

Request for Proposal (RFP) for Wellcome Audience Insight Community

“Audience Insight Collective”

1. RFP Background to the brief

Wellcome’s Insight team is looking to commission and collaborate with an organisation who can deliver and manage a long-term insight community and platform involving Wellcome’s diverse audiences in 12+ countries.

Our audiences include researchers, scientists, policymakers, and strategic partners across the globe, all of whom make a contribution to, or are interested in, life, health and well-being. In order to achieve its strategic objectives, Wellcome needs to reach, engage, and influence our audiences. As such, there is a need to provide timely and relevant insight to inform engagement, and influencing, approaches.

The Audience Insight Collective should help us achieve the following:

1. We are able to regularly test messaging in an agile way to improve the resonance and content of comms narratives for our audiences.
2. When external events arise, we are able to ‘dip into’ the community to sense-check our response, and therefore craft more appropriate and resonant content quickly.
3. We are able to conduct deeper foundational insight on our audiences in a more efficient manner, building on other underpinning audience insight work, such as our work on Wellcome’s brand health and reputation as well as our audience segmentation.
4. There is less confusion or concern from our audiences, particularly those warmer to us (current/former grant-holders for example), around engagement in ad-hoc or disconnected insight projects.
5. A more reciprocal and less transactional, or extractive, relationship between Wellcome and our audiences, particularly those we fund (or could potentially fund) is built via the community. This might look like providing better access to Wellcome to those participating, or networking opportunities with others in the community, as well as allowing us to be more responsive (in terms of how insight is used) to audience needs over time.
6. There is less onus on internal stakeholders and relationship managers to facilitate connections between the insight team and their contacts.
7. There is higher impact of insight across the organisation through providing consistent and timely access to audiences via the community.

We are looking for a partner that can help us deliver against the following requirements.

Requirements of this work:

The basic requirements are set out in three different phases of work. We are open to working with a single supplier that has the skills and experience to deliver against all phases of work or working with a research consortia / multiple suppliers. In addition, we are open to splitting the phases below, for example having one supplier for phase 1, and another supplier for phase 2 & 3. Please note that these phases are expected to occur across a 12 to 18-month period.

Since we expect the Audience Insight Collective to be a multi-country programme of work, we would require the agency or agencies in question to have diverse experience and expertise beyond the UK. We would also expect that local researchers, and local agencies, where relevant, be part of this programme of work. This could in terms of leading particular communities, or in terms of conducting specific research activities as part of the online communities.

Phase 1: Set-up, scoping and recruitment

- a) Support the Wellcome team to scope and consult internally on the overall approach and objectives for the collective. This might include conducting some initial research to understand what might appeal to our audiences (incentives) to inform how we design the collective and engage our sample over time.
- b) Support the Wellcome team with the creation of a sample frame for the collective based off other underpinning insight work, such as the audience segmentation and brand health and reputation tracker. This may include supporting the Wellcome team to consult with internal stakeholders as part of this process.
- c) Recruit the audience for the collective via internal stakeholders and relationship holders, the CRM database, as well as via external recruitment. All contacts will need to either 'owned' by Wellcome or, if new contacts, be given the option of being re-contacted by Wellcome for marketing purposes beyond the lifespan of the collective.
- d) Build the architecture of the collective platform and website, working with our internal digital and technology teams where appropriate. The platform should be accessible to internal Wellcome stakeholders and user-friendly for our particular audience groups (researchers and policymakers). It should have capacity for around 300 people from 10-12x countries, this may look like separate sub-communities of 20-30 people with the potential for a few non-English speaking communities.
- e) Support the Wellcome team to launch the collective internally.
- f) Come up with intended outcomes and success metrics for the collective to facilitate measurement and evaluation.

