

## SCHEDULE – STANDARD FUNDING AGREEMENT

**Agreement Id:**

**Schedule Id:**

### SCHEDULE: Family Support

**Schedule commencement date:** the date on which this Funding Agreement was signed by the last party to do so, which is ...../...../.....

**Schedule completion date:** 30...../11...../2016.....

Item A	OUR PROGRAM INFORMATION	
A.1	Program Name	Family Support
A.2	<b>Program Objectives</b>  The objectives of the Family Support program are to support families, particularly those who are vulnerable or living in disadvantaged communities, improve children's wellbeing, development and safety and enhance family functioning.	

Item B	YOUR ACTIVITY INFORMATION (see also Clause 2 of the Terms and Conditions)	
B.1	Name of Organisation	This must be the legal entity name
B.2	ABN	
B.3	Activity Name	Royal Commission Community-based Special Support Services
	Activity Start Date	xx December 2013
	Activity End Date	30 June 2016
	<b>Activity Details</b> This Schedule must be read and interpreted in conjunction with the <i>'Terms and Conditions - Standard Funding Agreement: For Agreements entered into from 11 May 2011'</i> . The Schedule and the Terms and Conditions should not be read separately from each other.  Royal Commission community-based support services provide support and assistance to people who have experienced sexual abuse as children (under 18) in institutional contexts, and supports participants as they participate in the Royal Commission into Institutional Responses to Child Sexual Abuse process.  The primary target group for this Activity is survivors of institutional child sexual abuse with disability, Indigenous Australians and people who experienced religious/clergy abuse. The Activity also supports a secondary target group of people who are affected through their engagement with the Royal Commission, without having been exposed directly to abuse, such as family members of survivors and employees of institutions or organisations where abuse occurred.  <b>The aims and objectives of this activity are:</b> <ul style="list-style-type: none"><li>to provide case management and support for survivors of child sexual abuse with a disability, Indigenous Australians and people who experience religious/clergy abuse (and other family members) who engage in the Royal Commission process;</li><li>to provide existing support services with appropriate resources to enable them to meet the increased demand to assist people participating in the Royal Commission;</li><li>to give people the opportunity to access support through established and trusted professional relationships informed by specialist trauma-informed approaches and understanding of the impact of child sex abuse;</li><li>to deliver a network of support services to provide people with access, flexibility and choice; and</li><li>to ensure that the selected support services complement and align with the support services offered in-house by the Royal Commission.</li></ul>	

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**Note:** The services provided will be tailored based on the information received in the application form from the service provider, which may include all or some of the following:

**You must provide support services that include but are not limited to:**

**1. Supporting people with a disability, Indigenous Australians and people who experience religious/clergy abuse (and other family members) to engage with the Royal Commission process, including:**

- case management throughout the process;
- warm referrals to the Royal Commission and other agencies throughout the process;
- providing information and advice about what to expect from the process;
- providing accessible information on the Royal Commission process throughout the person's engagement with the process;
- accessing interpreting or cultural translation services;
- de-briefing and counselling immediately after giving evidence; and
- warm referral to appropriate longer-term therapeutic supports.

**2. Providing comprehensive therapeutic support for people with a disability, Indigenous Australians and people who experience religious/clergy abuse (and other family members) engaged with or affected by the Royal Commission process, including:**

- face-to-face counselling/social worker support;
- telephone counselling; and
- provision of case managers/counsellors at Commission hearings, where requested.

**3. Providing guidance to other organisations involved in supporting those engaged with the Royal Commission process, including:**

- developing and disseminating best practice standards; and
- providing specialist training and professional development to other organisations, particularly in regard to the treatment of complex trauma and trauma-informed care and service delivery.

