

EOI

Peer-Based Harm Reduction Services for Music Festivals

Closing Date:

27 January 2023

**Centre for Alcohol and Other Drugs**

**NSW Ministry of Health**

**1 Reserve Road**

**St Leonards NSW 2065**

# Introduction and Executive Summary

The NSW Ministry of Health is seeking grant applications from multiple organisations to deliver peer-based harm reduction services at NSW music festivals subject to the NSW *Music Festivals Act 2019*.

Grants will be awarded for an initial four-year period. Successful grant applicants will be required to provide a combination of services in line with the [NSW Health Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction](mailto:https://www.health.nsw.gov.au/aod/Publications/music-festival-guidelines.PDF) (the Guidelines) before, during, and after music festivals in NSW to contribute to the outcomes listed below:

* Outcome 1 - Music festival patrons at risk of drug-related harms are identified early and supported to access medical care or other interventions
* Outcome 2 - Music festival patrons are equipped with tailored, evidence-based, and credible information, education, messaging, and resources on how to prevent or minimise drug-related harms
* Outcome 3 - Peer-based harm reduction services are delivered by a trained and well-prepared workforce to support patrons in the music festival context
* Outcome 4 - Peer-based harm reduction services are collaborative, well-connected and coordinated with other key festival stakeholders
* Outcome 5 - Peer-based harm reduction services contribute to strengthening the evidence-base on drug-use and harm reduction approaches in the NSW music festival context
* Outcome 6 – Peer-based harm reduction services contribute to monitoring and evaluation studies of the impact of broader harm reduction measures, as described in the Guidelines, implemented at music festivals.

Peer-based harm reduction services will need to work with music festival patrons and event organisers to tailor the mix and intensity of services delivered to the size and style of each event, venue, patron demographic, and associated level and type of health risks identified.

Music festival patron groups, demographics and behaviours include:

* Young people (12-25 years)
* Sex, sexuality and gender diverse people
* People who use drugs such as MDMA (ecstasy) and other stimulants
* People who use alcohol.

# Submission Details

## Submission

You must lodge your grant application by 11:59PM, 27 January 2023 (Sydney Time: EDT). Applications must be sent to [MOH-MusicFestivals@health.nsw.gov.au](mailto:MOH-MusicFestivals@health.nsw.gov.au) by the submission closing time.

Electronic submissions must meet the following criteria:

* Submitted documents must be in Microsoft Word format, with the file name including applicant name, date and version number, and ending in “.doc” or “.docx”.

A response lodged wholly or partly after the Closing time will be registered as a Late Response and may be excluded from evaluation.

The NSW Ministry of Health may, at its discretion, allow the evaluation of a Late Response, if it judges that the lateness is due to circumstances outside the control of the Respondent.

The Response is to contain the following completed Schedules, noting that any variation from them may result in exclusion from the Response evaluation:

1. Respondent Particulars (Appendix 1)
2. Statement of Compliance (Appendix 2)
3. Statement of Requirements (Appendix 3)
4. Price and Payments.

## Submission Questions and Clarifications

You may contact the following person if you have any questions or require clarification on any topics covered in this EOI:

**ATT: Angela Matheson**

Telephone: 0400 296 443

Email: [MOH-MusicFestivals@health.nsw.gov.au](mailto:MOH-MusicFestivals@health.nsw.gov.au)

# Business Overview & Background

## BACKGROUND

## Music festivals in NSW

On average, over 80 music festivals are held in NSW each year. Festivals are diverse in terms of music style (country, folk, rock, electronic), location (regional, metropolitan), duration (ranging from 5 hours to multi-day events with camping), crowd numbers, and age profile. Music festivals can attract crowds of between 5,000 and 50,000 people. While some have a predominantly older audience of 40-50 years old and above, many are popular among younger patrons in the 18 to 30-years age group.

Research on Australian music festivals has shown that drug use among festival attendees is more common than in the general population, and that patterns of drug use at music festivals, including polysubstance use, are a significant public health concern.