Phase 2: Commissioning & reporting

- a) Commission and run qualitative and quantitative research on the collective, this may include strategic message testing and message testing 'dips' at regular intervals, deeper insight activity such as understanding barriers and motivations for different audience groups, ad-hoc insight 'dips' either in response to external events or with particular research questions in mind. The methodology for the research should be flexible, with the possibility of using the platform and community as a 'jumping off point' for research conducted with smaller groups and in-person, and potentially by other agencies Wellcome has commissioned for separate work.
- b) Deliver actionable insights and recommendations off the back of this research in a timely manner. This may include long and short written reports, presentations of insights and key findings to teams within Wellcome.
- c) Support the Wellcome team to develop presentational materials and present findings and actionable insights to internal teams in Wellcome. These outputs will need to follow Wellcome's accessibility and brand guidance. We expect the outputs and deliverables to be in various formats, for example ppt., word doc., visual assets or otherwise, depending on needs of internal stakeholders.

Phase 3: Refresh of sample & evaluation

- a) Support the Wellcome team in refreshing the sample frame for the collective keeping in mind any changes in strategic direction across the organisation, as well as any developments in terms of audience engagement and reach.
- b) Refresh the sample by running a new recruitment drive for the collective - recruiting new audiences via internal stakeholders, the CRM database, or via external recruitment.
- c) Evaluate the success of the collective in achieving the outcomes agreed upon at the start of the project.
- d) Support the Wellcome team to develop presentation materials and to present the findings from this evaluation to internal teams in Wellcome.

2. About Wellcome

Wellcome is a global charitable foundation based in London. Wellcome has no living founder, no shareholders, donors, or political allegiances.

Wellcome improves health for everyone by funding science and research, and working to ensure people benefit from advances in health science. Collaborative research that involves a diverse range of people from different fields of interest is key to progress in health science – and to achieving our aim of fostering a healthier, happier, world. We're taking on the biggest health challenges facing humanity – climate and health, infectious disease, and mental health – to find urgent solutions and accelerate preventions. Find out more about Wellcome and our work at: wellcome.org

In October 2020 we set out our mission to 'support science to solve the urgent health challenges facing everyone'. Science is essential to solving the world's health challenges. This is why supporting bold and creative research across a wide range of disciplines to discover more about life, health and wellbeing and open up unimagined possibilities for the future has remained at the core of Wellcome's mission since 1936.

Our strategy explicitly places science and health at the heart of everything we do and concluded that Wellcome-funded science should enable science and innovation to tackle the greatest threats facing humanity.

In parallel Wellcome works with a wide range of partners around the world, including governments, research funders, non-governmental organisations, charities, community organisations and the private sector, influencing and informing policy to help create the conditions for science to thrive globally and improve human health.

We plan to spend £16 billion between 2022 and 2032 on our mission supporting science to solve the urgent health challenges facing everyone. Our work is underpinned by five core beliefs:

- We believe in the power of science to create knowledge that builds a healthier future for everyone.
- We believe science has its greatest benefits through collaborative action across society.
- We believe diversity of people and expertise leads to richer understanding and more impactful discoveries.
- We believe everyone's experience of health matters, and everyone should be able to benefit from science.

- We believe it's our duty to take on risks and tough challenges – especially when others aren't.

By 2032, Wellcome will have enabled fundamentally important breakthrough discoveries in research and transformations in mental health, infectious diseases, and climate and health. We will have championed positive changes across the research community to maximise opportunities for opening up new fields of research, and for translating knowledge into new health solutions. We will be known for our bold, ambitious approach to funding, driven by our mission, for embedding in our work the needs and priorities of those most affected by health challenges, and for achieving the adoption of science-based solutions.

We have four strategic programmes through which we will deliver our ambitions. They are Mental Health, Climate and Health, Infectious Disease, and Discovery Research. Find out more about Wellcome and our work at: [wellcome.org](https://www.wellcome.org).

In 2023, Wellcome worked with staff to co-produce a set of shared beliefs and values that aligned with our vision and mission. The beliefs and values will underpin all our work and will be instrumental in the future development of Wellcome as an entity, our reason for doing what we do and how we do that.

