SCHEDULE: Family Support Program

Agreement id:

Schedule Id:

Schedule completion date: 30 /11/ 2014

Item A	OUR PROGRAM INFORMATION		
A.1	Program Name	Family Support Program	
A.2	children's wellbeing, de reformed Family Supp increased support to vul tape for service provider Program Component Comp		

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 Support Services		
	Activity Start Date Activity End Date	1 July 2013 30 June 2014		
	Activity Details This Schedule must be read and interpreted in conjunction with the 'Terms and Conditions - Standard Funding Agreement: For Agreements entered into from 11 May 2011. The Schedule and the Terms and Conditions should not be read separately from each other.			
	You must provide support services as required including: 1. Supporting individuals to engage with the Royal Commission process, via:			
	Case manage	ment throughout the process;		
	Warm referral process;	s to the Royal Commission and other agencies throughout the		
	Providing info	rmation and advice about what to expect from the process;		
	_	essible information on the Royal Commission process e person's engagement with the process;		
	Accessing into	erpreting or cultural translation services;		
1	De-briefing ar	nd counselling immediately after giving evidence; and		

- Warm referral to appropriate longer-term therapeutic supports.
- 2. Providing comprehensive therapeutic support for those engaged with or affected by the Royal Commission process, via:
 - 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, via:
 - 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.
- Responding flexibly to the needs of people affected by the work of the Royal Commission.

Activity Performance Indicators

	Performance Indicator Description	Target
1	Rating by us of achievement of the assistance provided	Satisfactory

The information listed below on location, service area and the attributed FAHCSIA funding amounts will be used by us to provide reports, by region, on FAHCSIA's funding.

The information may be published on a Commonwealth web site.

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.

Location information

The Activity will be delivered from the following site location/s

	Location Type	Name	Address
1	Direct Funded		

Service area information

The Activity will service the following service areas

	Туре	Service Area
1	State	National

Item C	FUNDING AND PAYMENT (see also Clause 6 of the Terms and Conditions)			
C.1	Financial Year	Amount Payable	GST component (if applicable)	Total
	2012-2013			
	2013-2014			

	2014-2015				
	Bank account information You must notify us in writing of any changes to these account details:				
	BSB number				
	Financial institut	ion			
	Account number				
	Account name				

Item D	Budget
	NOT APPLICABLE

Item E	REPORTS (see also Clause 5 of the Terms and Conditions)						
NOTE	ОТЕ						
	must contain all the information specified below ust be in English and in a form acceptable to us						
All reports m	ust be provided within the timelines set out in Item F						
E.1	Performance Reports (Against Performance Indicators listed in Item B)						
	 Monthly statistical report (in Microsoft Excel), containing: number of contacts received as a result of the establishment of the Royal Commission:						
E.2	Activity Work Plan NOT APPLICABLE						
E.3	Annual Report NOT APPLICABLE						

Item E	REPORTS (see also Clause 5 of the Terms and Conditions)
E.4	Financial Acquittal Reports
	You must provide us with a non-audited financial acquittal report by the dates specified in Item F.
E.5	Other Reports
	a Final Report, containing:
	 an executive summary providing an overview of the Activity; and
	a full description of development, implementation and evaluation of the Activity.
	Evaluation
	We will notify you of the intention to conduct an evaluation, the focus of the evaluation, the officers/s or agent/s appointed by us to conduct the evaluation, the time period in which it is to be conducted, and where appropriate, the involvement sought by you.
	We will consult with you in the development of any evaluation activities.
	You must assist with all requests by us in relation to any evaluation activities organised or supported by us concerning such matters.

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	Performance Report		For the period 1 July 2013 to 30 July 2013 as per Item E.1	15 AUGUST 2013	N/A	N/A
F.3	Performance Report		For the period 1 August 2013 to 31 August 2013 as per Item E.1	15 SEPTEMBER 2013	N/A	N/A
F.4	Performance Report		For the period 1 September 2013 to 30 September 2013 as per Item E.1	15 OCTOBER 2013	N/A	N/A
F.5	Performance Report		For the period 1 October 2013 to 31 October 2013 as per Item E.1	15 NOVEMBER 2013	N/A	N/A
F.6	Performance Report		For the period 1 November 2013 to 30 November 2013 as per Item E.1	15 DECEMBER 2013	N/A	N/A
F.7	Performance Report		For the period 1 December 2013 to 31 December 2013 As per Item E.1	20 JANUARY 2014	N/A	N/A
F.8	Performance Report		For the period 1 January 2014 to 31 January 2014 as per Item E.1	15 FEBRUARY 2014	N/A	N/A
F.9	Performance Report		For the period 1 February 2014 to 28 February 2014 as per Item E.1	15 MARCH 2014	N/A	N/A
F.10	Performance Report		For the period 1 March 2014 to 31 March 2014 as per Item E.1	15 APRIL 2014	N/A	N/A

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.

Milestone	es and Reports	Activity (if Applicable)	Information to be included	Due Date	Payment Amount (GST excl.)	GST
F.11	Performance Report		For the period 1 April 2014 to 30 April 2014 as per Item E.1	15 MAY 2014	N/A	N/A
F.12	Performance Report		For the period 1 May 2014 to 31 May 2014 as per Item E.1	15 JUNE 2014	N/A	N/A
F.13	Performance Report		For the period 1 June 2014 to 30 June 2014 as per Item E.1	15 JULY 2014	N/A	N/A
F.14	Final Report		As per Item E.5	31 JULY 2014	N/A	N/A
F 15	Financial Acquittal Report		Financial Acquittal Report of expenditure in 2013-14 as per Item E.4	31 OCTOBER 2014	N/A	N/A

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

Item H	ASSETS (see also Clause 13 of the Terms & Conditions)	
	You may acquire Assets necessary for service delivery purposes	
	No Assets to be acquired with this Funding	

Item I	SUBCONTRACTORS (see also Clause 28 of the Terms & Conditions)	
	The following subcontractors are required to undertake the Activity as indicated:	
	None specified	

Item J	SPECIFIED PERSONNEL (see also Clause 29 of the Terms & Conditions)	
	The following specified personnel are required to undertake the Activity as indicated:	
	None specified	

CONFIDENTIAL INFORMATION (see also Clause 17 of the Terms & Conditions)	
Our confidential information is:	
None Specified	
Your confidential information is:	
None Specified	

Item L	NOTICES (see also Clause 38 of the Terms & Conditions)	
Our contact details and address for notices		
Name or Position	Section Manager Support and Connections Family and Child Support Policy Branch Department of Families, Housing, Community Services and Indigenous Affairs	
Phone		
Email		
Postal Address	PO BOX 7576 Canberra Business Centre CANBERRA ACT 2610	

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

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.

Signatories to this Agreement

Parties

Commonwealth of Australia, as represented by and acting through The Department of Families, Housing, Community Services and Indigenous Affairs 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 ofYear			
Signed for and on behalf of the Commonwealth of Australia by the relevant Delegate, represented by and acting through The Department of Families, Housing, Community Services and Indigenous Affairs 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)			
Company			
Signed by insert name of grant recipient and ABN, in accor	dance with its Constitution:		
(Signature of Director)/	(Signature of other Director/Secretary)/		
(Name of Director in full)	(Name of other Director/Secretary)		
Wanda an abana defined in the Tanana and Condition	ha anno maning in this Call all la		