From December 2017 to January 2019, six young people died during or just after attending music festivals in NSW. An inquest into the deaths of these six patrons by the Deputy State Coroner found that in each case, post-mortem toxicology results showed that the drug MDMA was found in their blood at a toxic level, and in one case, mixed drug toxicity (MDMA and cocaine) was recorded as the cause of death. The inquest also identified common risk factors associated with each of the deaths including high intensity music with vigorous dancing, heat, and polydrug use.

In addition to the deaths, some young people who attended music festivals over that period developed serious medical illness requiring hospital admission and intensive care management for alcohol and drug-related toxicity.

## NSW Government response to serious drug-related harms at music festivals

The NSW Government introduced t[he *Music Festivals Act*](https://legislation.nsw.gov.au/view/html/inforce/current/act-2019-017#statusinformation) (the Act) in November 2019 to support the safer delivery of music festivals in NSW. Under the amended Act, music festivals considered to be at high risk of alcohol, drug and other related harms by the Independent Liquor and Gaming Authority (ILGA) are termed “subject” music festivals. All subject music festivals are required to have an approved safety management plan before the event can proceed.

## How does ILGA determine which festivals are subject festivals?

Section 5 of the *Music Festivals Act 2019* provides that ILGA may consider:

1. Any advice from the Health Secretary or the Commissioner of Police
2. Whether a death has occurred in the State on a previous occasion at the music festival or in connection with the music festival in the last 3 years
3. Whether a death or prescribed event occurred at a music festival, or an event related to a music festival, for which the music festival organiser was the organiser, in the 3 years immediately preceding the date on which the proposed music festival is to start
4. Any submission made to ILGA by the music festival organiser about the reasons the proposed music festival is not a subject festival.

A prescribed event is the death of a person, or admission to an intensive care unit, that is reasonably suspected to be because of alcohol or drug use or caused by crowd behaviour or improper safety management.

Under the Act, an event organiser’s safety management plan must be consistent with the Guidelines. These Guidelines state that music festival organisers should work with peer-based harm reduction services to deliver a mix of strategies most appropriate to the size and style of event, venue and level and type of health risks identified.

## What is harm reduction?

Harm reduction encompasses approaches that seek to minimise or eliminate the impact of illness and injury associated with alcohol and other drug use on individuals, families and communities. Harm reduction strategies seek to create safer settings and encourage safer behaviours. Effective harm reduction strategies require commitment from government and non-government programs, industry regulation and standards, and targeted communication strategies.

## What are peer-based harm reduction services?

Peer-based approaches have long been employed in comprehensive health interventions, mostly used for at-risk, marginalised or stigmatised populations in settings that mainstream professional health services and healthcare workers may not be able to reach. Examples include people who are homeless, sex workers, people living with HIV and hepatitis C, people from minority ethnic or linguistic groups, and people who use drugs or alcohol.

Such services are considered ‘peer-based’ because they are delivered by people who have common characteristics or experiences with the population group that the health intervention is targeting. A ‘peer’ is someone who a person perceives to be like-minded and similar to them. In the harm reduction space, peers may include people who have lived experiences of substance use. Peers often foster a sense of trust, credibility, and approachability with their target audience. Peer-based harm reduction services must be adept at navigating the complex line between supporting their target population to reduce harms associated with illicit drug use, while operating within a legislative environment in which drug use is criminalised.

Peer-based services usually encompass a range of health promotion, preventive, and behaviour change initiatives, including providing education, advice, counselling, mentoring, social and emotional support, outreach and engagement, research assistance, advocacy, and facilitating referrals. Services may recruit peers as paid employees or volunteers, who are trained to deliver specific interventions according to guidelines or protocols, but do not usually require academic qualifications or professional accreditation. Harm reduction peers may work alongside qualified health and medical professionals, and other stakeholders including police, to provide services in person on-the-ground. They may also provide services through other mechanisms such as social media platforms, email, chat rooms, social marketing and websites.

Peer-based harm reduction services can play an important role in feedback loops, by sharing information and knowledge acquired through interaction with the target population, such as drug use patterns and attitudes, to policy and decision-makers. This feedback can help to inform, improve, and tailor harm reduction responses and policies. The NSW Deputy Coroner emphasised the importance of better understanding how many young people take drugs, why they do it, what is common practice, and what risks are known and understood, to develop meaningful interventions.

