the proposed activity within budget and timeframes as well as comply with all accountability and audit requirements.

### Financial Management

Ability of the organisation to manage and acquit funding in accordance with Government legislation and financial management policies.

### Risk Management

Appropriate assessment and mitigation strategies for risk associated with the proposed model of delivery, including risks relating to governance, performance management, issues management, viability, and financial management.

### Value for Money

Successful projects must provide value with public money, demonstrate efficient use of funds, and utilise resources to achieve the aims and objectives of the healthy ageing hub initiative.

### Community Engagement and Support

How the applicant will engage and work with local health professionals and the local community to support the healthy ageing hub initiative.

### Cultural Competency

Ability to deliver culturally appropriate or culturally safe services to the residents of the CESP HN region.

## 12. Selected scoring criteria

Responses to the questions set out below will be scored individually by each member of the assessment panel. Panel members will then meet to discuss scores for each of the responses and a final score will be determined following panel modifications. CESPHN may negotiate changes to an applications proposal to meet the desired outcomes.

### 12.1 Applicable to funding option A

Number	Header	Weight	Question
1	Experience and Expertise	20%	<ul style="list-style-type: none"> <li>a. Describe the experience of your agency in providing programs of this nature (Max. 300 words)</li> <li>b. Detail the experience of your agency (or each joint venture agency) that will enable the delivery of effective, evidence-based services to target populations within CESPHN. (Max. 300 words)</li> <li>c. Explain how you will ensure establishment and roll out of services within timeframes. (Max. 300 words)</li> </ul>
2	Service Model	40%	<ul style="list-style-type: none"> <li>a. Briefly describe the model of service that your agency will implement for this project. (Max. 300 words)</li> <li>b. Explain the strategies for engagement for your model of service, including addressing the service model requirements at 5.1 (Max. 300 words)</li> <li>c. Detail outcome measures and evaluation processes. (Max. 300 words)</li> <li>d. Describe the workforce; including qualifications, how workers will be sourced and how you will establish and roll out service delivery by the required project commencement date. (Max. 300 words)</li> <li>e. Provide a document, detailing the project team that will be responsible for implementing and operationally delivering the proposed service. This should detail their experience leading similar initiatives (CVs of key personal are acceptable) (Max. 300 words)</li> </ul>
3	Service Value	20%	<ul style="list-style-type: none"> <li>a. What is the estimated total number of persons who will benefit from your proposed model of service? (Max. 100 words)</li> <li>b. Detail the demographic breakdown of the target market and how you plan to reach this population group (Max. 100 words)</li> <li>c. Submit a detailed financial budget using the template provided. (Attachment A)</li> </ul>

# BUILDING COMMUNITY VACCINATION AWARENESS

4	Capacity	10%	a. Provide detailed organisational chart showing where the management of this project will sit within the organization. (Max. 100 words)
5	Governance	10%	a) Describe your organisation's commitment to effective governance and outline your organisation's experience with and approach to: <ul style="list-style-type: none"> <li>▪ Risk identification, assessment, and management</li> <li>▪ Performance monitoring and quality improvement (including collection and analysis of experience and outcome measurement)</li> <li>▪ Ensuring the workforce is appropriately experienced, qualified, and supported to deliver high quality care (Max. 300 words).</li> </ul>

## 12.2 Applicable to funding option B

Number	Header	Weight	Question
1	Experience and Expertise	25%	a. Describe the experience of your agency in providing programs of this nature. (Max. 300 words) b. Explain how you will ensure establishment and roll out of services within timeframes. (Max. 300 words)
2	Service Model	50%	a. Briefly describe the model of service that your agency will implement for this project. (Max. 300 words) b. Explain the strategies for engagement for your model of service (Max. 300 words) c. Detail outcome measures and evaluation processes. (Max. 300 words)
3	Service Value	25%	a. What is the estimated total number of persons who will benefit from your proposed model of service? (Max. 100 words) b. Detail the demographic breakdown of the target market and how you plan to reach this population group (Max. 100 words) c. Submit a financial budget using the template provided (Attachment A)

### 13. Mandatory criteria and weighting

The mandatory criteria contribute 100% to the overall assessment of a submission. All questions, including each component part of each question, must be addressed in your submission. Failure to address any component of the above criteria will terminate further assessment of a submission.

Responses to the questions set out in the submission form will be scored individually by each member of the evaluation panel to make assessments against the criteria listed above. Panel members will then meet to discuss scores for each of the responses and a final consensus or average score will be determined following panel moderation. CESP HN may negotiate changes to an applicant's proposal to meet the desired outcomes.