Our beliefs provide the focus for our strategy, policy and funding decisions. They define our particular view of the world and the reason why we have a mission to change it for the better.

- We believe in the power of science to create knowledge that builds a healthier future for everyone.
- We believe science has its greatest benefits through collaborative action across society.
- We believe diversity of people and expertise leads to richer understanding and more impactful discoveries.
- We believe everyone's experience of health matters, and everyone should be able to benefit from science.
- We believe we should take on risks and tough challenges – especially when others aren't.

Our values guide how we behave, work and lead – both individually and as an organisation. They help define what makes Wellcome special as a place to work, and as people to work with. Our values are:

- Transformative: we always strive to make a significant difference.
- Thoughtful: we consider the consequences of our actions and our impact on others.
- Inclusive: we respect all people and perspectives.
- Brave: we stand by our beliefs and push boundaries.

3. Why do we need this research?

To achieve its goals Wellcome needs to reach, engage, and influence a wide variety of audiences and stakeholders including researchers, scientists, policy makers and influencers, strategic partners, investment audiences, communities and people who are experiencing the health challenges we work on.

In order to be able to deliver on our mission we need access to agile, as well as deep, insight on our audiences at regular intervals. This insight needs to 'arrive' at the right time in order to be actionable and needs to be joined up with other insight projects and programmes across Wellcome in order to have the most impact.

Currently we commission research on our audiences across the organisation in ad-hoc ways. This means that there may be multiple insight programmes and projects that engage with the same audience group or address similar research questions. In practice this means we risk over-burdening our audiences and may end up producing repetitive or disconnected research. In addition, insight projects are often hampered by long recruitment and set-up processes, which can mean that too much time may elapse between commissioning and delivery of insight.

In short, we need insight to be:

1. **Non-extractive** and participative in approach. By providing ways for us to connect with our audiences in deeper and participative ways, and consolidating ad-hoc projects, the collective should help us avoid over-burdening our audiences. It should offer a different approach to doing research with our audiences that is less extractive and more participative.
2. **Connected** or joined up with other work and insight across the organisation. We know from our audience segmentation that our audiences cut across our different research programme areas. It is important therefore to commission work both in response to the needs of our different health challenge areas and consider more holistic approaches via the audience insight collective.
3. **Responsive** to our needs as an organisation. The collective should provide consistent and timely access to our audiences for internal stakeholders, avoiding any lag between commissioning and delivery of insight. This should help to improve the impact of insight and its uptake across the organisation.

The audience insight collective should be designed with these ambitions or opportunities in mind.

4. RFP Specification

This brief is seeking a research partner/s, or a research consortium, with strong credentials in:

- Maintaining and running multiple online communities with professional audiences and experience working with academic and/or science researchers and/or policy audiences.
- General research experience with researchers (science or otherwise) and/or policymakers, with an understanding of their contexts, behaviours, and barriers they face is beneficial.
- Recruiting underrepresented audiences, experience recruiting researchers, scientists, and / or policy audiences is a benefit.
- Experience running global research and research programmes is essential, with ability to reach global audiences, particularly across Africa, Asia, and Europe.
- Quantitative and qualitative methods such as online and in-person in-depth interviews, online and in-person focus groups, surveys etc.
- Brand reputation research experience, particularly for third sector and foundations, is a benefit.
- Rich and participative methods of research such as cultural analysis, ethnography, semiotics.
- Deep listening and working consultatively and collaboratively across senior teams.
- Strong programme management and stakeholder engagement skills
- Strongly evidenced EDI practice, including evidence of the centrality of equity, diversity, and inclusion in research practice, methodology, and approach as well as diversity of team, in terms of disciplines, identities, and nationality. **Please note we**

are open to applications from agencies based outside of the UK, as well as in the UK.

- Experience strategically advising organisations on research methods and approaches, such as online communities, and use of insight to inform strategy.

