



**Australian Government**  
**Department of Social Services**

**s 22**

Ruah Community Services  
 GPO Box 2828  
 WEST PERTH WA 6872

**Address:** GPO Box 9820  
 BRISBANE QLD 4001  
**Telephone:** 1300 653 227  
**TTY:** 133 677  
**Email:** transitions@communitygrants.gov.au  
**Website:** www.dss.gov.au

Dear **s 22**

**Variation of Grant Agreement - National Disability Insurance Scheme Transition Program**

The Commonwealth of Australia, represented by the Department of Social Services and Ruah Community Services (the **Parties**) have a current Streamlined Grant Agreement 4-Y78G4C (the **Agreement**).

Following discussion with you concerning:

Amendment of the current Agreement and additional 2018-19 funding of \$975,834.89 (GST exclusive) for the Personal Helpers and Mentors Activity, under the **National Disability Insurance Scheme Transition Program**, we have agreed to vary the Agreement.

The Parties seek to vary the Agreement, as follows and do so with this **Letter of Variation**.

You are provided with the Letter of Variation for you to sign. You are required to return two signed copies to us at the above address within thirty (30) Business Days of the date of this letter otherwise this offer will lapse.

We will sign both copies and return one copy to you for your records. The Variation takes effect from the date on which we sign this Letter of Variation.

The Parties agree to the following variations:

Please note that payment dates in the following table align with the standard payment dates required for DSS Grant Agreements.

Under Schedule Id: 4-3SLPO8D

for Activity Id: 4-3SLPO94

1. Replace the following milestone payments from 10 July 2018 at Item D – Payment of the Grant:

Milestone	Anticipated Date	Amount (excl. GST)	SACS (excl. GST)	GST	Total (incl. GST)
Half-yearly payment of 2018-19 funds	10 July 2018	\$1,011,821.77	\$0.00	\$101,182.18	\$1,113,003.95
Half-yearly payment of 2018-19 SACS Supplementation	10 July 2018	\$0.00	\$251,965.89	\$25,196.59	\$277,162.48
Half-yearly payment of 2018-19 funds	3 December 2018	\$1,011,821.77	\$0.00	\$101,182.18	\$1,113,003.95
Half-yearly payment of 2018-19 SACS Supplementation	3 December 2018	\$0.00	\$251,965.88	\$25,196.59	\$277,162.47

The Parties agree that:

- (a) terms in this Letter of Variation with initial capital letter(s) have the same meaning as they have in the Agreement; and
- (b) the only variations are those set out in this Letter of Variation. In all other respects, the Agreement remains unamended.

If you have any questions, please contact **s 22** [REDACTED] **s 22** [REDACTED] on [REDACTED] or email [REDACTED]

Yours sincerely,

**s 22**  
[REDACTED]

**s 22**  
[REDACTED]

QLD Centre of Expertise – Transitions  
Community Grants Hub

12 June 2018

**Parties**

Commonwealth of Australia, as represented by and acting through The Department of Social Services ABN 36 342 015 855, 71 Athlon Drive, GREENWAY ACT 2900 ("us", "we" or "our")

Ruah Community Services ABN 98 065 827 787 of 67 Plaistowe Mews, WEST PERTH WA 6005 ("you" or "your")

**Executed by the Parties on the day the last Party signs, which is**

21<sup>ST</sup> Day of JUNE Year 2018

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:

**s 22**

**s 22**

(Signature of Departmental Representative)  
21.6.18

(Signature of Witness) 21.6.18

**s 22**

**s 22**

(Name of Departmental Representative)

(Name of Witness in full)

TEAM LEADER

(Position of Departmental Representative)

Signed for and on behalf of Ruah Community Services, ABN 98 065 827 787 in accordance with its rules, and who warrants that he/she is authorised to sign this Agreement:

**s 22**

**s 22**

(Name and position held by Signatory)

(S)

**s 22**

**s 22**

(Name and position held by second Signatory/Name of Witness)

(Sign)  
Sign

14.6.18



## Australian Government

### Department of Social Services

s 22

Ruah Community Services  
GPO Box 2828  
WEST PERTH WA 6872

**Address:** GPO Box 9820  
BRISBANE QLD 4001  
**Telephone:** 1300 653 227  
**TTY:** 133 677  
**Email:** transitions@communitygrants.gov.au  
**Website:** www.dss.gov.au

Dear s 22

#### Variation of Grant Agreement – National Disability Insurance Scheme Transition Program

The Commonwealth of Australia, represented by the Department of Social Services and Ruah Community Services (the **Parties**) have a current Streamlined Grant Agreement 4-Y78G4C (the **Agreement**).

Following discussion with you concerning:

Amendment of the current Agreement and additional 2017-18 funding of \$77,740.04 (GST exclusive) for the **Personal Helpers and Mentors** Activity under the **National Disability Insurance Scheme Transition** Program, we have agreed to vary the Agreement.

The Parties seek to vary the Agreement, as follows and do so with this **Letter of Variation**.

You are provided with the Letter of Variation for you to sign. You are required to return two signed copies to us at the above address within thirty (30) Business Days of the date of this letter otherwise this offer will lapse.

We will sign both copies and return one copy to you for your records. The Variation takes effect from the date on which we sign this Letter of Variation.