**4. Responding flexibly to the needs of people with a disability, Indigenous Australians and people who experience religious/clergy abuse (and other family members) affected by the work of the Royal Commission.**

**Activity Performance Indicators**

	Performance Indicator Description	Target
<b>1</b>	Number of customers/clients assisted	Report
<b>2</b>	Percentage of customers/clients reporting improved understanding and confidence in the process related to the Royal Commission	<b>80%</b>
<b>3</b>	Percentage of customers/clients satisfied with the assistance/advice received	<b>80%</b>
<b>4</b>	Percentage of clients assisted from Target Group	<b>80%</b>

The information listed below on location, service area and the attributed DSS funding amounts will be used by us to provide reports, by region, on DSS's funding. The information may be published on a Commonwealth web site.

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	Any changes to the location or service area information must be advised to us in writing within thirty (30) Business Days of any change commencing and will be subject to our written approval.		
	<b>Location information</b>		
	The Activity will be delivered from the following site location/s		
	<b>Location Type</b>	<b>Name</b>	<b>Address</b>
1			
2			
3			
	<b>Service area information</b>		
	The Activity will service the following service areas		
	<b>Type</b>	<b>Service Area</b>	
1			
2			
3			

<b>Item C</b>	<b>FUNDING AND PAYMENT</b> (see also Clause 6 of the Terms and Conditions)			
C.1	<b>Financial Year</b>	<b>Amount Payable</b>	<b>GST component (if applicable)</b>	<b>Total</b>
	2012-2013			
	2013-2014			
	2014-2015			
	<b>Bank account information</b> You must notify us in writing of any changes to these account details:			
	<b>BSB number</b>			
	<b>Financial institution</b>			
	<b>Account number</b>			
	<b>Account name</b>			

<b>Item D</b>	<b>Budget</b>
	<b>NOT APPLICABLE</b>

<b>Item E</b>	<b>REPORTS</b> (see also Clause 5 of the Terms and Conditions)
<b>All reports must be provided within the timelines set out at Item F</b>	
E.1	<b>Performance Reports (Against Performance Indicators listed in Item B)</b>

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Item E	<b>REPORTS</b> <b>(see also Clause 5 of the Terms and Conditions)</b>
	<p>You must provide Performance Reports on a monthly basis reporting on, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Monthly statistical report containing: <ul style="list-style-type: none"> <li>○ number of contacts received as a result of the establishment of the Royal Commission;</li> <li>○ daily and cumulative totals.</li> </ul> </li> <li>• type of contact, including but not limited to: <ul style="list-style-type: none"> <li>○ telephone;</li> <li>○ email;</li> <li>○ face-to-face; and</li> <li>○ letter.</li> </ul> </li> <li>• issues raised and type of assistance delivered, including but not limited to: <ul style="list-style-type: none"> <li>○ counselling/support;</li> <li>○ information about the Royal Commission;</li> <li>○ assistance with completing a submission / giving evidence to the Royal Commission; and referral to other service</li> </ul> </li> </ul>
<b>E.2</b>	<b>Activity Work Plan</b> <b>NOT APPLICABLE</b>
<b>E.3</b>	<b>Annual Report</b> <b>NOT APPLICABLE</b>
<b>E.4</b>	<b>Financial Acquittal Reports</b> <p>In accordance with Clause 10 of the terms and conditions you are required to provide:</p> <p>An Annual Non-Audited Financial Acquittal Report on the due dates listed in Item F</p> <p>An Independently Audited Financial Acquittal Report on the due date listed in Item F</p>
<b>E.5</b>	<b>Other Reports</b> Not Applicable

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Item F		MILESTONES / REPORTING REQUIREMENTS / PAYMENT SCHEDULE				
The following table combines all of your reporting requirements. If you comply with the terms of this Agreement, we will make payments to you on the first available Business Day on or after the due date as set out below or, where no date is specified, then by mutual agreement as and when required.						
Milestones and Reports		Activity (if Applicable)	Information to be included	Due Date	Payment Amount (GST excl.)	GST
F.1	Funding Agreement Executed					
F.2	Report		MONTHLY PERFORMANCE REPORTS AS PER ITEM E.1			
F.3	Payment					
F.6	Annual Non-Audited Financial Acquittal Reports		IN ACCORDANCE WITH THE REQUIREMENTS LISTED IN ITEM E.4	31 OCTOBER EACH YEAR		
F.7	Financial Acquittal Report		AS PER ITEM E.4	31 OCTOBER 2016		