4.1 Audience and stakeholders

Our audiences and stakeholders, both those we currently reach, engage and work with and those we want to reach are varied, diverse and geographically spread across the globe. Details of audience categories are detailed in this section.

Researchers: Wellcome audiences include a wide variety of researchers from different disciplines who we currently fund or who are interested in receiving funding on projects related to our 4 strategic programmes of Discovery Research, Mental Health, Climate and Health and Infectious Diseases. Researchers could include biologists, clinical researchers, social scientists, data scientists, public health scientists.

Influencing: this comprises individuals and organisations who may be influential within the science/research sector and/or within the wider global health system including think tanks, governments, organisations, pharmaceutical companies, multi-laterals, NGOs/charities, as well as influential scientists and researchers. These influence audiences may operate at local, national, and/or global levels.

Table 1 Shows the full breadth of types of audiences and stakeholders that fall under the research and influence categories.

Table 1 – Research and Influence Audiences and Stakeholders

Strategic programme	Research		Influence	
	Current researchers	New researchers we want to reach and engage	Research ecosystem	Health system
Climate & Health	<ul style="list-style-type: none"> • Biological scientists • Public health scientists • Epidemiologist • Climatologists 	<ul style="list-style-type: none"> • Social scientist e.g. behavioural scientists, economists, human geography/political scientists) • Data scientists (e.g. Disease / climate modellers), including statisticians and trialists • Applied scientists e.g. material scientists, physicist, engineers, architects • Environmental/Earth scientists, e.g. hydrologists, meteorologists, plant scientists, climate scientists, implementation and evaluation scientists, scientists working in relevant sectors e.g. water & sanitation, transport, ag/food systems, landse, energy, housing, sustainable development. 	<ul style="list-style-type: none"> • Public Funders/Foundations • Non-public Funders/Foundations • Private Sector • Think tanks • Research dept. in governments • Climate research institutions • NGOs/charities (in some contexts) • Policy research institutions, Development / sustainable development research institutions • science journalists, journal editors (e.g. health, environment journals) • Learned societies e.g. Int@cademy Partnership, African Academy of Sciences 	<ul style="list-style-type: none"> • National governments • Policymakers (including urban/regional planners) • NGOs/charities • Multilaterals • Practitioners / civ@society organizations • C&H campaign and advocacy groups • Private Sector
Discovery Research	<ul style="list-style-type: none"> • Life science researchers • Experimental medicine • Clinical researchers • Allied health professionals • LMIC researchers • Population health researchers • Tool and technology developers (applied to DR remit) • Social science researchers (includes Anthropology, Sociology, Political Science, and Psychology, Bioethicists • Humanities researchers (related to DR). • Physical sciences researchers • Foundational data scientists (including stats & modelling) 	<ul style="list-style-type: none"> • Advanced data scientists (including Artificial Intelligence & Machine Learning) • Social science (includes Anthropology, Sociology, Political Science, and Psychology, Bioethicists • Humanities researchers (related to DR). • Physical sciences researchers: physicists, chemists, statisticians, mathematicians (the latter two don't always count in this category) • Ethicists 	<ul style="list-style-type: none"> • Institution/University leadership • Regulators • Pharma • Bio-Tech • Science and health-related policymakers • Other not-for profit actors e.g. Science Philanthropy Alliance • Learned societies: Royal Society, British Academy etc. • Funding partners • Public Funders/Foundations • Non-public Funders/Foundations • Private Sector 	<ul style="list-style-type: none"> • National governments • Policymakers • NGOs/charities • Multilaterals • Government Research and Development
Infectious Disease	<ul style="list-style-type: none"> • Infectious disease scientists • Foundational data scientists (including stats & modelling) 	<ul style="list-style-type: none"> • Advanced data scientists (including Artificial Intelligence & Machine Learning) • Software developers • Non-academic healthcare professionals • Ethicists 	<ul style="list-style-type: none"> • R&D dev • Clinical trial networks • Surveillance networks • Pharma • Tech • Regulators • Public Funders/Foundations • Non-public Funders/Foundations • Private Sector 	<ul style="list-style-type: none"> • National governments • Policymakers • Multilaterals • NGOs/charities • Non-academic healthcare professionals
Mental Health	<ul style="list-style-type: none"> • Biomedical and psychological scientists (including neuroscience, cognitive sciences) • Psychopharmacology researchers • Clinician researchers (psychiatrists, psychologists, MH nurses, etc.) • Humanities and social sciences academics with specific MH interest including medical historians, ethicists • Lived experience researchers 	<ul style="list-style-type: none"> • Data science specialists (including digital/tech specialists, public and private sector) • Biomedical scientists in "novel" fields related to MH but not currently working on MH (e.g., immunology, microbiome) • MH researchers in industry or pharma • Researchers who are also entrepreneurs (e.g. product developers, those working in focused research organisations, startups, spinoffs) 	<ul style="list-style-type: none"> • Public Funders/Foundations • Non-public Funders/Foundations • Regulators • Journal editors (general medical and mental health research) • Science journalists (e.g., NY Times, Guardian) • Private sector: pharma, biotech, digital 	<ul style="list-style-type: none"> • National Governments • Multilaterals • Charities/NGOs • MH advocacy groups • Policymakers