Each question will be marked out of five (5) regardless of weighting. The score will be attributed by the panel according to the assessment criterion set out in the following table:

Score	Rating	Criteria for awarding score
0	Unacceptable	Does not meet any of the requirements
1	Weak	Falls short of meeting the requirements in <b>many</b> areas
2	Poor	Falls short of meeting the requirements in <b>some</b> areas
3	Good	Meets the requirements at a basic level
4	Very Good	Meets the requirements in all respects, supported by clear evidence <b>and</b> will bring <b>some</b> added value/benefit
5	Outstanding	Exceeds the requirements <b>and</b> will bring <b>significant</b> added value/benefit

### 14. Conditions of this request for proposal

CESP HN will not be held accountable for any costs incurred in responding to this EOI, including responding to any secondary evaluation processes. CESP HN does not assume any liability whatsoever arising under or in connection with any response to this request for proposal, or in respect of the respondent's participation in this process. In no event will CESP HN be liable to respondents for any lost profits, lost savings or incidental, indirect, special, or consequential damages arising out of any activities associated with responding to this request for proposal.

<b>ABN/Taxation requirements</b>	CESP HN will only deal with Respondents who have an Australian Business Number (ABN).
<b>Acceptance</b>	Non-complying submissions may be rejected. CESP HN may not accept the lowest priced proposal and may not accept any proposal.
<b>Additional information</b>	If additional information to that requested in this document is required by CESP HN when proposals are being considered, written information and/or interviews may be requested to obtain such information at no cost to CESP HN. CESP HN may also provide additional information or clarification.
<b>Assessment</b>	CESP HN reserves the right to engage a third party to carry out assessments of a Respondent's financial, technical, planning, and other resource capability.
<b>Conflicts of interest</b>	Respondents must declare to CESP HN 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 supply of the Services described.

# BUILDING COMMUNITY VACCINATION AWARENESS

<b>Costs</b>	Each Respondent will meet its own costs associated with the preparation and presentation of its proposal and any negotiations.
<b>Explanations</b>	Verbal explanations or instructions given prior to acceptance of a proposal shall not bind CESPHN.
<b>General</b>	Respondents should familiarise themselves with the EOI documents 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.
<b>Legal entity</b>	CESPHN will only enter 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.
<b>Lobbying</b>	Any attempt by any Respondent to exert influence on the outcome of the assessment process by lobbying CESPHN staff or evaluation panel members, directly or indirectly, will be grounds for disqualification of the proposal from further consideration.
<b>Master Services Agreement</b>	Respondents who will be selected to provide services which meet funding option A accept in principle the terms of the Master Services Agreement (Attachment 2) which can be downloaded and reviewed as part of this EOI process.  The submission by service providers in response to this EOI, as well as documentation detailing any negotiations or clarifications, will form part of the contractual agreement which governs an agreement between the Applicant and CESPHN.
<b>Multiple Submissions</b>	CESPHN will accept alternate submissions from a single entity. Each submission must independently meet all criteria for compliance in order to be considered by the evaluation panel.
<b>Negotiation</b>	CESPHN reserves the right to negotiate with short-listed Respondents after the EOI submission closing time and allow any Respondent to alter its submission.
<b>Notification of Probity Breach</b>	Should any applicant consider that the EOI process has failed to accord it fair right to be considered as a successful Respondent or that it has been prejudiced by any breach of these terms and conditions or other relevant principle affecting EOI submissions or their evaluation, the Respondent must provide to CESPHN immediate notice including details of the alleged failure or breach via the <a href="#">feedback form located on CESPHN's website</a> .
<b>Ownership</b>	All applications and any accompanying documents become the property of CESPHN. Ownership rights of all information, reports or data remain unchanged. The Respondent shall not, without the written approval of CESPHN, use CESPHN's information other than in the development of the proposal or the delivery of the Services. Such information, in whatever form provided by CESPHN or converted by the Respondent, must be destroyed in a secure fashion following advice of the outcome of the EOI process or at completion of the provision of the Services.

<b>Part applications and derogations</b>	<p>CESPHN reserves the right to accept applications in relation to some and not all the scope of activity described, or contract with one, more than one or no Respondent based on the proposals received.</p> <p>Derogations must be explicitly set out in the respondent's proposals. CESPHN reserve the right to adjust the value for money component of proposals for analysis purposes where significant derogations prevent comparison between competing responses.</p>
<b>Process</b>	<p>CESPHN reserves the right to withdraw from or alter the EOI process described in this document for whatever reason, prior to the signing of any agreement/contract with any party for the delivery of the Services described in this document.</p>

## 15. Developing and submitting your application

Please make your submission using the CESPHN application form which can be accessed at:

- Funding option A: <https://forms.cesphn.org.au/458>
- Funding option B: <https://forms.cesphn.org.au/467>

You will be asked to make your submission using an online submission form. This form cannot be saved to come back to at a later date, so it is recommended to prepare your answers (Section 12) before filling out the submission form.

You will receive a time and date stamped confirmation email after successful submission.

Section 11 of this EOI document (CESPHN Approach to Evaluating Submissions) provides guidance regarding how the evaluation panel will score submissions and determine preferred providers.

**Applications close: 12.00 pm (AEST) on 28 November 2022.**

## 16. How to contact us

All questions related to the EOI are to be directed through to [immunisation@cesphn.com.au](mailto:immunisation@cesphn.com.au).