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<b>Item G</b>	<b>INSURANCE REQUIREMENTS (see also Clause 21 of the Terms &amp; Conditions)</b>
	You must have the following additional Activity specific insurance/s:

<b>Item H</b>	<b>ASSETS (see also Clause 13 of the Terms &amp; Conditions)</b>
	List of Assets that may be acquired with the funding:  <b>No Assets to be acquired with this Funding</b>

<b>Item I</b>	<b>SUBCONTRACTORS (see also Clause 28 of the Terms &amp; Conditions)</b>
	The following subcontractors are required to undertake the Activity/ies as indicated: <b>None specified</b>

<b>Item J</b>	<b>SPECIFIED PERSONNEL (see also Clause 29 of the Terms &amp; Conditions)</b>
	The following Specified Personnel are required to undertake the Activity/ies as indicated: <b>None Specified</b>

<b>Item K</b>	<b>CONFIDENTIAL INFORMATION (see also Clause 17 of the Terms &amp; Conditions)</b>
	Our confidential information is: <b>None Specified</b> Your confidential information is: <b>None Specified</b>

<b>Item L</b>	<b>NOTICES (see also Clause 38 of the Terms &amp; Conditions)</b>
<b>Our contact details and address for notices</b>	
<b>Name or Position</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Postal Address</b>	

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Your contact details and address for notices	
Name or Position	
Phone	
Email	
Postal Address	

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## **ANNEXURE A - Supplementary Conditions**

### **Q. Changes to the *Privacy Act 1988* (Cth) - 12 March 2014**

Q.1 The parties agree that, with effect from 12 March 2014 all references in this Agreement to 'Information Privacy Principle' or 'Information Privacy Principles' are to be read as a reference to 'Australian Privacy Principle' or 'Australian Privacy Principles'.

Q.2 This change will occur on 12 March 2014 so as to reflect a change that has been made to section 95B of the *Privacy Act 1988* (Cth) which received Royal Assent on 12 December 2012 but which does not take effect until 12 March 2014.

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## Signatories to this Agreement

### Parties

**Commonwealth of Australia**, as represented by and acting through **The Department of Social Services ABN 36 342 015 855**, Tuggeranong Office Park, Soward Way (Cnr Athllon Drive), Greenway ACT 2900 ("**us**", "**we**" or "**our**")

Insert legal name of grant recipient **ABN** insert ABN of insert registered address ("**you**" or "**your**")

**Executed by the parties as an agreement on the day the last party signs, which is**

.....Day of .....Year .....

**Signed** for and on behalf of the **Commonwealth of Australia** by the relevant Delegate, represented by and acting through **The Department of Social Services ABN 36 342 015 855** in the presence of:

\_\_\_\_\_  
(Signature of Departmental Representative) ....../....../....

\_\_\_\_\_  
(Signature of Witness) ....../....../....

\_\_\_\_\_  
(Name of Departmental Representative)

\_\_\_\_\_  
(Name of Witness in full)

\_\_\_\_\_  
(Position of Departmental Representative)

Please choose the appropriate signature block, depending on what kind of body the funding recipient is. You should then delete the other signature blocks that are not used

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## Company

Signed by **insert name of grant recipient and ABN**, in accordance with its Constitution:

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(Signature of Director)

....../....../....

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(Signature of other Director/Secretary)

....../....../....

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(Name of Director in full)

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(Name of other Director/Secretary)

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## Incorporated Association

Signed by **insert name of grant recipient and ABN** by affixing its common seal in accordance with its rules in the presence of :

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(Signature of Public Officer)

....../....../....

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(Signature of committee member/secretary)

....../....../....

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(Name of Public Officer)

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(Name of committee member/secretary in full)

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## Other

Signed by **insert name of Party and ABN**, in the presence of:

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(Signature of Party)

....../....../....

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(Signature of Witness)

....../....../....

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(Name of Party)

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(Name of Witness in full)

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