We are currently working with a supplier to develop a cross-cutting segmentation of research and influence audiences that will inform our communications and engagement strategies in the future.

The segmentation is being developed using a programme of quantitative and qualitative research with a cross cutting sample of the audiences shown in table 1. The quantitative

and qualitative research and analysis has been completed, with 6 attitudinal segments identified as a result. Golden questions have been developed enabling segments to be recruited in future research and/or identified via analysis of a sample post-data collection.

Types of Research and Influence Audiences included in the audience segmentation sample

Strategic programme	Research		Influence	
	Current researchers	New researchers we want to reach and engage	Research ecosystem	Health system
Climate & Health	<ul style="list-style-type: none"> Biological scientists Public health scientists Epidemiologist Climatologists 	<ul style="list-style-type: none"> Social scientist e.g. behavioural scientists, economists, human geography political scientists) Data scientists (e.g. Disease / climate modellers), including statisticians and trialists Applied scientists e.g. material scientists, physicist, engineers, architects Environmental/Earth scientists, e.g. hydrologists, meteorologists, plant scientists, climate scientists, implementation and evaluation scientists, scientists working in relevant sectors e.g. water & sanitation, transport, agri-food systems, land-use, energy, housing, sustainable development. 	<ul style="list-style-type: none"> Public Funders/Foundations Non-public Funders/Foundations Private Sector Think tanks Research dept. in governments Climate research institutions NGOs/charities (in some contexts) Policy research institutions, Development / sustainable development research institutions, science journalists, journal editors (e.g. health, environment journals), Learned societies e.g. Inter-Academy Partnership, African Academy of Sciences 	<ul style="list-style-type: none"> National governments Policymakers (including urban/regional planners) NGOs/charities Multilaterals Practitioners / civil-society organizations C&H campaign and advocacy groups Private Sector
Discovery Research	<ul style="list-style-type: none"> Life science researchers Experimental medicine Clinical researchers Allied health professionals LMIC researchers Population health researchers Tool and technology developers (applied to DR remit) Social science researchers (includes Anthropology, Sociology, Political Science, and Psychology, Bioethicists Humanities researchers (related to DR). Physical sciences researchers Foundational data scientists (including stats & modelling) 	<ul style="list-style-type: none"> Advanced data scientists (including Artificial Intelligence & Machine Learning) Social science (includes Anthropology, Sociology, Political Science, and Psychology, Bioethicists Humanities researchers (related to DR). Physical sciences researchers: physicists, chemists, statisticians, mathematicians (the latter two don't always count in this category) Ethicists 	<ul style="list-style-type: none"> Institution/University leadership Regulators Pharma Bio-Tech Science and health-related policymakers Other not-for profit actors e.g. Science Philanthropy Alliance Learned societies: Royal Society, British Academy etc Funding partners Public Funders/Foundations Non-public Funders/Foundations Private Sector 	<ul style="list-style-type: none"> National governments Policymakers NGOs/charities Government Research and Development
Infectious Disease	<ul style="list-style-type: none"> Infectious disease scientists Foundational data scientists (including stats & modelling) 	<ul style="list-style-type: none"> Advanced data scientists (including Artificial Intelligence & Machine Learning) Software developers Non-academic healthcare professionals Ethicists 	<ul style="list-style-type: none"> R&D dev Clinical trial networks Surveillance networks Pharma Tech Regulators Public Funders/Foundations Non-public Funders/Foundations Private Sector 	<ul style="list-style-type: none"> National governments Policymakers Multilaterals NGOs/charities Non-academic healthcare professionals
	<ul style="list-style-type: none"> Biomedical and psychological scientists (including neuroscience, cognitive sciences) Psychopharmacology researchers 	<ul style="list-style-type: none"> Data science specialists (including digital/tech specialists, public and private sector) Biomedical scientists in "novel" fields related to MH 	<ul style="list-style-type: none"> Public Funders/Foundations Non-public Funders/Foundations Regulators 	<ul style="list-style-type: none"> National Governments Multilaterals Charities/NGOs

