

Tender Guidelines

GENERAL PRACTICE IN AGED CARE INCENTIVE (GPACI)

THIN MARKETS FUNDING GRANT

phn NORTHERN TERRITORY
An Australian Government Initiative

RURAL Workforce AGENCY NT

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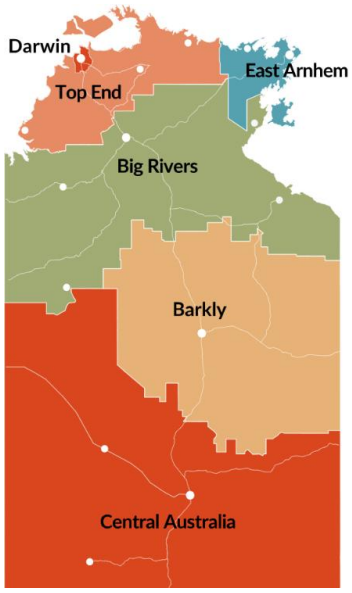
Overview

Northern Territory PHN is seeking applications for this Tender opportunity from eligible applicants. This document provides applicants with key information about the procurement activity, eligibility requirements, timelines and assessment criteria. Applicants are encouraged to read this document thoroughly to ensure they understand all requirements and expectations.

About Northern Territory PHN

Northern Territory PHN (NT PHN) is a not-for-profit independent organisation funded by the Australian Government to coordinate an equitable and comprehensive primary health care system across the Northern Territory (NT). Our goal is to create a primary and mental health care system that is responsive, coordinated and tailored to the diverse needs of our communities.

Our organisation was established through a partnership between Aboriginal Medical Services Alliance NT, the Department of Health NT and Health Providers Alliance NT.



We have a dual role in improving the health and wellbeing outcomes for people living in the Northern Territory. One of the ways this is achieved is through commissioning the delivery of health services to meet the health needs of the NT population. Commissioning is a continual and iterative cycle which involves strategic planning, needs assessment, procuring services and monitoring and evaluation.

We are also a Rural Health Workforce Agency (RWA). This involves deploying skilled professionals to areas where they are needed most. Our overarching commitment lies in driving health system reform, ensuring equitable access to care closer to home, and fostering a culturally safe and inclusive environment for health and wellbeing.

There are 31 Primary Health Networks (PHNs) across Australia, and we are guided by seven national priority health areas from the Australian Government. These key priorities are:

- Aboriginal and Torres Strait Islander health
- mental health and suicide prevention
- alcohol and other drugs
- aged care
- digital health
- population health
- health workforce.

For more information, please refer to:

- https://ntphn.org.au/about/publications/get-to-know-us-brochure/
- https://ntphn.org.au/about/publications/strategic-plan/

Tender Details

Item	Details
Tender Title:	General Practice in Aged Care Incentive (GPACI) Thin Markets Funding Grant
Tender Approach:	Request for Proposal (RFP) - open
Lodgement Method:	TenderLink Portal – www.tenderlink.com/ntphn
Validity Period:	90 days from the Tender Closing Date
Designated Contact:	✉ procurement@ntphn.org.au ✆ 08 8982 1000

Background

Australia's aged care system is undergoing significant reform, with a stronger focus on the rights, safety, quality and experience of older people receiving aged care. The *Aged Care Act 2024*, and the Strengthened Aged Care Quality Standards came into effect 1 November 2025. These standards reinforced the expectation that aged care is person-centred, coordinated, responsive to the individual needs, and goals of older people. They also place a greater emphasis on organisational accountability, clinical governance, safe and quality care and effective coordination of care and services.

For Residential Aged Care Homes (RACHs), access to timely and appropriate primary care is an important enabler of these expectations. While national aged care reform establishes stronger expectations for access, quality and coordination, the ability to achieve these outcomes is affected by the availability and sustainability of the broader health service market.

In parts of the Northern Territory (NT), particularly the Big Rivers, Barkly and Alice Springs regions, the primary care market supporting RACH residents can be constrained by geographic isolation, workforce availability, travel requirements, small service volumes and the additional administrative and coordination effort required to establish and maintain services. These conditions can create a gap between the quality and continuity of care expected under the strengthened aged care framework and the practical availability of primary care providers able to deliver those services consistently within RACHs.

