



Request for Proposal (RFP) for A 'living evidence synthesis' platform for common metrics in mental health

1. RFP Background & objectives

Wellcome Mental Health: vision and mission

Wellcome is a politically and financially independent charitable foundation. We improve health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships.

Our vision for mental health is a world in which no one is held back by mental health problems. Our mission, over the next 20 years, is to enable a step-change in the ability to intervene as early as possible in the course of anxiety, depression, and psychosis.

Mental Health 'Field Building'

To support breakthroughs in mental health intervention, we need a vibrant field of research that is collaborative, coherent, and focused. This includes building a shared understanding of concepts, definitions, and measures, recognising the inherent complexity and plurality of mental health science and its sometimes-problematic histories.

Current status: outcome measurement in mental health

The lack of shared understanding of concepts and approaches to measurement in mental health is limiting progress. Currently, research efforts measure both a wide variety of outcomes, and similar outcomes in very different ways. Whilst variation may be justified by the aims and scope of a study, the lack of a consistent outcome comparator across research makes synthesising and interpreting the literature very challenging. Valid, coherent outcome measurement is a major barrier to data harmonisation, evidence synthesis, and, in turn, to understanding whether mental health interventions are effective.

Fragmented approaches to measurement in mental health have arisen, in part, due to a lack of available biomarkers. There is no consensus on the precise nature of mental health problems, the impacts they might have on someone's life vary greatly, and thus there is currently no way to assess either the presence or effect of mental health problems in a way that is 'objective'. As a result, people have developed measures that capture a wide array of symptoms, experiences, and life impacts that rely on a mixture of clinician-completed and subjective, self-report questionnaires. These options have proliferated over time, making the choice of which to use more difficult and further exacerbating the issue of fragmentation.¹ There needs to be a field-wide move to concentrate on fewer, widely applicable metrics selected with people with lived experience, greater attention to research interrogating their use, and coordinated, resourced approaches to progress the measurement of mental health more broadly.

¹ Anvari, F., Alsalti, T., Oehler, L., Hussey, I., Elson, M., & Arslan, R. C. (2024). *A fragmented field: Construct and measure proliferation in psychology*.



What we are currently doing: common metrics

Since 2019, Wellcome, [alongside other international mental health research funders](#), has committed to supporting the use of 'common metrics' in research we fund. This means we require funded research teams to include one or more of an agreed, core set of metrics in the collection of new primary mental health data. At present, these are:

- Patient Health Questionnaire PHQ-9 (adults – depression)
- General Anxiety Disorder questionnaire GAD-7 (adults – anxiety)
- Revised Child Anxiety and Depression Scale RCADS-25 (children and adolescents – depression and anxiety)
- World Health Organisation Disability Assessment Schedule WHODAS-2.0 (adults – impact on functioning)

The core metrics that form part of the 'common metrics in mental health science' initiative were selected pragmatically, building on existing consensus efforts. They were prioritised because of their low burden, indicative evidence base, free availability, and availability of translations; they are not intended to be the 'best' or 'gold standard' measures.

The goal of common metrics is to enable easier comparison of outcomes across studies and, in time, enable easier data harmonisation: combining data from different studies more easily to answer crucial research questions. The implementation of common metrics is not intended to replace more granular or context-specific measures, or to discourage further innovation, but rather to act as an additional 'golden thread' throughout research, while recognising that their use is not without risks and consequences that need to be monitored.

Supporting implementation

For common metrics to be useful to the research community, we need a clear, comprehensive, and concise synthesis of the current state of the evidence supporting their use across contexts. This evidence needs to be collated, analysed, and packaged in a way that continuously reflects the latest findings.

Wellcome is commissioning a project to advance the use of psychometric evidence in mental health research. We are seeking experts across mental health; evidence synthesis; psychometrics; and data science to:

1. Systematically review psychometric evidence (e.g., sensitivity to change) underlying the current use of the common metrics, for publication as living systematic reviews on an appropriate platform.
2. Develop a free-to-use, interactive, living evidence interface drawing data from these systematic reviews, providing bespoke evidence for use in specific settings (for example, the validity of the PHQ-9 in a specific geographical context).