In your response, please consider the options for incorporating the audience segments into sampling and recruitment as well as in the analysis and reporting stage.

In your response, please also provide a rationale for the split of influencer and researcher audiences, and across strategic programmes and geographies. You may propose separate smaller communities for different professions, different languages, or different strategic programmes, or different segment groups. Please consider the benefit for the research participant in terms of networking opportunities and collaboration.

4.2 Sampling and Geography

Wellcome has global ambitions, and this project will need to reflect those global ambitions by engaging with audiences across a number of countries. The final country selection for this project is still being decided so for the purposes of this proposal please assume that countries where fieldwork will possibly be undertaken include UK, Germany, U.S, Singapore, South Africa, Kenya, Malawi, Uganda, India, Indonesia, Thailand and Vietnam. Please note that additional countries associated with our Africa and Asia Programmes that we work closely with might be included in the scope of the geographies.

We envisage the sampling involved in this research to come from a combination of Wellcome contacts and supplier recruitment. Some research audiences and stakeholders known to Wellcome, including those who are currently funded and those who have applied for funding can be contacted through our CRM database however, this database is limited and is biased towards the UK. There will need to be a concurrent effort to find contacts via external recruitment, or via internal stakeholders and relationship holders. Those in policy/influence, including senior influential and strategic partners, will need to be externally recruited. Please consider this in your proposal and timeline.

Please ensure your proposal considers how you will effectively address any recruitment risks and fieldwork in the regions highlighted with any restrictions on capability and capacity related to countries made clear.

4.3 RFP Timetable

#	Activity	Responsibility	Date
1	RFP issued on Contract Opportunities webpage	Wellcome	16 th December 2024
2	Submission of Expression of Interest and Supplier Q&A	Supplier	29 th January 2025
3	Return of Supplier Q&A to Suppliers	Wellcome	4 th February 2025
4	Submission of RFP Response	Supplier	14 th February 2025
5	RFP Evaluation Period end	Wellcome	28 th February 2025
6	Supplier Presentations	Supplier	w/c 3 rd March 2025
7	Notification of Contract Award	Wellcome	10 th March 2025
8	Contracting period starts	Wellcome & Supplier	10 th March 2025
9	Contract Start Date	Wellcome & Supplier	21 st March 2025

5. Response Format

Expression of Interest

Suppliers are invited to submit a maximum of 2-page long expression of interest (EOI) by email to the Wellcome contact in accordance with the RFP timetable below sharing the following information:

- Whether you are a company or individual. If a company please provide full company name, address, and company registration number.
- An overview of your organisation including any differentiators (as they relate to Wellcome, its sector and the services we are seeking).
- A case study of where you have successfully provided solutions to research problems similar to those described in this request for proposal.
- What you do to drive diversity and inclusion in your organisation. Include indicators of progress if you have them.