## Why is it important to have peer-based harm reduction services at music festivals?

Peer-based harm reduction programs can make an important contribution to keeping people safe at music festivals through the delivery of harm reduction strategies onsite, and by providing harm reduction information and education offsite. Services that deliver peer-based harm reduction programs are perceived as credible, friendly and trustworthy by music festival patrons. This enables them to effectively engage with patrons, deliver information on drug and alcohol harms and harm reduction, identify patrons in need of assistance, and promote access to appropriate care and support. Peer-based services can also help to ensure that festivalgoers in need of medical care receive attention sooner.

The NSW Deputy Coroner found that the six young people who died at music festivals in NSW had limited knowledge about the potential dangers of MDMA or how to recognise the signs of distress. Additionally, when it comes to drug safety, most young people are keen to know how to keep themselves and their friends as safe as possible, and it is important to provide drug information and education that is tailored and credible for young people.

## WHAT THE MINISTRY IS SEEKING TO SUPPORT

The NSW Ministry of Health is committed to the continued engagement of organisations to deliver peer-based harm reduction services in line with the *NSW Health Guidelines for Music Festival Organisers* throughout the year, including before, during, and after music festivals.

This will be achieved through the establishment of a panel of selected organisations that are available to deliver peer-based harm reduction services at subject music festivals in NSW. The Ministry expects that in the music festival context, peer-based harm reduction services will:

* Place paramount importance on the safety and wellbeing of music festivalgoers
* Provide services that are timely, non-judgmental, and appropriate
* Use strategies based on evidence and research
* Be approachable, trustworthy, knowledgeable and experienced
* Build strong, collaborative, and respectful relationships with other festival stakeholders
* Contribute to the design and implementation of service evaluations, working with an external evaluator where required.

## SCOPE

Peer-based harm reduction services must have no other role at festivals, such as medical care, security or bar staff, to ensure there is no conflict between the delivery of peer-based harm reduction interventions and other responsibilities onsite.

The provision of onsite medical support at music festivals is outside the scope of practice of peer-based harm reduction services and is provided by the private onsite medical provider, NSW Ambulance, and NSW Health.

Service providers will be engaged to support music festivals throughout the year, noting that the bulk of peer-support services are expected to be required during the peak festival season, which typically runs from October to April.

Following the introduction of the Act, it is a requirement that subject music festivals have at least one peer-based harm reduction service provider supporting the festival. Some music festivals not considered subject festivals by ILGA are also encouraged to engage a peer-based harm reduction service appropriate to the event profile and likelihood of drug-related harms, however these festivals are not within the scope of this EOI.

Peer-based harm reduction services must be adept at navigating the complex line between supporting their target population to reduce harms associated with illicit drug use, while operating within an environment in which use of some drugs is criminalised.

## ISSUES/RISKS

* Climate instability and the ongoing impact of COVID-19 pose challenges for the festival industry, including suspended or cancelled festivals and ongoing issues with staffing
* Due to high turnover, peer-based volunteers don’t have enough experience and / or training to provide effective services
* Peer-based harm reduction service outreach does not reach the intended participants
* Peer-based harm reduction service does not meet contractual Key Performance Indicators (KPIs)
* The peer-based harm reduction service is not sustainable without continued funding.

## ASSUMPTIONS

* Continued funding for peer-based harm reduction services at music festivals
* Stakeholder engagement
* There are likely to be around 25 to 35 subject festivals in NSW each year, attracting a combined total of more than 350,000 patrons. Subject festivals have a range of different event characteristics, which need to be considered and catered for during the procurement process:
  + Multi-day events account for around one quarter of subject festivals, meaning that peer-based service coverage is needed for more than 40 days each year.
  + The number of patrons at each subject music festival varies. There is an equal proportion of events with less than 10,000 patrons or between 10,000 to 20,000 patrons, and these size events account for most subject festivals. However, there are generally around four or five subject festivals each year which have more than 20,000 patrons in attendance.
  + Most music festivals occur between October and April each year so there will be a peak of activity during this time.
* While the number of subject festivals each year depends on the music festival market, decisions made by ILGA and any changes in the health risk profiles associated with different types and styles of music festivals, this budget has been prepared on the assumption that there will be a similar number of high-risk festivals each year.

# Statement of Requirements

The organisation must address the following requirements in their submission.

### Outcomes and services sought

| Outcomes | Key performance indicators | Services Provided | Data and evidence reporting requirements |
| --- | --- | --- | --- |
| Outcome 1  Music festival patrons at risk of drug-related harms are identified early and provided with effective interventions | * + Services are provided at agreed minimum number of music festivals   + Service provision aligns with the NSW Health Guidelines at 100% of subject festivals   + Obtain patron reported experiences of service provision at 100% of festivals and respond accordingly | * Rove among the crowd at music festivals to:   + raise awareness among patrons of peer-support presence   + provide patrons with advice and resources about staying safe   + deliver peer education to patrons, where appropriate   + identify and refer patrons requiring help or support * Provide basic supplies to patrons, such as bottled water, electrolyte drinks, lollies, sunscreen and earplugs * Assist patrons: eg find lost friends, make plans to get home safely * Facilitate Chill-Out Spaces where patrons experiencing physical and/or psychological distress can gain brief respite or support | * Outline service provision in event plans in line with the NSW Health Guidelines. Service provision includes:   + crowd roving   + peer support   + peer education and brief intervention   + chill out spaces   + supervised care spaces   + assessment of patrons and transfer to and from the medical service * Provide a brief activity report for each festival (within two weeks of the festival) outlining:   + services provided and number of patrons reached:     - peer support interactions (roving and fixed site)     - peer education and brief intervention interactions     - patrons utilising the chill out space     - patrons treated in the supervised care space     - transfers (care space to medical service; medical service to care space; rovers to medical service; rovers to care space)   + observations on arising operational factors   + harm reduction messaging before, during and after the festival and the number of patrons reached * Mechanism/s in place to assess:   + patron reported experience eg questionnaire to assess experience of patrons treated in the supervised care space   + quality of harm reduction education interventions eg patron quiz before and after intervention * Provide a summary of harm reduction work conducted through online platforms in each six-monthly report |
| Outcome 2  Music festival patrons are equipped with tailored, evidence-based, and credible information, education, messaging, and resources on how to prevent or minimise drug-related harms | * + Use a minimum of three different channels to educate and promote safer behaviours for music festival patrons | * Provide onsite harm reduction education and information for patrons * Provide offsite harm reduction education and information for patrons – eg through social media channels, email, websites etc. * Disseminate NSW Health public drug warnings to inform patrons |
| Outcome 3  Peer-based services are delivered by a trained and well-prepared workforce for the music festival context | * + Agreed number of volunteers are recruited, retained and trained   + Obtain reported preparedness to deliver services at festivals from 100% of volunteers and respond accordingly | * Train staff/volunteers to: * understand drug-use patterns at music festivals and to recognise the signs of drug-related harms * know when and how to support a patron to rapidly access medical care * Implement the NSW Health Assessment Tool for Peer-based Harm Reduction Services * Maintain an appropriate staff profile that reflects the target demographic * Provide clear direction, coordination, support and oversight to peer support workers/volunteers onsite at festivals * Deploy appropriate number and type of staff/volunteers to fit the festival profile and adhere to NSW Health Guidelines | * Provide a record outlining number of volunteers engaged (recruited and retained) * Provide a record of volunteer training including but not limited to first aid, harm reduction, program orientation, mental health and engaging with festival patrons * Mechanism/s in place to assess volunteers’ level of preparedness to provide services at festivals * Provide a summary of activities undertaken to retain volunteers eg volunteer newsletter |
| Outcome 4  Peer-based harm reduction services are collaborative, well-connected and coordinated with other key festival stakeholders | * + Attend 100% of pre- and post-event briefs   + Participate in 100% of peer-based harm reduction community of practice meetings | * Participate in all relevant stakeholder meetings including festival pre-briefs, de-briefs and walkthroughs. * Participate in peer-based harm reduction service communities of practice sessions * Initiate information-sharing sessions or stakeholder meetings to discuss issues arising in relation to harm reduction at festivals, where appropriate | * For each festival activity report, outline how the service worked with event stakeholders in the lead up to the event:   + attendance at Ministry of Health pre and post-event briefings   + attendance at stakeholder consultation meetings * Provide a summary of work with key stakeholders in each six-monthly report |
| Outcome 5  Peer-based harm reduction service contributes to strengthening the evidence-base on drug-use and harm reduction approaches in the NSW music festival context (captures data, insights, and lessons learned) | * + Respond to 100% of requests for advice from the NSW Ministry of Health   + Generate learnings from 100% of music festivals where services are provided | * Provide information, as requested, to the Ministry of Health to inform an assessment of the likelihood of drug-related harms at specific festivals * Regularly seek feedback from patrons about their experiences of, and satisfaction with, harm reduction measures at festivals, including peer-based harm reduction services * Provide feedback, observations, analysis, and lessons learned on patron attitudes and behaviour, drug use patterns, and harm reduction measures at festivals. * Participate in an annual workshop with other peer-based services to share lessons learned and inform future planning for harm reduction at festivals. | * Provide music festival risk assessment information as requested to inform NSW Health’s risk assessment of events * Provide other advice as requested to inform NSW Health’s music festival response |
| Outcome 6 Peer-based harm reduction services contribute to monitoring and evaluation studies of the impact of broader harm reduction measures, as described in the Guidelines, implemented at music festivals | * + Develop and implement evaluation framework for peer-based harm reduction services delivered at music festivals   + Participate in 100% of peer-based harm reduction evaluation meetings | * Collect and store records on services provided at festivals, in line with evaluation framework * Participate in all relevant evaluation meetings * Provide information, as requested, to the Ministry of Health and/or evaluation provider, to inform the evaluation of peer-based harm reduction services provided at music festivals | * Provide evaluation report of peer-based harm reduction services provided during contractual period * Include process evaluation measures as part of annual performance report |

