Specification Response

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| Response to: | **Audience research for the Collaboration for Wellbeing and Health** |
| Name of applicant: |  |

**Contents:**

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7. About your organisation
	1. Organisation details

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| Organisation Name |  |
| Type of organisation |  |
| Company or Charity Number  |  |
| VAT Number (if applicable) |  |
| What was your organisation’s income in the most recent financial year? *(Not applicable for public bodies/universities)* |  |
| Address |  |
| Registered Address (if different) |  |
| Website Address |  |
| Primary contact name including position and title (to whom all correspondence will be addressed) |  |
| Phone numbers (office and mobile) |  |
| Address |  |
| Email address |  |

* 1. Organisational description

Please provide a brief description of the organisation in terms of its activities/services and the organisational governance and management structure

1. Proposal
	1. Please use this section to provide an overview of your proposal

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Please give us the details of your proposed approach remembering to refer back to the Project Specification. Your proposal must include detailed plans ensuring the following issues are addressed:

* 1. How will your proposal meet the needs of the Health Foundation?
	2. Your approach and methodology
	3. Your relevant experience and expertise
	4. Capacity to deliver and value for money
	5. Any other relevant information
1. Management and communications
	1. Please use this section to describe how you envisage working with the Health Foundation and the other stakeholders in this work. Additionally, please give details of how you will ensure we are kept informed of the project's progress

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* 1. Please provide a project management plan.
	2. Please consider any risks in relation to the proposal and how you will mitigate against these.

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1. Details of team members
	1. Please provide details of the key members of your team who will be working on the programme of work. Please copy the table below to include additional team members.

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| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

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| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

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| --- | --- | --- | --- |
| Name | **Title** | **First Name** | **Last Name** |
| Relevant experience for this project |  |
| Roles and responsibilities on this project |  |

1. Resources

We require full costing of your proposal. Please fill in the budget template and submit it alongside this application.

The Health Foundation wishes to maximise the return it provides to beneficiaries and obtain best value from external suppliers.

* 1. What is the total cost of your proposal? Please include VAT in your costing.

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* 1. Please provide full justification for your costs, including the time spent on the project by each member of your team and all other relevant costs.

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1. Supplier references

Please note that if you/your organisation has not worked with THF before we will be contacting your references if you are shortlisted for interview or if you are the only supplier.

Name, address, phone number and email address of first referee:

Name, address, phone number and email address of second referee:

1. Contract
	1. Do you agree to all the terms and conditions in our Sample contract (attached alongside this document)? If not, please give details.

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Signed on behalf of the organisation:

Name:

Position:

Date: