

DSS Grant Agreement Schedule

Schedule: Families and Communities Programme

Item A	Our Program Information	
A.1	Programme Name	Families and Communities Programme
A.2	<p>Programme objectives</p> <p>The Families and Communities Programme aims to support families, improve children's wellbeing and increase participation of vulnerable people in community life to enhance family and community functioning. The Programme encompasses seven activities that support the Australian Government's priorities and responsibilities, one of which is the Families and Children activity. The <i>Stronger Relationships</i> trial is a component of the Family and Relationship Services sub-activity within the Families and Children activity.</p>	

Item B	Your Activity Information (see also Clause 4 of the Terms and Conditions)	
B.1	Name of Organisation	This must be the legal entity name
B.2	ABN	The ABN is found by searching the Australian Business Register ABN Lookup website
B.3	Activity Name	<i>Stronger Relationships</i> trial
	Activity Period	<p>1 July 2014 until the earlier of 30 June 2015 or the date we advise you under clause 7.4 of the Terms and Conditions to cease the provision of Services</p> <p>You must ensure that the activity end date gives a reasonable amount of time for the activity to be completed, reducing the likelihood of variations</p>
<p>Activity Details</p> <p>This Schedule must be read and interpreted in conjunction with the 'Terms and Conditions <i>Stronger Relationships</i> trial Grant Agreement for the 2014-15 financial year'. The Schedule and the Terms and Conditions should not be read separately from each other.</p> <p>Objectives of the <i>Stronger Relationships</i> trial</p> <p>The objective of the <i>Stronger Relationships</i> trial is to increase the number of couples who participate in relationship education or counselling. The trial is intended to provide incentives for Eligible Couples to seek support from service providers to strengthen their relationships, especially at crucial life transition points such as moving in together, getting married and the birth of children.</p> <p>The one year <i>Stronger Relationships</i> trial is expected to operate from 1 July 2014 to 30 June 2015 and will provide grants to family and relationship education and counselling services for up to 100,000 couples. These organisations will provide couples with a \$200 reduction in the total cost of their relationship education and counselling services, which may include components of parent education, conflict resolution and/or financial education.</p> <p><i>Relationship Education</i></p> <p>A relationship education service is one where the provider identifies couple-relationship skills attainment as the principal focus of the activity. Such a service may include elements of parenting skills training, financial counselling or other family services where the central goal is to increase skills relevant to couple-relationship formation and maintenance.</p> <p><i>Relationship Counselling</i></p>		

DSS Grant Agreement Schedule

A relationship counselling service is one where the provider intends to provide a therapeutic intervention with the central goal of improving, maintaining or amicably dissolving a couple-relationship (as directed by the clients).

Activity details

Provision of Funded Services

The Activity requires you, in your capacity as a member of the Provider Panel for the *Stronger Relationships* trial, to provide one of the following Funded Services to an Eligible Couple in accordance with this Agreement and the Guidelines as and when the Eligible Couple requests you do to so:

You must provide the following Funded Services:

1. Relationship education comprising:
 - Pre-marriage education
 - Marriage education; and/or
 - Relationship education services

2. Relationship counselling comprising:
 - Marriage counselling; and/or
 - Relationship counselling services.

Each of the following Funded Services must be provided to an Eligible Couple for the following minimum number of contact hours:

- 2 contact hours for all relationship counselling services;
- 4 contact hours for inventory style relationship education services; and
- 5 contact hours for all other relationship education services.

You must not require an Eligible Couple to undertake more than the minimum contact hours for the relevant Funded Service in order for them to receive the Reduced Fee for that Funded Service.

Referrals

You are required to have a network of referral pathways and to refer Eligible Couples to other appropriate support services when issues arise that cannot be addressed by the Funded Services, for example drug and alcohol services or mental health services.

Where an Eligible Couple is not able to pay the Reduced Fee required for your Funded Service, you must refer the Eligible Couple to an alternative low-cost or no-cost Service or you may decide to waive the requirement for the Eligible Couple to pay the Reduced Fee.

Prerequisites to providing a Funded Service to an Eligible Couple

Before you provide a Funded Service to an Eligible Couple, you must:

- a. obtain the Consent of both members of the Eligible Couple;
- b. enter the date of birth of each member of the Eligible Couple in FOFMS and check the Reference Number provided by the Eligible Couple on FOFMS to ensure that it is valid; and
- c. advise the Eligible Couple of the Total Value of the Funded Service as well as the Service Fee and the Reduced Fee that you will charge the Eligible Couple for the Funded Service. The advice in this paragraph c. must be

DSS Grant Agreement Schedule

given at the time the Eligible Couple books the Funded Service and at the start of their first appointment with you.

Claim requirements

Unless we notify you otherwise, you must submit each Claim for a Grant payment using our Online Funding Management System (FOFMS). All Claims must be made in accordance with the Claim process and requirements set out in the Operational Guidelines and any other reasonable requirements that we notify to you from time to time.