Our goal is for this platform to support existing efforts to implement common metrics and stimulate further engagement and research on measurement in mental health. We anticipate that, over time, this platform will act as a coordinating point for other resources or projects relating to common metrics, such as an ongoing Wellcome commission exploring open access options for self-report questionnaires.

2. RFP Specification

Wellcome is seeking a Supplier to plan, implement, and disseminate a living evidence synthesis platform for Wellcome's common metrics that will answer a range of key strategic questions. This commission may suit a team of individuals, a single organisation, or a consortium of organisations. We intend for this platform to act as a definitive source of evidence that supports the mental health field to access up-to-date, easily interpretable, and comprehensive information to apply these common metrics in research.

Please note that we have set out a specification below; however, we welcome creative approaches from the Supplier and are **happy to discuss proposed modifications to the specification, including to the project timelines (please see the Expression of Interest section in relation to this)**.

The platform should be useful for the following audiences:

- Anyone conducting or using mental health research, including researchers designing protocols for clinical and epidemiological trials, lived experience experts, and policymakers.
- Funders ensuring they are supporting awardees to effectively use the selected metrics for all research related to depression and anxiety.
- Journals reporting on research that uses the common metrics.

Supplier expertise

Suppliers need both breadth and depth of expertise for this commission. This includes mental health research and practice, evidence synthesis, lived experience, data science, platform design, and psychometric expertise. We are open to a range of methodologies as appropriate to Supplier proposals, but teams should be able to demonstrate sufficient skill and experience of the methods proposed in their application. Given the multidisciplinary nature of the programme, Supplier teams will also need to demonstrate the key skills and leadership needed to design and run a complex, international, and inclusive project which is able to involve a range of people meaningfully and effectively.

Suppliers must also demonstrate how their approach will:

1. Be globally inclusive, involving low-income and middle-income country research communities in the design, governance, and delivery of the programme.



2. Meaningfully and ethically involve and collaborate with people with lived experience expertise² as part of their team and at multiple stages of their programme, informing design, governance, and delivery as relevant to the deliverables.
3. Build [open science principles](#) into the process, to ensure the programme has the highest possible degree of transparency, trust, and utility for the mental health science community. Please note, Wellcome will only cover article processing charges for research articles published in fully open access journals or platforms. Please see our policy [here](#).
4. Build community and collaboration around measurement in mental health.
5. Consider impact evaluation from the outset.

Initiative structure

As outlined, we welcome creative approaches from the Supplier and are **happy to discuss proposed modifications to the specification, including those proposed to the project timelines (please see the Expression of Interest section in relation to this)**. However, at the outset, the work is proposed as four broad phases:

Phase	Approximate timeline
1 – Project set-up	Month 1–2
2 – Framework development: specifying the structure and number of the living systematic reviews. Drafting protocols.	Months 2–6
3 – Implementation: conducting the agreed reviews and developing the platform that will curate their outputs.	Months 2–24 (some early platform development may run in parallel to phase 2)
4 – Sustainability and creative development	Months 18–24+

1. Phase 1: Project set-up

- a. Set up and embed an appropriate project structure. This includes recruitment and onboarding of any outstanding collaborators or project resource, development of robust project governance, and finalisation of project plans.
 - i. Teams should be diverse in nature, with core collaborations including individuals or teams situated in low-income and middle-income countries and people with lived experience. As far as possible, the diversity of expertise and perspectives needed for the project should be embedded into core project structure with clear responsibilities

² We understand lived experience as a unique form of knowledge, insight, and expertise, that comes from having experience of mental health challenges. When we refer to ‘people with lived experience’ or ‘lived experience experts’ we are referring to people who identify as having experienced anxiety, depression or psychosis broadly defined, either in the past or currently.



and accountabilities in project delivery, rather than represented only in advisory capacities. Appropriate training to enable advisory roles is encouraged and should be accounted for in project timelines and budgets.

- ii. Project governance may include a range of processes and policies, such as:
 - An outline of project structures, which make take a range of forms. For example, a Supplier team may elect to complete all activities themselves or propose a model where some living systematic reviews are subcontracted to others.
 - Roles, responsibilities, and accountabilities for project members or collaborators. This includes any terms of reference for advisory roles or groups.
 - Decision-making and risk management processes, including declarations of conflicts of interest.
 - Core project principles, including open science principles, and how the programme will adhere to them.

- b. Design and agree a high-level implementation plan with Wellcome, which sets out where the reviews and the platform will be hosted and any key activities or decisions needed to ensure this is feasible and appropriate. This may be an extension of an existing platform, a link from an existing website, or a new, bespoke platform. Suppliers should consider ways in which the platform can support community engagement. Evaluation or impact metrics should also be planned at this stage.

Phase 1: Proposed deliverable(s):

- An inception report, of up to 12 pages, outlining the final project structure and governance arrangements, alongside the full project plan, risk register, and Gantt chart. This should also include the high-level implementation plan and decisions to date.

2. Phase 2: Define the approach to the living systematic reviews

This phase will plan and agree on the structure, volume, and methods for the living systematic reviews. The output will take the form of a brief report justifying (and visualising a matrix of), as well as the protocols for the agreed reviews in a form suitable for pre-registration (eg, on PROSPERO) and publication.

- a. Map the full range of evidence requirements relating to the common metrics.

- b. Prioritise and/or streamline this range of evidence requirements into a clear, comprehensive framework that shows which key questions will be addressed, how, and in which order.
 - i. This process should include consideration and/or consultation regarding how intended platform users will access and use the evidence. This includes the user experience of how information is presented, but also the key dimensions on which evidence needs to be disaggregated by.



- ii. The Supplier should demonstrate a rigorous and transparent process. Proposals should provision time and resource for external means of validation to foster community buy-in, for example, open comment on protocols.
- c. Agree project methodology and finalise the implementation plan. This will include how evidence will be identified, data extracted, interpreted, reported, and visualised. This could take the form of several independent literature reviews, or Suppliers may explore a more streamlined model that uses a single evidence 'pipeline' to answer a range of questions. We would expect any proposed methods to follow best practice guidelines for reviewing the literature. Processes should be transparent and replicable, with any supporting protocols, code, or underlying data freely available. Project plans should include a smaller pilot implementation, to road-test the approach and develop learning.

Phase 2: Proposed deliverable(s):

- Ongoing, quarterly progress or exception reports which outline key activities and updates (max. 3 pages).
- A final methods and framework report that rationalises, describes, and summarises the findings from the activities undertaken to map evidence requirements, prioritise them, and agree project methodology, which will shape the format and structure of the platform. This will include insights from community consultation and be no more than 12 pages, plus appendices.
- Present and discuss this report with the Wellcome team and/or other key stakeholders, as appropriate.

3. Phase 3: Implementation

- a. Pilot the proposed reviews. The nature and scale of this pilot will be agreed with Wellcome.
- b. Following a successful pilot, continue to full implementation. This should include publication of the full living systematic reviews and their continual maintenance throughout the project period.
- c. Alongside the living systematic reviews, design, develop, and launch a platform to enable users to interface with the full range of evidence collated. This should include appropriate user testing and consider accessibility (e.g., web and mobile content accessibility guidance, inclusive language, and a consideration of how elements will be exported for physical review). We anticipate the need to design interactive and dynamic visualisations to help interpret the evidence identified. This may include (but is not limited to) lay summaries, interactive tables or filter options, evidence maps, or infographics which clearly indicate the volume of available evidence, its quality, the strength of interpretations made, and how far expected standards as exceeded for various key groups. Where possible, this should consider key categories that



researchers may wish to dissect the evidence by (for example, translation, context, clinical population).

- d. Support community engagement with the platform:
 - i. Develop creative plans to share learnings as the project develops.
 - ii. Consider a range of appropriate outputs. Academic manuscripts are one format of dissemination, but we anticipate this is not always the most accessible way to support researchers to appraise measures and so we welcome alternative methods to disseminate findings and build engagement.

Phase 3: Proposed deliverable(s):

- Ongoing, quarterly progress reports which outline key activities and updates (max. 3 pages). This is a continuation of those listed in the previous section.
- Platform mock-ups, followed by platform launch.
- Pilot evaluation report and presentation.
- Other deliverables as specific to the Supplier proposal, including those relating to thought leadership or further evidence review publication.

Depending on progress and impact to date, a fourth phase of the programme will be considered. This should be costed separately in any proposal.

4. Phase 4: Sustainability and creative development

- a. Develop a further two-year maintenance plan for the continual update of the platform following the end of the commission. This may include criteria for saturation, where particular areas of evidence are no longer pursued, and impact evaluation. This should include an options appraisal of resourcing (personnel and financial) to maintain the model as is, as well as an outline of any further proposed activities. It is intended that the platform will remain free to users in any continuation.
- b. Propose, and potentially deliver, creative extensions that would enable the platform to foster greater progress on mental health measurement, for example, appraising novel or alternative approaches to measurement, focusing on producing shorter, adapted versions of longer measures, ways to report or evaluate the context of measurement, for example whether a measure is administered online or on paper, or providing skills development, that would help move the common metrics initiative forward. Extensions may also focus on progressing methods in evidence synthesis more broadly.

Phase 4: Proposed deliverable(s):

- Ongoing, quarterly progress reports which outline key activities and updates (max. 3 pages). This is a continuation of those listed in the previous section.
- Delivery of two-year maintenance plan, followed by delivery, meeting any maintenance objectives as agreed with Wellcome. Other deliverables as specific to the Supplier proposal.



Project oversight: Working with wider stakeholders

As part of Wellcome's commitment to common metrics, we work closely with a range of other stakeholders. Suppliers will be expected to collaborate or liaise closely with external partners including the International Alliance of Mental Health Research Funders, as well as the World Health Organisation and other key multilateral bodies. In parallel to this work, we have a commission running exploring open access models of the common metrics themselves and would expect that the Supplier also liaises closely with this commission, to mutual benefit and learning.

For any externally published documents, all content should be WCAG 2.2. AAA compliant. Any documents being provided to Wellcome must pass accessibility requirements. If you are unable to produce accessible documents, budget must be set aside to employ a suitable agency to do this work.

Working with Wellcome

Suppliers will work closely with Wellcome in the development and execution of the proposed specification; however, they take ultimate responsibility for delivering an efficient, effective, and high-quality initiative. Throughout the term of the work, it is expected that Suppliers will:

- Lead on scheduling, structuring, and minuting regular project catch-ups with the Wellcome team.
- Identify and co-ordinate a shared file area to enable shared working, with Wellcome and with other project collaborators, as appropriate.
- Develop, and regularly update, a proactive project risk register and decision log.
- Develop and adhere to a clear outline of project governance, which may include: project member roles, responsibilities, and accountabilities; terms of references for advisory boards, including lived experience expertise; decision-making processes; and guidance for project acknowledgments, as appropriate.

3. RFP Timetable

#	Activity	Responsibility	Date
1	RFP issued on Contract Opportunities webpage	Wellcome	24 February 2025
2	Submission of Expression of Interest and Supplier Q&A	Supplier	21 March 2025
3	Webinar to discuss any further questions. (Details of link will be provided via email to those submitting an EOI)	Wellcome	3 April 2025
4	Return of Supplier Q&A to Suppliers	Wellcome	10 April 2025
5	Submission of RFP Response	Supplier	9 May 2025
6	RFP Evaluation Period	Wellcome	May 2025



7	Supplier Presentations	Supplier	9-11 June 2025
8	Notification of Contract Award	Wellcome	June 2025
9	Contract Negotiation	Wellcome & Supplier	July 2025
10	Contract Start Date	Wellcome & Supplier	July/August 2025

4. Response Format

The following headers support the timetable by providing further detail of the key steps.

Expression of Interest and Supplier Q&A

- Suppliers are asked to submit an expression of interest by e-mail to the Wellcome contact in accordance with the RFP timetable, which should contain the information outlined below (recommended font: Arial 11).

Required information:

- Confirming whether you are an organisation or individual
- Up to 1,000 words on your proposed approach to this work. If an organisation please provide registered name, address, and registration number.
- A non-binding cost estimate as a single figure in GBP, including VAT.
- Any questions you have about the exercise and activity or any proposed modifications you would like to suggest, please see below.

Prior to the submission of your full proposal to the RFP, Suppliers are also provided the opportunity to submit any **questions** and **proposed modifications** they have about the exercise and the activity. These should be included alongside the expression of interest. Submitting an EOI/Q&A is not a binding commitment to submit a full proposal should your organisational priorities change, you will not then be penalised for future opportunities.

Please note, if we have an overwhelming response, we may choose to use this EOI stage as a selective phase, this is at Wellcome's discretion.

Questions:

- Please submit questions about the specification in writing, alongside your expression of interest, by the deadline as set out in the RFP timetable.
- All questions will be collated, anonymised, answered and returned to **all Suppliers** who submit an expression of interest in the RFP process.
- Please make sure you ask all questions at this stage. Any additional questions after this deadline will not be answered to ensure that this is a fair and equitable process.



Modifications:

We welcome comments on its feasibility (including timelines), the range of expertise needed, or any creative or bold changes that you feel would maximise the initiative’s intended impact.

Please use the following table format to submit proposed modifications:

Proposed modification	Justification	What change to budget or timeline would this make to your proposal?

In general, proposed modifications will be kept confidential, as may be specific to Suppliers. Each proposed modification will receive an either ‘acceptable’ or ‘not acceptable’ from the Wellcome team. This decision will be taken based on the feasibility of the modification, especially in view of the impact on total budget or timeline, as well as how far the proposed modification will significantly advance the potential strategic impact of the activity. Please note that:

- Suppliers will not be required to include acceptable modifications into their final proposal.
- Proposed modifications that are viewed at ‘acceptable’ at EOI stage will still be subject to scrutiny and further detail at the final proposal stage.

Wellcome reserve the right to amend the overall specification considering the modifications suggested – if this does occur, the specification will be updated for all potential suppliers. In this scenario, individual modifications will still be kept confidential.

RFP Response

Suppliers submitting a full proposal should cover the following areas in their response (recommended font: Arial 11)

:

#	Question	Max Words
1	For Wellcome’s strategic agenda regarding common metrics: <ul style="list-style-type: none"> • What do you consider to be the greatest barrier to uptake of the common metrics in mental health research? How might you try and address this within the scope of the specification. • Where do you consider further ‘thought leadership’ most needed? How might you integrate this into the design of the commission 	300 words



2	Provide an outline demonstrating your proposed methodology to achieve the scope of the work. Please include any reference to key stakeholders and specific plans for engagement.	1,500 words
3	Outline the proposed project team with a brief description of their relevant experience, including their track record in delivering related projects.	500 words
4	Outline how you will work with people with lived experience at multiple stages of the design and delivery of this project (e.g. during project design, literature reviewing and data extraction, analysis), ensuring that all lived experience experts have the knowledge and expertise to be able to do this effectively. Please also include plans for how you will reflect on and evaluate your approach.	250 words
5	Outline your approach to equity, diversity, and inclusion in relation to your proposal.	250 words
6	What do you consider the key risks or complexities of this project to be? Explain how you will account for or address these as part of your proposed plan.	250 words
7	Propose a delivery plan outlining project deliverables, timelines, and approach to working with Wellcome.	Not applicable
8	Please also complete the attached budget template published alongside this RFP. This should include all elements of Stage 3 if applicable or clearly outline time and budget for designing this stage of work at an appropriate project stage.	Not applicable

Evaluation Criteria

Criteria	Detail	%
Methodology	<p><i>Coverage:</i> How well are the desired focus areas (as outlined in the specification) covered in the proposed methodology address? How far does the Supplier understand Wellcome's common metrics agenda and the needs from the outputs of this specification?</p> <p><i>Quality:</i> Is the proposed methodology aligned with our needs? Does it offer sufficient transparency, rigour, and accountability to the research community?</p> <p><i>Utility:</i> Will the proposed methodology deliver the desired, credible, and useful results?</p> <p><i>Feasibility:</i> Are the proposed plans feasible against the resources plans and the timelines and budgets proposed? How well are risks conceived of and mitigated for?</p>	40%



Skills & Experience	Does the supplier have the relevant skills, experience – including a clear track record - and contextual understanding to deliver this work? Are appropriate collaborations in place?	25%
Lived experience engagement	Strength of the proposed plans for including people with lived experience expertise	10%
EDI	Does the supplier have EDI policies and are these being put into practice in the proposal?	5%
Communication and stakeholder engagement	<i>Stakeholder engagement:</i> Is there an inclusive and thoughtful plan for mapping the key stakeholders to this work and engaging, consulting, or communicating with them appropriately? Are the plans for engaging with the Wellcome team appropriate?	10%
Budget	<i>Value for Money:</i> Is the proposed work within your budget and good value for money?	10%
	Total:	100%

Contract Feedback

Wellcome is not able to enter into negotiation with Suppliers over amendments to our Standard terms and conditions. Please only submit a proposal if you know you can or have confirmed that your organisation can agree to these terms and conditions.

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

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 6 below).

Intellectual Property

The Background Intellectual Property belonging to each Party shall remain vested in the Party owning it.

Supplier hereby grants to Wellcome a free, worldwide, non-exclusive, perpetual and irrevocable licence (together with the right to sublicense) to use Supplier's Background Intellectual Property solely as needed to make use of the Deliverables.

All Foreground Intellectual Property shall become the property of Wellcome on its creation and the Supplier irrevocably assigns, and shall procure the assignment of, any existing and future Foreground Intellectual Property Rights to Wellcome with full title guarantee. The Supplier waives any and all of its moral rights in relation to the Foreground Intellectual Property.



Wellcome hereby grants to Supplier a free, worldwide, non-exclusive licence to use Wellcome's Background Intellectual Property and Foreground Intellectual Property, solely as needed for the Supplier to perform its obligations under the Agreement. This licence will automatically terminate on the termination or expiry of the Agreement. Save as permitted by Clause 9.2 in our Standard Terms and Conditions (linked above), neither Party shall use the name, logo, trademarks or other brand collateral of the other Party without the owning Party's prior written consent.

The Supplier warrants and undertakes to Wellcome that: i) ii) iii) the manufacture, creation, supply and use of the Deliverables will not in any way constitute an infringement or other violation of any IP Rights of any third party; it owns or has obtained valid licences of all IP Rights which are necessary to the performance of any of its obligations under the Agreement; the Foreground Intellectual Property created by the Supplier (including any subcontractors) will be original and has not and will not be licensed or assigned to any third party, save as requested or approved by Wellcome in writing; and iv) it shall assign or grant a licence to use, as the case may be, to Wellcome upon request, all such rights as it may have under any third party agreement (where applicable) as may be necessary for Wellcome's use of the Deliverables.

Data Protection

Wellcome is committed to upholding data protection principles and protecting your information. The [Wellcome privacy statement](#) 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 UK 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 UK [GDPR article 30](#) requirements. TPSRA2

Supplier Presentations

Following a submission of the proposal successful proposals will be invited to a virtual meeting which will last 50 minutes in total and will be a presentation or assessment task set one week prior to the meeting followed by questions and answers session.

5. About Wellcome

Wellcome improves health for everyone by funding research, leading policy and advocacy campaigns, and building global partnerships. 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](https://www.wellcome.org).



6. 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.

7. Equity Diversity and Inclusion

Embracing [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 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.

8. Accessibility

Wellcome is committed to ensuring that our RFP exercises are accessible to everyone. If you have a disability or a chronic 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.

All our content should be WCAG 2.2. AAA compliant. Any documents being provided to Wellcome must pass accessibility requirements. If you are unable to produce accessible documents, budget must be set aside to employ a suitable agency to do this work.

9. 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.

10. Funding

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

11. 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.

12. Environmental sustainability

Wellcome is playing its part tackling the climate crisis through its mission-driven Climate & Health strategic programme.

In addition, our [Sustainability programme](#) aims to address the environmental impacts and carbon emissions of our activities and operations.

Our suppliers have a key part to play delivering on our sustainability ambitions.

We expect all our suppliers to take active steps to:

- Address their environmental impacts, for instance as part of a certified Environmental Management System.
- Reduce the carbon emissions of their products and services, for instance by adopting Science-Based targets and plans to deliver them.
- Embed environmental considerations in the sourcing and delivery of goods and services to Wellcome, across all stages of their life cycle.

13. Wellcome Contact Details

The single point of contact within this RFP exercise for all communications is as indicated below;

Name: Rebecca Giles
Pronouns: She/her
Role: Procurement Officer
Email: rfp@wellcome.org