The Parties agree to the following variations:

Under Schedule Id: 4-3SLPO8D

for Activity Id: 4-3SLPO94

**Add** the following milestones at Item D – **Payment of the Grant**:

Milestone	Anticipated Date	Amount (excl. GST)	SACS (excl. GST)	GST	Total (incl. GST)
Additional payment of 2017-18 funds	On Execution	\$77,740.04	\$0.00	\$7,774.00	\$85,514.04
Additional payment of 2017-18 SACS Supplementation	On Execution	\$0.00	\$16,418.46	\$1,641.85	\$18,060.31

The Parties agree that:

(a) terms in this Letter of Variation with initial capital letter(s) have the same meaning as they have in the Agreement; and

(b) the only variations are those set out in this Letter of Variation. In all other respects, the Agreement remains unamended.

If you have any questions, please contact **s 22** on **s 22** or email **s 22** @dss.gov.au.

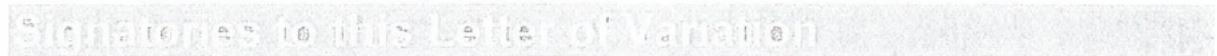
Yours sincerely,

**s 22**

**s 22**

QLD Centre of Expertise – Transitions  
Community Grants Hub

27 June 2018



## Parties

Commonwealth of Australia, as represented by and acting through The Department of Social Services ABN 36 342 015 855, 71 Athllon Drive, GREENWAY ACT 2900 ("us", "we" or "our")

Ruah Community Services ABN 98 065 827 787 of 67 Plaistowe Mews, WEST PERTH WA 6005 ("you" or "your")

Executed by the Parties on the day the last Party signs, which is

...3<sup>rd</sup>... Day of July..... Year 2018...

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:

s 22

s 22

(Signature of Departmental Representative)  
03.07.2018

(Signature of Witness) 3.07.18

s 22

s 22

(Name of Departmental Representative)

(Name of Witness in full)

TEAM LEADER - TRANSITIONS LOE

(Position of Departmental Representative)

Signed for and on behalf of Ruah Community Services, ABN 98 065 827 787 in accordance with its rules, and who warrants that he/she is authorised to sign this Agreement:

s 22

s 22

(Name and position held by Signatory)

Signatory/Witness)

s 22

(Name and position held by second Signatory/Name of Witness)

Signatory/Witness)

29/6/18



**Australian Government**  
**Department of Social Services**

**s 22**

Ruah Community Services  
PO Box 8078  
SUBIACO EAST WA 6008

**Address:** GPO Box 9820  
BRISBANE QLD 4001  
**Telephone:** 1300 653 227  
**TTY:** 133 677  
**Email:** [transitions@communitygrants.gov.au](mailto:transitions@communitygrants.gov.au)  
**Website:** [www.dss.gov.au](http://www.dss.gov.au)

Dear **s 22**

**Variation of Grant Agreement – National Disability Insurance Scheme Transition Program**

The Commonwealth of Australia, represented by the Department of Social Services and Ruah Community Services (the **Parties**) have a current Streamlined Grant Agreement 4-Y78G4C (the **Agreement**).

Following discussion with you concerning:

Amendment of the current Agreement to update Activity Details for the **Personal Helpers and Mentors - 4-3LPO8D** Activity under the **National Disability Insurance Scheme Transition Program**, we have agreed to vary the Agreement.

The Parties seek to vary the Agreement, as follows and do so with this **Letter of Variation**.

You are provided with the Letter of Variation for you to sign. You are required to return two signed copies to us at the above address within thirty (30) Business Days of the date of this letter otherwise this offer will lapse.

We will sign both copies and return one copy to you for your records. The Variation takes effect from the date on which we sign this Letter of Variation.

The Parties agree to the following variations:

Under Schedule Id: 4-3SLPO8D

for Activity Id: 4-3SLPO94

**1. At Item B – Activity Details, delete the following text:**

"Your funding may be adjusted based on the rollout of the NDIS across service areas and your capacity to provide services as a registered NDIS Provider of Supports. You will be notified in writing if this occurs."

and add the following text:

"Your funding will be reviewed monthly and, based on the number of clients you are supporting at the beginning of each month, may be increased at any time during the Activity period. If additional payments are to be made, you will receive a Notice of Change to that effect."

The Parties agree that:

- (a) terms in this Letter of Variation with initial capital letter(s) have the same meaning as they have in the Agreement; and
- (b) the only variations are those set out in this Letter of Variation. In all other respects, the Agreement remains unamended.

If you have any questions, please contact **s 22** on **s 22** or email **s 22** @dss.gov.au.

Yours sincerely,

**s 22**

**s 22**

QLD Centre of Expertise – Transitions  
Community Grants Hub

20 September 2018

# Signatories to this Letter of Variation

**Parties**

**Commonwealth of Australia**, as represented by and acting through **The Department of Social Services ABN 36 342 015 855**,  
71 Athlone Drive, GREENWAY ACT 2900 ("us", "we" or "our")

**Ruah Community Services ABN 98 065 827 787** of 255 Hay Street  
SUBIACO WA 6008 ("you" or "your")

Executed by the Parties on the day the last Party signs, which is

21<sup>st</sup> Day of ... SEPTEMBER Year 2018

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:

**s 22**

**s 22**

(Signature of Departmental Representative)  
21.9.2018

(Signature of witness)

21.9.2018

**s 22**

**s 22**

(Name of Departmental Representative)

(Name of Witness in full)

ASSISTANT DIRECTOR (ACTING)

(Position of Departmental Representative)

Signed for and on behalf of **Ruah Community Services, ABN 98 065 827 787** in accordance with its  
rules, and who warrants that he/she is authorised to sign this Agreement:

**s 22**

**s 22**

(Name and position held by Signatory)

(Sig)

**s 22**

**s 22**

(Name and position held by second Signatory/Name of  
Witness)

(Signatory/Witness)

21.9.18