Submitting an EOI is not a binding commitment to submit a full proposal should your organisational priorities change, you will not then be penalised for future opportunities.

Supplier Q&A

Together with the submission of your expression of interest (EOI), Suppliers can submit any questions they have about the brief and project.

All questions will be collated, anonymised, answered and returned to all Suppliers.

Please make sure you ask all questions at this stage. Once Wellcome has responded to all questions if you have any additional questions after this deadline these will not be answered to ensure that this is a fair and equitable process.

6. RFP Response

Please send us your full proposal of no more than 20 pages by the date in our timetable. A full proposal should show us the following:

- i. Your proposed approach with details of your multi-phase programme plan that fits the needs and constraints.
- iii. A timing plan to accompany your approach that delivers to the key dates outlined.
- iv. A good understanding of the novelty and complexity of this work which includes risks and assumptions underlying your proposal along with your recommendations for contingency to build into the work and should ensure long-term sustainability of the study.
- iv. Diversity and inclusion considerations reflected in your approach, planning, delivery, and in the deliverables of this contract your understanding of Wellcome's commitment to EDI, our inclusive communications principles and where it needs to show in the design of the collective.
- v. Costs based on your advice on methodology, sample size and the associated respondent recruitment approach.
- vi. An outline of your approach to project management, including communication and engagement plan with Wellcome
- vii. Any recommendations on the key deliverables
- viii. Your knowledge and experience working on similar projects including 2 case studies with global orgs, preferably in the not-for-profit sector and with non-consumer audiences.
- ix. Brief details of the project team assigned to this programme. We would like to see teams that reflect the diverse nature of our audiences and stakeholders.
- x. Your organisation's actions and policies on Equity, Diversity and Inclusion
- xi. A budget proposal including a breakdown of costs and any optional elements that is not more than £500k including VAT for both workstreams.
- xiv. We understand that based on indicative set of countries it will not be possible to give us the exact cost. Please set out estimated additional costs per country in excess of 12 countries.

Contract Feedback

This section allows Suppliers to provide specific feedback to the contractual agreement which will be used should their proposal be successful. Wellcome will not consider any requests that are raised after this point. Please ensure you engage with a relevant professional to support your feedback if required. Include your contract feedback in your proposal as an annex in the following format;

Clause #	Issue	Proposed Solution/Comment

Suppliers submitting proposals as a registered company should review Wellcome's Standard terms and Conditions [document](#).

Individuals submitting proposals as a sole trader (not registered) should review this [document](#).

Individuals submitting proposals through their own personal services company please highlight this to the Wellcome contact immediately (see point 8 below).

Information Governance

Wellcome is committed to upholding data protection principles and protecting your information. The [Wellcome privacy webpage](#) explains how, and on what legal basis, we collect, store, and use personal information about you. This includes any information you provide in relation to this proposal.

Under GDPR/Data Protection law, Wellcome must keep a record of all personal information it is processing (i.e., collecting, using, and sharing). This record will be made available to the Information Commissioner's Office upon request. This is Wellcome's record of data processing activities which meets [GDPR article 30](#) requirements.

Suppliers are asked to complete the [TPSRA2](#) assessment before the RFP submission deadline for Wellcome to assess how you handle data.

7. Evaluation Criteria

During the RFP evaluation period the evaluation panel will independently evaluate your proposal against the criteria outlined below. All scores will be collated, discussed and a decision will be agreed on who progresses to the next stage of the procurement exercise. Please note we will assess EDI as part of your response to the first three criteria: approach, experience, your operational response.