## KEY DELIVERABLES

## Work plan

Provide a detailed work plan and methodology for implementation of peer-based harm reduction initiatives before, during and after festivals, across the contract period, in line with the NSW Health Guidelines and other harm reduction priorities and while operating within a legislative environment in which drug use is criminalised.

## Peer-base

Provide a report that outlines how your organisation will engage and retain peers to deliver peer-based harm reduction services at music festivals across NSW. The report should include the qualifications and experience of staff who will deliver the program as well as all orientation and training materials provided to volunteers, and the organisational code of conduct volunteers must agree to. The organisation should also demonstrate how it will build the capacity of peers to respond to local drug and alcohol issues, and how it will ensure the peers can provide culturally safe and appropriate services to diverse festival patrons.

## Budget

Provide a detailed and itemised budget for the delivery of peer-based harm reduction services across the contract period.

## Collaboration

Provide a report that outlines how your organisation will collaborate and coordinate activities with other key festival stakeholders, including what mechanism will be implemented to maintain a feedback loop to share information and knowledge acquired through interaction with the target population, such as drug use patterns and attitudes, to policy- and decision-makers.

## Evaluation and reporting

Provide a detailed work plan and methodology for how your organisation will contribute to strengthening the evidence-base on drug use and harm reduction approaches in the NSW music festival context (capture data, insights, and lessons learned)

1. Milestones

*Key milestones for Year 1:*

|  |  |
| --- | --- |
| **Name** | **Date** |
| Budget submitted for approval | April 2023 |
| Commencement of project | June 2023 |
| Performance Report 1 | September 2023 |
| 6-month performance review | December 2023 |
| Performance Report 2 | March 2024 |
| 12-month performance review | June 2024 |

1. Deliverables & Timelines

|  |  |
| --- | --- |
| ***Name (Examples below)*** | ***Date*** |
| EOI issued: | November 2022 |
| EOI closes: | January 2023 |
| 1st assessment of proposals: | February 2023 |
| Final assessment & interviews: | March 2023 |
| Commencement of agreements: | June 2023 |
| End of project | June 2027 |

# Evaluation Criteria

Selection will be based on the completion of the Respondent’s submission to this EOI especially its ability to meet fully the Statement of Requirements.