NT PHN's General Practice in Aged Care Incentive (GPACI) Thin Markets Funding Grant is intended to address this implementation challenge through a targeted, place-based commissioning response.

About the Opportunity

NT PHN is seeking applications for the GPACI Thin Markets Funding Grant through a competitive Request for Proposal (RFP) process. The GPACI Thin Markets Funding Grant is a time-limited pilot with two streams; GP and allied health, designed to improve access to high-quality and sustainable primary care services for permanent residents of eligible RACHs in identified thin-market regions of the NT.

Through flexible, place-based funding, the pilot seeks to:

- improve equitable access for RACH residents in thin-market regions;
- address local market barriers for a time-limited period;
- establish or expand sustainable primary care and allied health services NT RACHs;
- reduce financial and practical barriers to provider delivery of in-reach services to RACHs;
- strengthen relationships between providers and RACHs;
- support effective coordination and continuity of care;
- encourage multidisciplinary and integrated service models;
- test innovative and locally appropriate approaches; and
- generate evidence about sustainable service models in NT thin markets.

The grant is an enabling mechanism. It funds eligible activities and non-clinical costs that support providers to establish, expand, strengthen, implement, test, refine or sustain a service model. It does not purchase or subsidise the underlying clinical services delivered to residents.

Applicants are not expected to have a fully developed or proven sustainable service model at application stage. Successful applicants will establish, test, refine and assess their service model during the pilot, with implementation, sustainability and evaluation support.

This is a time-limited pilot. Activities funded through this opportunity must be completed by **30 June 2027**. **There is no funding beyond the specified funding period for this activity.**

Applicants should propose service models that are sufficiently developed to commence promptly, have realistic workforce and implementation arrangements, can generate meaningful implementation learning, and have the potential to transition towards a sustainable arrangement.

Provider Eligibility & Streams

This opportunity operates in two streams.

Eligible applicants do not need to be currently providing services in the proposed region or RACH, however they must be based and operating in the Northern Territory and demonstrate a credible and achievable approach to establishing the required local relationships and service arrangements.

Organisations based outside the Northern Territory that only proposes to provide outreach into the Territory is not eligible.

Stream 1: Allied Health

To be eligible for the Allied Health Stream, the applicant must:

- be an organisation, business or sole practitioner based and operating in the Northern Territory;
- have the professional capability and capacity to provide one or more eligible allied health service types to residents of eligible RACHs;
- provide occupational therapy, physiotherapy, speech pathology, dietetics and/or podiatry services[1];
- propose to establish a new service model, or expand or strengthen an existing service model, for one or more eligible RACHs;
- be able to mobilise and commence activities within the Funding Period;
- **commit to delivering at least 6 points of care** to residents of eligible RACHs during the Funding Period.

Stream 2: General Practice

To be eligible for the General Practice, the applicant must:

- be a general practice or solo general practitioner based and operating in the Northern Territory;
- have the professional capability and capacity to provide primary care services to residents of eligible RACHs;
- propose to establish a new service model, or expand or strengthen an existing service model, for one or more eligible RACHs;
- be able to mobilise and commence activities within the Funding Period;
- **commit to delivering at least 6 points of care to residents of eligible RACHs during the Funding Period, of which at least 3 must be delivered directly by a general practitioner (GP).** The remaining points of care may be delivered by appropriately qualified multidisciplinary team members where this forms part of the approved GP-led service model.

[1] *NT PHN acknowledges that this is not a comprehensive list of allied health professions involved in the delivery of care to residents of residential aged care homes. A broad range of allied health professions play an important role in supporting the health, wellbeing and quality of life of older people. The professions listed above have been identified as priority areas through the NT PHN Aged Care Needs Assessment 2025 and, for the purposes of this funding opportunity, represent the allied health services within scope.*

Target Residential Aged Care Homes

The identified thin-market regions in scope for this opportunity are for Big Rivers, Barkly and Alice Springs regions. Applicants must identify one or more of the following eligible RACHs that they propose to service:

Big Rivers region	Barkly region	Alice Springs region
• ARRCS Rocky Ridge Nursing Home • ARRCS Katherine Hostel • Kalano Flexible Aged Care • Mabunji Malandari Flexible Aged Care* • Thamarrurr Development Corporation Aged Care*	• ARRCS Pulkkapulka Kari *	• ARRCS Old Timers • ARRCS Hetti Perkins • ARRCS Flynn Lodge

* Defined as remote for the context of this tender, see Funding section.

