

Vera Living – Expression of Interest for portfolio in Western Australia

Vera Living is a NDIS registered Specialist Disability Accommodation (SDA) provider. We deliver SDA homes and apartments in Western Australia, Queensland, and Victoria, in suburbs that are requested by participants. We pride ourselves on providing outstanding craftsmanship as well as exceptional engagement with tenants, their families, and significant supports.

We work collaboratively with other service providers and believe that we all have an equally important role in supporting people living with disability to reach their goals and live a fulfilling and engaging life.

Through effective and regular communication with all our stakeholders, our personable approach and engagement with tenants, facilitation of the Tenant Committee, a strong commitment to proactive and responsive property management as well as a commitment to being a contributor to the community overall, we continue to grow our portfolio across Australia and have partnered with some incredible service providers and financial investors.

About this Expression of Interest

Vera Living is seeking Expressions of Interest (EOIs) from NDIS registered service providers that provide Supported Independent Living (SIL) services to people living with disability in our upcoming portfolio consisting of the following SDA properties:

| Suburb and State | Property type | Expected completion date |
|------------------|---|--------------------------|
| Beldon, WA | 3 bedroom (+OOA) home built to High Physical Support + separate Villa (No OOA) | June 2022 |
| Beechboro, WA | 2 x 3 bedroom (+OOA) homes built to High Physical Support , each with Separate Villa (No OOA) | August 2022 |
| Beechboro, WA | 2 X 3 Resident Duplex (+OOA) built to High Physical Support | September 2022 |

We are looking for collaborators who are strongly aligned with our values of always delivering the highest quality of services to tenants and their families. Services that are based on upholding people’s dignity every day and through all engagements, who are providing a service that matches the quality of our dwellings.

We believe that to provide good support to people living with disability, we need to work alongside each other and foster a culture of trust, open communication, and commitment to positive outcomes for the people we support.

Submitting an expression of interest

When submitting an EOI, please include a completed EOI form and supporting documentation outlining your organisation's experience and ability to successfully join this collaboration.

Please provide the contact details of a suitable person for the Vera Living to contact, should additional detail be required.

Timeline for submitting expressions of interest

Please submit your **EOI by 7/11/2021** via email to suzan@veraliving.com.au. We will make sure to acknowledge receipt of the EOI by reply email.

For service providers who are not ready to participate in this round but who would like to be kept updated on future opportunities, please contact suzan@veraliving.com.au to be added to our mailing list.

Notification process

Email notification will be provided to all applicants about the outcome of their submission by 15/11/2021.

To become a SIL provider in a Vera Living SDA, SIL providers must enter into an Agreement with Vera Living, which clearly outlines the obligations of both parties under the NDIS practice standards.

Assessment process

Vera Living will assess submissions based on the assessment criteria below and any supporting documentation submitted to further demonstrate the highest competence and capacity to deliver best practice services in the allocated dwellings.

Please add supporting documentation demonstrating excellence against the below assessment criteria.

| Assessment Criteria | Yes | No | Evaluation Criteria |
|--|-----|----|--|
| 1. The Provider is registered with the NDIS and cleared for the provision of SIL services. | | | If no, unable to be considered for this portfolio. |

| | | | |
|---|--|--|--|
| 2. The provider has effectively provided SIL support services to NDIS participants for a minimum of 24 months. | | | Must have significant experience and demonstrated record of successful tenant outcomes. |
| 3. The Provider confirms that all staff members have NDISWC clearance to work with participants. | | | Demonstrate commitment to, and understanding of safeguarding requirements. |
| 4. The Provider has demonstrated their ability to fill and manage any vacancies within an accommodation setting. | | | Provide evidence of policies/ procedures as well as examples of practical application. |
| 5. The Provider confirms they have formal matching procedures in place to ensure the best possible tenant match in each home. | | | If no, unable to be considered for this portfolio. Provide overview of process undertaken to ensure Tenants are matched according to compatibility and through inclusive decision making. |
| 6. The provider has reviewed their internal enquiries and are able to forward tenants for consideration for each property. | | | Provider demonstrates that they have marketing strategies in place, and capability to tenant the homes. |
| 7. The Provider has sound incident management procedures in place with a sound understanding of investigation best practice and reporting incidents externally when required. | | | Provided evidence and de-identified examples of best practice as well as current policies and procedures. |
| 8. The Provider has demonstrated ability to work collaboratively with a range of stakeholders. | | | Stakeholder feedback shared confirms highest quality of stakeholder engagement and relationship skills. |
| 9. Tenant Choice and control is at the forefront of decision making as a foundational value underpinning all activities. | | | The organisation demonstrates clearly how they ensure tenant voice in decision making throughout the organisation. |

Appendix 1: Expression of Interest Form

| Provider Details | |
|---|--|
| Provider name | |
| Provider NDIS registration number | |
| Street address | |
| Suburb | |
| State | |
| Postcode | |
| Primary contact person <i>Name and title</i> | |
| Primary contact email address | |
| Primary contact telephone number | |
| Properties of interest in this EOI | |

| DECLARATION | |
|---|--|
| As a duly authorised representative, I acknowledge that the information provided above and attached is correct. | |
| CEO (or delegate) signatory <i>Name and Title</i> | |
| Signature | |
| Date | |