You may only Claim a Grant payment:

- a. in respect of an Eligible Couple where each member of the Eligible Couple has given you Consent to do so;
- b. for a Funded Service that you provided to the Eligible Couple on or after the date on which that Consent was given; and
- c. for a Funded Service that you commenced to provide to the Eligible Couple on or after 1 July 2014 and that has been provided in full (except where special circumstances exist and we agree that you may make a Claim for Funded Services that have not been fully provided).

You may not make a Claim for a Funded Service that was provided:

- a. in whole or in part, before 1 July 2014; or
- b. to a person who was not a member of an Eligible Couple at the time the Funded Services were provided.

Each Claim for the provision of a Funded Service must contain the information in clause 6.1 a. to e. regarding the Eligible Couple to whom the Funded Service has been provided.

Using FOFMS

FOFMS is a web based system that assists in the management of our grant agreements. This system is used by our providers (grant recipients) to enter information about their clients and the services they provide and to claim grant payments from us. Given the very sensitive nature of the data contained in FOFMS, the connection is secured and security, privacy and confidentiality of information and data are essential. FOFMS is accessed by a portal that interacts with our IT systems.

You are required to access, use and upload information to FOFMS for the purpose of performing the Activity and you may only do so in accordance with the Operational Guidelines.

Evaluation of the Stronger Relationships trial

You are required to participate in Activity or Programme evaluation activities and contribute relevant information as requested by us.

DSS Grant Agreement Schedule

Item C	Grant and Payment (see also Clause 7 of the Terms and Conditions)											
C.1	<p>Subject to the terms of this Agreement, we will pay you a Grant payment of \$200 in arrears for each Funded Service that you provide to an Eligible Couple in accordance with this Agreement.</p> <p>Each Grant payment under this Agreement will be paid by us to you by electronic funds transfer to the account specified in this Item C.</p> <p>Subject to your compliance with this Agreement, we will pay a Claim within twenty (20) Business Days of you correctly lodging the completed Claim in FOFMS.</p> <p>A Claim that has been provided by your Subcontractor will only be paid directly by us to you (and not by us to the Subcontractor).</p> <p>Bank account information You must notify us in writing of any changes to these account details:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">BSB number</td> </tr> <tr> <td>Financial institution</td> <td></td> </tr> <tr> <td>Account number</td> <td></td> </tr> <tr> <td>Account name</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		BSB number		Financial institution		Account number		Account name			
BSB number												
Financial institution												
Account number												
Account name												

Item D	Subcontractors (see also Clause 26 of the Terms & Conditions)
	<p>The following Subcontractors are required to undertake the Activity/ies as indicated:</p> <p style="text-align: center;">None specified</p>

Item E	Specified Personnel (see also Clause 27 and 38 of the Terms & Conditions)
	<p>The following Specified Personnel are required to undertake the Activity/ies as indicated:</p> <p style="text-align: center; color: red;">List Specified Personnel as instructed above or enter None Specified</p>

Item F	Confidential Information (see also Clause 16 of the Terms & Conditions)
	<p>Our Confidential Information is all of the Reference Numbers (RNs) and information contained in FOFMS.</p> <p>Your Confidential Information is all records that you create and retain outside of FOFMS regarding the Funded Services you provide to Eligible Couples.</p>

Item G	Notices (see also Clause 6 of the Terms & Conditions)
Our contact details and address for notices	
Name or	

DSS Grant Agreement Schedule

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

DSS Grant Agreement Schedule

Annexure A - Additional Requirements

None Specified

Signatories to this Agreement

Parties Commonwealth of Australia, as represented by and acting through the Department of Social Services ABN 36 342 015 855, Insert street address ("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 ofYear

The parties agree that by signing this Schedule they enter into the Agreement, which comprises this Schedule (including its annexures and any Additional Requirements) and the enclosed document entitled 'Terms and Conditions Stronger Relationships trial Grant Agreement for the 2014-15 financial year' and any other documents incorporated in them by reference. This Agreement does not contain any other schedules.

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 Delegate) .../.../....

(Signature of Witness) .../.../....

(Name of Departmental Delegate)

(Name of Witness in full)

(Position of Departmental Delegate)

DSS Grant Agreement Schedule

Company

Signed by **insert name of grant recipient and ABN**, in accordance with section 127 of the *Corporations Act 2001* (Cth):

(Signature of Director)

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

(Signature of other Director/Secretary)

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

(Name of Director in full)

(Name of other Director/Secretary)

Incorporated Association

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

(Signature of Public Officer)

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

(Signature of committee member/secretary) .../.../....

(Name of Public Officer)

(Name of committee member/secretary in full)

Other

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

(Signature of Eligible Provider)

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

(Signature of Witness)

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

(Name of Eligible Provider)

(Name of Witness in full)