Applications covering multiple RACHs

Applicants may propose a service model covering more than one eligible RACH where this is feasible and supports efficient and sustainable access to services. Applicants proposing multiple RACHs should clearly describe:

- each RACH included in the proposed model;
- the identified need at each location;
- the proposed service frequency and approach;
- how travel and activities will be coordinated;
- opportunities to consolidate visits and improve efficiency;
- how the approach represents value for money; and
- how sufficient workforce and service capacity will be maintained across all locations.

Unless otherwise approved by NT PHN, the applicable funding cap applies per successful applicant for the Funding Period, rather than separately for each RACH.

Operational requirements

Minimum points of care

A point of care is one completed episode of direct resident-facing clinical care delivered to an eligible RACH resident, or to a group of residents where clinically appropriate, as part of the approved service model. It may include an assessment, consultation, treatment or therapy session, clinically appropriate follow-up, resident-facing health education or intervention, care planning, preventive health care, medication review or another approved direct resident-facing clinical service.

Telehealth may be recognised as a point of care where it is clinically appropriate, delivered directly to an eligible RACH resident and forms part of the approved service model. Administrative meetings, travel, scheduling, general administration, relationship development

and other non-resident-facing activities are not points of care, although they may be eligible grant activities.

A minimum number of points of care is set for each provider stream, please refer to Provider Eligibility section for further detail. Commitment to these minimum points of care is a requirement for the grant.

Engagement with Implementation, Sustainability and Evaluation Supports

Successful applicants will be required to participate in structured implementation, service model refinement, sustainability and evaluation activities throughout the Funding Period. These activities form part of the conditions of funding and are intended to support successful applicants to establish, test and refine workable RACH service models, address implementation barriers as they arise, and understand what is required for the service model to become sustainable beyond the time-limited funding.

The support will work alongside successful applicants rather than impose a single standard service model. Activities will be proportionate to the proposed service model and stage of implementation and may include:

Activity	What this may involve
Onboarding and readiness	Confirming the service model, participating RACHs, roles, workflows, milestones, logistics, data requirements and implementation risks.
Implementation planning	Translating the successful application into a practical implementation plan.
Implementation support	Provider-specific check-ins and practical problem-solving as the service model is established or expanded.
Community of Practice	Participating in shared learning opportunities with other successful applicants, RACHs and relevant stakeholders.
Model review and refinement	Considering what is working, what barriers have emerged and whether reasonable changes are required.
Data and evaluation	Providing agreed minimum activity, cost and service information and participating in relevant feedback and evaluation activities.
Sustainability planning	Understanding actual costs, available revenue and funding offsets, operational efficiencies and any remaining thin-market viability gap.
Transition planning	Developing practical options for continuation, adaptation or transition beyond the Funding Period.

Successful applicants will be expected to nominate an appropriate key contact, actively participate in agreed activities, and provide the agreed service, activity, cost and implementation

information required to support the pilot. These requirements will be incorporated into the Agreement and reporting requirements.

NT PHN intends to engage an external provider to support implementation, sustainability and evaluation activities associated with this opportunity. Successful applicants will be required to engage with that provider as part of these activities.

Eligible Activities

Funding may be used for reasonable and necessary activities that directly support the establishment, expansion, implementation, coordination, testing, refinement or sustainability of a service model for one or more eligible RACHs. Eligible activities may include:

Service establishment and implementation

- workforce establishment and onboarding activities;
- initial site visits and RACH onboarding;
- service planning and development of local arrangements;
- implementation and change management activities;
- establishment of referral, communication and escalation pathways;
- development of memoranda of understanding, service agreements or other agreed service arrangements;
- establishment of telehealth or blended service arrangements where clinically appropriate; and
- other activities required to establish or expand the proposed RACH service model.

Travel and access

- reasonable travel and accommodation costs directly associated with enabling the proposed service model;
- vehicle hire and other reasonable travel-related costs; and
- additional or incremental travel and accommodation costs where part of the travel is already funded through another arrangement, provided the requested costs are not otherwise funded.