The Evaluation Panel will assess submissions in accordance with the evaluation criteria specified below:

|  |  |
| --- | --- |
| **Criteria** | **Rationale** |
| Proposed work plan and methodology for achieving required services and deliverables | Work plan must address required services and deliverables. |
| Evidence of capacity to support and sustain the delivery of peer-based harm reduction services at large events | Applicants are required to deliver peer-based harm reduction services at large events. |
| Price | Applicants must consider the inputs, outputs and outcomes of the application and ensure value for money is achieved. |
| Capacity to operate in line with latest public health orders and recommendations from NSW Health in relation to COVID-19 regulations | Applicants are required to comply with all public health orders. |

**Weighted Evaluation Criteria**

The following are the weighted evaluation criteria. Applications will be assessed against these criteria.

|  |  |
| --- | --- |
| **Criteria** | **Weighting** |
| **Work plan**  The organisation must provide a detailed work plan and methodology for implementation of peer-based harm reduction initiatives before, during and after festivals, in line with the NSW Health Guidelines and other harm reduction priorities and while operating within a legal environment in which drug use is criminalised. | 20% |
| **Peer-base**  The organisation must provide evidence of their capacity to employ, support and develop appropriately qualified staff and volunteers (peers) to support and to sustain the delivery of peer-based harm reduction services, at subject music festivals:   * The organisation should demonstrate how it can build the capacity of peers to respond to local drug and alcohol issues. * How it can implement and run social media and other outreach strategies. * Capacity to run surveys and evaluations. * Capacity to operate in a COVID-safe way, in line with latest NSW Health guidelines and Public Health Orders. | 20% |
| **Budget**  The organisation will be required to complete a prescribed budget, including the following:   * Salaries and on costs (including planning, attendance at the event, attendance at meetings, post-event reporting etc.) * Insurance requirements * Resource requirements * Volunteer training * First aid supplies and consumables * Onsite infrastructure. | 20% |
| **Collaboration**  The organisation must demonstrate the capacity to manage relationships with key program stakeholders, such as government and non-government agencies. The organisation should outline what mechanism will be implemented to maintain a feedback loop to share information and knowledge acquired through interaction with the target population, such as drug-taking patterns and attitudes, to policy and decision-makers. | 20% |
| **Evaluation and reporting**  The successful organisation must have the demonstrated ability to provide high level reporting that will contribute to strengthening the evidence-base on drug-use and harm reduction approaches in the NSW music festival context (capture data, insights, and lessons learned) | 20% |

The response evaluation report will be considered by stakeholders internal and external to NSW Health.

Following the selection of the preferred Supplier, the Ministry of Health may or may not consider any Alternate Offers provided by that Respondent in its response to this EOI.

# Ethics

Respondents are to comply with the NSW Health Code of Conduct: <https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_049.pdf>

# Terms and Conditions

Respondents are to comply with the terms and conditions of the NSW Health Contract for Goods and Services, available at <http://internal.health.nsw.gov.au/legal/goods.html>.

Respondents are to note that, in accordance with the Government Information (Public Access) Act 2009, certain details of the prospective contract are to be displayed on the NSW Government tenders website, [www.tenders.nsw.gov.au](http://www.tenders.nsw.gov.au).

# Price and Payment

A quote for the total value of the project is to be submitted, noting that prices are to be fixed, and be exclusive of GST, with the GST element shown separately.

A payment schedule and budget is to be submitted (with suggested milestones), noting that prices are to be fixed, and be exclusive of GST, with the GST element shown separately.

There is a total allocation of $500,000 per year of the four-year period which will be allocated between successful applications.

# Validity Period

The Respondent’s submission is to be valid for three (3) months from the grant application closing date.

Respondents are to note that submission to this Request is made at their own cost, and that NSW Health, whilst making the Request in good faith, is not obliged to proceed with this project.

# Appendix 1: Respondent Particulars

FULL NAME OF RESPONDENT ……………………………………………….............

TRADING AS ……………………………………………….............

ADDRESS ………………………………………………........................

TELEPHONE No. ……………………………………………………………………

EMAIL:........................................................................................................................

ABN:......................................................... ACN.........................................................