Criteria	Detail	%
Approach	An effective programme design and methodology/ies that deliver the requirements and deliverables and meets the aims and objectives of this brief. Equity, diversity, and inclusion considerations will be assessed in terms of your approach, planning, delivery, and in the deliverables of this contract. This might include how you plan to involve local researchers and include diverse perspectives in your work, equitable and inclusive approaches to research design and analysis, use of language, inclusive approaches to outputs etc.	35%
Experience	Demonstration of the project team's relevant skills, experience, and contextual understanding to deliver this work in a global context. EDI considerations will be assessed here in terms of the make-up of your team, team hierarchies and how you plan to manage these, your background and experience in global research.	20%
Operational response	An approach for how you will manage the delivery of this work to project timelines and excellence, including an assessment of key risks and questions, and accompanying timeline that is appropriate and feasible. EDI will be assessed here in terms of your approach to key risks, questions, and how you plan to involve other teams or suppliers.	25%

Commercial response	A detailed budget breakdown and costing that is within the budget and meets all the requirements in this brief.	20%
Total:		100%

8. Prospective Suppliers Personnel - IR35 and Off Payroll Working Rules

Before the RFP response deadline, Prospective Suppliers must make the Wellcome Contact aware if they are intending to submit a proposal where the services will be provided by any individuals who are engaged by the Prospective Supplier via an intermediary i.e.

- Where the Prospective Supplier is an individual contracting through their own personal services company; or
- The Prospective Supplier is providing individuals engaged through intermediaries, for the purposes of the IR35 off-payroll working rules.

9. Equity, Diversity and Inclusion

Embracing equity, [diversity and inclusion](#) is fundamental to delivering our mission to improve health, and we are committed to cultivating a fair and healthy environment for the people who work here and those we work with. We want to cultivate an inclusive and diverse culture, and as we learn more about barriers that disadvantage certain groups from progressing in our workplace, we will remove them.

Wellcome takes equity, diversity and inclusion seriously, and we want to partner with suppliers who share our commitment. We may ask you questions related to D&I as part of our RFP processes.

10. Disability Confident

The Wellcome Trust is proud to be a Disability Confident Employer (DC Level 2) and we encourage all our partners and suppliers to do the same. More information about this can be found on the government website [Disability Confident employer scheme and guidance - GOV.UK \(www.gov.uk\)](#). Disability Confident is creating a movement of change, encouraging employers to think differently about disability and take action to improve how they recruit, retain and develop disabled people.

11. Accessibility

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a long term health condition, we can offer adjustments to the response format e.g. submitting your response in an alternate format. For support during the RFP exercise, contact the Wellcome Contact.

If, within the proposed outputs of this RFP exercise, specific adjustments are required by you or your team which incur additional cost then outline them clearly within your commercial response. Wellcome is committed to evaluating all proposals fairly and will ensure any proposed adjustment costs sit outside the commercial evaluation.

12. Independent Proposal

By submission of a proposal, prospective Suppliers warrant that the prices in the proposal have been arrived at independently, without consultation, communication, agreement or understanding for the purpose of restricting competition, as to any matter relating to such prices, with any other potential supplier or with any competitor.

13. Funding

For the avoidance of doubt, the output of this RFP exercise will be funded as a **Contract** and not as a Grant.

14. Costs Incurred by Prospective Suppliers

It should be noted that this document relates to a Request for Proposal only and not a firm commitment from Wellcome to enter into a contractual agreement. In addition, Wellcome will not be held responsible for any costs associated with the production of a response to this Request for Proposal.

15. Sustainability

Wellcome is committed to procuring sustainable, ethical and responsibly sourced materials, goods and services. This means Wellcome seeks to purchase goods and services that minimise negative and enhance positive impacts on the environment and society locally, regionally and globally. To ensure Wellcome's business is conducted ethically and sustainably, we expect our suppliers, and their supply chains, to adhere to these principles in a responsible manner.

16. Wellcome Contact Details

The point of contact for this RFP exercise is indicated below:

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