Coordination and collaboration

- additional administration and service coordination required to support the proposed RACH service model;
- scheduling and transport coordination;
- preparation for case conferencing;
- multidisciplinary team coordination and collaboration;
- engagement and relationship-building with participating RACHs and relevant stakeholders; and
- activities that improve integration between RACHs, primary care, allied health and other relevant providers.

Service model refinement, sustainability and evaluation

- service model development and refinement;
- implementation monitoring and review;
- collection and reporting of agreed activity, cost and service information;
- sustainability modelling and transition planning; and
- activities required to meet monitoring, evaluation and reporting requirements.

The eligibility of any proposed cost will be considered in the context of the applicant's proposed service model, Budget and Activity Plan, existing funding arrangements, value for money and the objectives of the grant.

Telehealth

Blended service delivery including face-to-face and telehealth may form part of the proposed service model where it is clinically appropriate, responsive to resident needs and suitable for the provider(s) involved.

Applicants proposing telehealth should explain:

- why telehealth is appropriate for the proposed service;
- how it will complement in-person service delivery;
- how residents will be supported to participate;
- any RACH or provider infrastructure required; and
- how the approach will contribute to sustainable service access.

Funding may support reasonable establishment costs associated with enabling telehealth delivery.

Out of Scope Activities

The following activities and costs are not eligible for funding under this opportunity:

- activities relating to RACHs outside the eligible thin-market regions identified in these Tender Guidelines;
- clinical salaries or wages;
- Medicare Benefits Schedule (MBS) billable clinical services;
- patient co-payments;
- activities or costs already funded, reimbursed or otherwise supported through another funding source;
- clinical consumables;
- capital purchases or major equipment;
- retrospective costs incurred prior to commencement of the Agreement;
- routine or ongoing business operating expenses that are not directly related to establishing, expanding, coordinating or sustaining the proposed RACH service model; and

- activities that do not directly support provider participation, service establishment, service coordination, implementation, collaboration or sustainability for eligible RACHs.

Clinical service delivery costs are expected to continue to be funded through existing arrangements, including MBS, private billing and other appropriate funding sources. Grant funding is intended to complement existing arrangements and must not duplicate, replace or substitute Commonwealth, Territory or other funding and cannot be utilised towards costs of delivering these services.

Funding

A total funding pool of up to $600,000 (GST exclusive) is available through the GPACI Thin Markets Funding Grant. Funding will be allocated competitively across successful applicants under two funding streams.

For the purposes of resource distribution in the context of this tender, the following definitions are to be noted:

- Regional hub: Katherine and Alice Springs townships.
- Remote: all other relevant RACHs locations eligible for this tender e.g. Tenant Creek, Borroloola, Wadeye.

Stream	Who is it for	Maximum funding available
Stream 1: Allied Health	Eligible NT-based allied health organisations, businesses and solo practitioners.	Up to $10,000 for Regional Hub; or Up to $20,000 for Remote
Stream 2: General Practice	Eligible NT-based general practices and solo general practitioners.	Up to $30,000 for Regional Hub; or Up to $50,000 for Remote

Applicants must identify the amount of funding requested and complete the Budget and Activity Plan within the Tender Application Response Form. The Budget and Activity Plan must demonstrate how the requested funding will support the establishment, expansion, implementation, coordination or sustainability of the proposed service model for eligible RACHs.

Funding caps are a guide for providers. The assessment panel may recommend amounts differing from provider applications based on the proposed Budget and Activity Plan, demonstrated need, value for money, eligible costs and available funding.

Applicants may apply under one or both streams, provided they meet the eligibility requirements for each stream. An applicant applying under both streams must clearly distinguish the proposed service model, activities, costs and funding requested for each stream within one Tender Application Response Form and associated Budget and Activity Plan.

Regional Hub Funding:

A Regional Hub service model is one based in and supporting an eligible RACH within the Katherine or Alice Springs township. A Remote service model supports an eligible RACH outside those townships. The applicable cap is the maximum available and is not an automatic allocation or entitlement.