### DECLARATION OF TENDERER

The undersigned hereby:

* States that the Respondent complies fully to all the laws of the State of New South Wales and the Commonwealth of Australia;
* Declares that its response to this Request is made in good faith, based on true and correct information, with the capacity and intent to complete the prospective contract without any need for variation;
* Understands and agrees to all conditions including, without limitation, obligations and acknowledgement included in the Request, except where expressly indicated in Schedule 2: Statement of Compliance;
* Seeks to provide the services as described at Schedule 3: Statement of Requirements, at the price stated at Schedule 4: Price and Payments; and
* Accepts the terms and conditions of the Contractual Agreement referred in the Request for the services specified, except where expressly indicated in Schedule 2: Statement of Compliance, and will enter into this Agreement in the event of its submission being accepted.

DATED THIS …./…. /….. SIGNATURE .……………………….................................

NAME AND OFFICIAL POSITION HELD

…………………………………………………………………………………………........

(PRINT)

Duly authorised to sign tenders for and on behalf of:...................................................

# Appendix 2: Statement of Compliance

The Respondent:

* Agrees to be bound by the terms and conditions of the Request; and
* Accepts the terms and conditions of the Contractual Agreement referred in the Request for the services specified, and will enter into this Agreement in the event of its submission being accepted.

In the event that the Respondent does not agree to any of the terms and conditions of either the Request and/or the Contract, it is to provide a list of all non-compliances in the following table.

|  |  |  |  |
| --- | --- | --- | --- |
| Reference | Term or Condition | Comments on why it cannot comply | Suggested Amendment(s) |
|  |  |  |  |
|  |  |  |  |

It is noted that any non-compliance may exclude consideration of the Respondent’s submission.

DATED THIS …./…. /….. SIGNATURE .………………………..

NAME AND OFFICIAL POSITION HELD

…………………………………………………………………………………………

(PRINT)

Duly authorised to sign tenders for an on behalf of:

……………………………………………………………………………

# Appendix 3: Response to Statement of Requirements

**Request for EOI** Page | 1 of XXX

*Peer-Based Harm Reduction Services for Music Festivals & Other Events*

Name of Respondent: ...................................................................

In completing this Schedule, the Respondent is to demonstrate compliance to each and every requirement or is to indicate clearly any deficiency in its offer.

Any Alternate Offer made by the Respondent is to be provided separately as Schedule 3A.

|  |  |  |
| --- | --- | --- |
| **Ref.** | **Requirements** | **ANSWERS**  Please feel free to reference and attach further appended information to support your response as you deem necessary. The Evaluation Team is under no obligation to read or consider any of the appended information. |
| **A** | **Music festival patrons at risk of drug-related harms are identified early and provided with effective interventions** |  |
| A1 | Services are provided at agreed minimum number of music festivals |  |
| A2 | Service provision aligns with the NSW Health Guidelines at 100% of subject festivals |  |
| A3 | Obtain patron reported experiences of service provision at 100% of festivals and respond accordingly |  |
| **B** | **Music festival patrons are equipped with tailored, evidence-based, and credible information, education, messaging, and resources on how to prevent or minimise drug-related harms** |  |
| B1 | Use a minimum of three different channels to educate and promote safer behaviours for music festival patrons |  |
| **C** | **Peer-based services are delivered by a trained and well-prepared workforce for the music festival context** |  |
| C1 | Agreed number of volunteers are recruited, retained and trained |  |
| C2 | Obtain reported preparedness to deliver services at festivals from 100% of volunteers and respond accordingly |  |
| **D** | **Peer-based harm reduction services are collaborative, well-connected and coordinated with other key festival stakeholders** |  |
| D1 | Attend 100% of pre and post-event briefs |  |
| D2 | Participate in 100% of peer-based harm reduction community of practice meetings |  |
| **E** | **Peer-based harm reduction service contributes to strengthening the evidence-base on drug-use and harm reduction approaches in the NSW music festival context (captures data, insights, and lessons learned)** |  |
| E1 | Respond to 100% of requests for advice from the NSW Ministry of Health |  |
| E2 | Generate learnings at 100% of music festivals where services are provided |  |
| **F** | **Peer-based harm reduction services contribute to monitoring and evaluation studies of the impact of broader harm reduction measures, as described in the Guidelines, implemented at music festivals** |  |
|  | Develop and implement evaluation framework for peer-based harm reduction services delivered at music festivals |  |
|  | Participate in 100% of peer-based harm reduction evaluation meetings |  |