Example – Regional Hub Provider – Allied Health

An allied health provider is based in Alice Springs and proposes to establish services at a participating RACH within the Alice Springs township.

Under the Allied Health Stream, the provider cannot seek funding for routine travel, mileage, accommodation or vehicle hire associated with delivering services within the Alice Springs township.

*The provider may, however, seek funding of up to the **$10,000 Regional Hub** cap for eligible non-clinical activities required to establish or expand the service, such as:*

- *initial RACH onboarding;*
- *establishment of referral pathways;*
- *service planning;*
- *additional RACH-specific scheduling and coordination; and*
- *establishment of multidisciplinary or communication arrangements.*

The allied health clinical service remains separately funded under existing arrangements.

Example – GP practice in a Regional Hub

A general practice in Alice Springs proposes to establish regular GP visits to a participating RACH within the Alice Springs township.

The practice does not require flights or accommodation but incurs additional costs associated with delivering the RACH model, such as:

- *travel to and from the RACH;*
- *additional practice–RACH scheduling and coordination;*
- *establishment of service and communication arrangements;*
- *MDT coordination; and*
- *other approved non-clinical activities required to establish and operate the service.*

*The provider may, however, seek funding of up to the **$30,000 Regional Hub** cap for eligible non-clinical activities listed above.*

Existing funding and complementary arrangements

Applicants may build on existing travel, outreach, workforce or service arrangements where this provides an efficient way to establish or expand access for RACH residents. Applicants must disclose existing funding or support relevant to the proposed service model. This includes, where applicable:

- existing Commonwealth or Northern Territory Government funding;
- existing NT PHN-funded programs;
- existing outreach programs;
- existing travel and accommodation assistance, including relevant SONT, MOICD and ITC arrangements;
- existing grants or service agreements; and
- other funding that supports the same cost or activity.

Where an existing arrangement funds part of the activity, the grant may support reasonable additional or incremental costs that are directly attributable to the proposed RACH service model, are not already funded or reimbursed, fall within the eligible scope, and are approved through the Budget and Activity Plan.

Example – Existing Travel to a Remote Location

A provider is already funded through an existing outreach arrangement to travel to Borroloola for scheduled service delivery.

The provider identifies an unmet need among residents of the participating RACH and proposes to extend the existing trip by two additional days to provide services to RACH residents.

The Flexible Funding Pool would not fund the airfare or travel costs already covered by the existing outreach arrangement.

Subject to approval, the provider could seek funding for the additional costs created by extending the visit for RACH service delivery, such as:

- *two additional nights of accommodation;*
- *additional vehicle hire;*
- *additional local transport; and*
- *eligible establishment or coordination activities required specifically for the RACH service.*

This represents an appropriate use of the Flexible Funding Pool because the existing travel arrangement is being leveraged and funding is only being sought for the additional cost required to enable RACH service access.

Agreement and payment

Successful applicants will be required to enter into an Agreement with NT PHN confirming the approved funding amount, funding period, approved activities, payment schedule, reporting requirements and conditions of funding.

Payments will be made in accordance with the Agreement and may be linked to progress against the approved Budget and Activity Plan, submission of required invoices or claims, completion of agreed activity and points-of-care reporting, participation in required implementation and evaluation activities, and submission of supporting financial or activity information where required.

Final payment may be subject to completion of required activity, reporting and financial acquittal requirements.

Understanding the Requirements

Applicants should note that the Tender Guidelines contains three different types of requirements:

Eligibility Criteria

Eligibility Criteria determine who can apply. These are this specific to this opportunity. Applicants must satisfy the Eligibility Criteria for the relevant funding stream to proceed to further assessment.

Mandatory Criteria

Mandatory Criteria are minimum compliance and disclosure requirements that all applicants must address. Some are pass/fail requirements, while others may require NT PHN to determine whether an issue can be appropriately managed. Applicants must satisfy the Mandatory Criteria to proceed to further assessment.

Assessment Criteria

Assessment Criteria are the criteria used to evaluate eligible and compliant applications. Applications that satisfy the Eligibility Criteria and Mandatory Criteria will be assessed against the published Assessment Criteria.

Pass/fail Gateway

As described in previous sections of these guidelines, there are some mandatory components that providers must be met before an application progresses to weighted assessment. At this stage, applications will be assessed with requirement as Met / Not Met:

• **Meets provider eligibility requirements**: Applicants may apply under one or both funding streams (see Provider Eligibility & Streams section for further information). Where applying under both streams, the applicant must meet the Eligibility Criteria for each stream.

•**Target RACH:** Proposed activity is within the eligible RACH, Geographic and Activity scope.

•**Minimum points of care:** Provider commits to the minimum 6 points of care during the funding period. For General Practice/ Solo General Practitioner applicants, at least 3 must be delivered directly by a GP; up to 3 may be delivered through an approved MDT model.

•**Commitment to engaging with implementation, sustainability and evaluation supports**: Provider commits to participating with NT PHN and third party onboarding, readiness assessment, implementation planning, provider-specific support, model review/refinement, sustainability/financial modelling and evaluation requirements.

Mandatory Criteria

Applicants must meet the following Mandatory Criteria:

- **Legal Entity:** The applicant must be a legal entity capable of entering into a legally binding Agreement and must hold a current and active Australian Business Number.

- **Workplace Gender Equality Compliance:** The applicant must not be named by the Workplace Gender Equality Agency as an employer currently non-compliant with the *Workplace Gender Equality Act 2012 (Cth)* See the WGEA Non-Compliant List.

- **Legal and Financial Standing:** The applicant must not be subject to any adverse legal, regulatory, or financial proceedings that may impact their ability to fulfil the Tender requirements.

- **Conflict of Interest:** The applicant must not have an actual, potential, or perceived conflict of interest with NT PHN or its employees that cannot be effectively managed.

- **Insurance Coverage:** The applicant must hold and maintain adequate insurance coverage for the duration of the Agreement, including:
    a) Public Liability Insurance - Minimum coverage of $20,000,000 per claim
    b) Professional Indemnity Insurance – Minimum coverage of $10,000,000 per claim
    c) Workers Compensation Insurance: as required by applicable legislation

Assessment Criteria

Applications that satisfy the Pass/fail Gateway and Mandatory Criteria will be assessed against the following weighted Assessment Criteria. The same criteria and weightings apply to both streams, with the stream-specific requirements described below:

Assessment Criteria	Weighting %	Characteristics Sought
Local context, thin-market understanding and partnerships	15%	• Demonstrates a strong understanding of the local thin-market environment and the needs of RACH residents in the proposed location(s). • Clearly identifies the service gap or barrier being addressed and how the proposed service responds to that need. • Demonstrates existing relationships, partnerships or credible connections with the proposed RACH(s) and relevant local health and community services, or a clear and achievable approach to establishing these relationships. • Shows an understanding of local workforce, geography, travel, referral pathways and existing service arrangements, including how the proposal will complement rather than duplicate existing services.

Assessment Criteria	Weighting %	Characteristics Sought
Capability, proposed service model and integration	15%	• Presents a clear, practical and credible service model for establishing or expanding services into the proposed RACH(s). • Demonstrates appropriate workforce, professional capability, governance and operational readiness. • Clearly describes how the proposed service model will be delivered, including service frequency, points of care to meet participation requirements, travel or outreach arrangements, RACH coordination arrangements and multidisciplinary integration where relevant. • Demonstrates flexibility and innovation appropriate to the thin-market context and identifies key implementation risks and how these will be managed.
Feasibility and commitment to sustainability	35%	• Demonstrates that the proposed model is feasible and achievable within the pilot period, considering workforce, operational capacity and key implementation dependencies. • Identifies key barriers, risks and assumptions to delivery and sustainability and how these will be managed.
Value for money	35%	• Provides a clear, reasonable and proportionate **Budget and Activity Plan**, with requested funding directly linked to the proposed activities and identified barriers. • Demonstrates that proposed travel, accommodation, establishment, coordination and other eligible costs are reasonable and justified. • Demonstrates cost-effective use of existing travel, outreach, workforce and funding arrangements where applicable, while avoiding duplication. • Clearly distinguishes existing funded activity from additional or incremental costs and demonstrates that the amount requested is proportionate to the proposed activity, service access and demonstrated need.

Funding Allocation

Funding will be allocated competitively from the available funding pool. Assessment scores will establish merit of applications but will not, by themselves, determine whether an application will receive funding or the amount of funding approved.

Following assessment, NT PHN will identify applications considered suitable for funding, based on the overall assessment outcome.

NT PHN will generally prioritise higher-ranked suitable applications. However, provided the thin market in the target regions for this RFP, funding allocation will consider both the relative merit of applications and the pilot's regional and service coverage objectives. Ideally, NT PHN will seek

to fund at least one General Practice and one Allied Health provider in each region, where suitable applications are received; while achieving value for money and effective use of the available funding pool.

Should the panel need to make part funding decisions/ allocations they may go back to applicants for smaller/scaled back options or to confirm a lower funding allocation. If the panel need to make this decision, NT PHN may invite applicants to clarification meetings or may be provided to provide further written information to support their application and funding decisions.

Approval of funding is not guaranteed. NT PHN may approve a funding request in full, in part or subject to conditions, or may decide not to approve an application.

Information Briefing Session

An optional Information Briefing Session will be held to provide prospective applicants with key information and general guidance regarding this Tender opportunity.

- **Date**: Wednesday, 30 September 2026
- **Time**: 2:00pm (ACST – Darwin Time)
- **Location**: Online via Microsoft Teams. A meeting link will be provided upon registration.
- **Registration**: Email procurement@ntphn.org.au with your organisation and contact details.

Attendance at this session is optional and will not affect the outcome of an application. Information provided during the session that is relevant to the Tender will be made available to interested parties through the TenderLink portal. If no registrations are received, the session will not proceed.

Tender Timeline

Activity	Date
Information Briefing Session	Wednesday, 30 September 2026 at 2:00pm (ACST)
Clarification Deadline	Tuesday, 07 October 2026 at 3:00pm (ACST)
Tender Closing Date	Tuesday, 13 October 2026 at 3:00pm (ACST)
Outcome Notification	From 30 October 2026*
Anticipated Funding Period Commencement	2 November 2026*

*Indicative date and subject to change

Tender Assessment Process

NT PHN is committed to conducting a fair, transparent and accountable procurement process. Applications will be assessed in accordance with NT PHN procurement requirements, the Conditions of Tendering and any relevant legislative, regulatory or funding requirements.

The Tender assessment process will involve:

1. **Assessment of applications**

   Applications will be assessed against the Eligibility Criteria, Mandatory Criteria and Assessment Criteria specified in these Tender Guidelines.

   Following assessment against the published Assessment Criteria, NT PHN will review the overall assessment outcomes and develop funding recommendations. Funding recommendations may consider assessment outcomes, value for money, available funding, service coverage, regional coverage and the objectives of the pilot.

2. **Clarification and due diligence**

   NT PHN may request clarification, additional information or supporting documentation from applicants and may undertake due diligence activities where required. A request for clarification or additional information does not indicate a successful outcome.

3. **Recommendation and approval**

   Assessment outcomes will be reviewed, and recommendations will be made in accordance with NT PHN governance, delegation and approval requirements.

4. **Outcome notification**

   Applicants will be notified of the outcome following completion of the assessment and approval process.

Tender Documents

Applicants are strongly encouraged to review all tender documents prior to completing and submitting an application.

The Tender documents are comprised of the following:

- **Tender Guidelines (this document)**

  Provides the background and key information relevant to the Tender opportunity.

- **Tender Application Response Form**

  Applicants must complete all relevant sections in the Tender Application Response Form using the template provided and submit all requested supporting documents.

- **Attachment A – Budget and Activity Plan (Excel)**

  Applicants must complete the Budget and Activity Plan using the template provided. The document must outline the proposed activities and associated costs for which funding is requested and must be submitted as part of the application.

- **Conditions of Tendering**

  Outlines the tendering process and the formal terms and conditions governing the submission and evaluation of applications.

- **Provider Prequalification Form (information only)**

  This sample form has been provided for information purposes only to assist applicants understanding the prequalification information that may be required from successful applicants prior to entering into an Agreement.

- **Agreement Template (information only)**

  This sample agreement template has been provided for information purposes only. Successful applicants will be required to enter into an Agreement with NT PHN as a condition of funding or engagement. The final Agreement may be amended including to reflect the approved activities, funding arrangements and any conditions of approval.