|  |  |
| --- | --- |
| **Department of Families, Seniors, Disability Services and Child Safety** | QLD-GOV-Crest |

Particulars

(Events, Products or Minor Assets)

**Version 1.1**

# THE PARTIES

|  |
| --- |
| **STATE OF QUEENSLAND, through the Department of Families, Seniors, Disability Services and Child Safety ABN 75 563 721 098** |

**and**

|  |  |
| --- | --- |
| Funded Organisation  | CAPITALISED |
| ABN/ACN | CONFIRM VIA ASIC ABN/company number |
| Org. number | SUPPLIER ACCOUNT ID generated by P2i |
| Agreement number | con\_XXXXX generated by P2i |

# IMPORTANT INFORMATION

1. These Particulars must be read together with the Short Form Terms and Conditions.
2. Some capitalised terms used in these Particulars are defined at item 10.

# IMPORTANT DATES

|  |  |
| --- | --- |
| Agreement Expiry Date | 00/00/0000 |

# SERVICE OUTLET

|  |  |  |
| --- | --- | --- |
| Service outlet number | Service outlet  | Departmental region/area where service outlet is located |
|  |  | Child Safety |

Note: These are Your details in relation to delivery of the services under this Agreement. Address and contact details for the Agreement generally, including giving and receiving notices, are specified in item 9 of these Particulars.

# FUNDING

## Funding amount(s)

The Funding We will provide to You is GST exclusive and comprises Funding amounts set out below, to be paid in accordance with item 4.2:

1 – [insert] funding

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Service type - Service User**  | **Description**  | **Funding Period \*** | **Funding Amount (excl. GST)**  |
| 1.1 |  |  |  | $ |
| 1.2 |  |  |  | $ |
|  |  |  |  | **$** |

|  |  |  |
| --- | --- | --- |
| **Funding Amount (excl. GST)**  | **Effective Date**  | **Currency**  |
| **$** | 00/00/0000 | Australian Dollar  |

\* Note: This year/period to which Funding relates is included for information. The Funding will be paid in accordance with item 4.2.

## Timing of Payments

Payments of the Funding will be made in instalments as follows:

SELECT THE APPROPRIATE TIMING REFER TO TIMING OF PAYMENT DOCUMENT OPTIONS

**One-off** - one-off will be paid to You in two instalments, the first instalment payment will be made within of Your notification of Funding approval by Us and subject to the receipt of Your vendor details. The second instalment will be paid to You within 28 days after submission of the final milestone report as specified in item 9, if We are satisfied that the report provided demonstrates adequate delivery of the services in accordance with the Agreement.

# FUNDED PURPOSE

The Funded Purpose is as specified below.

1. One-off Funding for purchase of assets

|  |
| --- |
| Description and Funding amount one-off (excl. GST) |
| [insert or Not applicable]  |

1. Other one-off Funding for delivery of an event or product

|  |
| --- |
| Description |
| The Funding is provided to The project will be delivered  |

# REPORTING REQUIREMENTS

This item sets out the Reporting Requirements for the Funding, which must be met to Our satisfaction.

Insert reporting requirements refer to options document

|  |
| --- |
| **Unspent Funding**  |
| **Reporting period and due date** | **Details and standard of reporting**  | **Lodgement**  |
| **Reporting period:** [insert] The term of the Agreement | You must complete and submit Attachment 1: *Unspent Funding Report*.  | Submitted via Our Online Reporting System. |
| **Due date:**[insert a date in dd/mm/yyyy format] |

# QUALITY STANDARDS

Not applicable.

# SPECIAL CONDITIONS AND OTHER MATTERS

## Special Conditions – Standard

1. You must maintain accurate records and accounts of expenditure in relation to the Funding for at least 7 years from the end of this Agreement.
2. You must provide Us with all financial information We request in relation to the Funding.
3. We may conduct audits of Your records and financial accounts in relation to the Funding and You must make available all information that We, or Our auditors, request in relation to any such audit.

## Special Conditions – Additional

1. Clause 5 in the Short Form Terms and Conditions will survive expiration or termination of the Agreement.

## Other Insurance

Not applicable

## Departures from Short Form Terms and Conditions

Not applicable

# NOTICE DETAILS

**You**

|  |  |
| --- | --- |
| Your contact officer (person and/or position) | [insert] |
| Postal address | [insert] |
| Telephone number | [insert] |
| E-mail address | [insert] |

**Us**

|  |  |
| --- | --- |
| Our contact officer(person and/or position) | [insert] |
| Postal address | [insert] |
| Telephone number | [insert] |
| E-mail address | [insert] |

# DEFINITIONS FOR PARTICULARS

In these Particulars, unless otherwise stated or a contrary intention appears:

**“Online Reporting System”**means Our online reporting system for the electronic lodgement of data and reports and which is:

1. subject to subparagraph (b), and unless stated otherwise in the Reporting Requirements, P2i;
2. or as otherwise notified by Us to You from time to time;

**“Our Website”** meansthe website at <https://www.families.qld.gov.au> or such other website as We may from time to time notify You; and

**“P2i”** means Our reporting system known as ‘Procure to Invest’ and which is available through Our Website or as otherwise notified by Us from time to time;

**“Short Form Terms and Conditions”** means the document titled ‘(Short Form) Terms and Conditions’, version 1.2, published on the website [https://www.forgov.qld.gov.au/\_\_data/assets/pdf\_file/0034/452779/updatedshortformtermsandconditions.pdf](https://www.hpw.qld.gov.au/__data/assets/pdf_file/0011/3422/shortformtermsconditions.pdf) at or such or such other website as We may from time to time notify You.

Note: If You cannot locate the Short Form Terms and Conditions, please contact Us and We will assist You or provide You with a copy.

1. **ATTACHMENTS**

|  |
| --- |
| AttachmentNameReference |
| Attachment 1: *insert name* referenced in item insert reference |

**EXECUTED as an Agreement**

|  |  |  |
| --- | --- | --- |
| **SIGNED** for and on behalf of **STATE OF QUEENSLAND**,actingthroughthe Department of Families, Seniors, Disability Services and Child Safety by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(title)a duly authorised person, in the presence of: | )))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of witness) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of witness) |  |  |

**[CHOOSE ONE OF THE THREE EXECUTION CLAUSES BELOW. DELETE THIS TEXT]**

**[EXECUTION CLAUSE – Entity Other Than A Company. DELETE THIS TEXT]**

|  |  |  |
| --- | --- | --- |
| **SIGNED** by **[insert name]****[insert position]** for and on behalf of **[insert funded organisation in CAPITALISED text]** as its duly authorised officer, in the presence of: | )))))))) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of witness) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of witness) |  |  |

**[OR EXECUTION CLAUSE – Company. DELETE THIS TEXT]**

|  |  |  |
| --- | --- | --- |
| **SIGNED** for and on behalfof **[insert name of corporation in CAPITALISED text]**  in accordance with section 127 of the *Corporations Act 2001* |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of director/secretary) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of director) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of director/secretary) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of director) |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

**[EXECUTION CLAUSE – Aboriginal and Torres Strait Island Corporation. DELETE THIS TEXT]**

|  |  |  |
| --- | --- | --- |
| **SIGNED** for and on behalfof **[insert name of funded corporation in CAPITALISED text]** in accordance with section 99-5 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of director/secretary) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature of director) |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of director/secretary) |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of director) |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date) |

**Attachment 1**

**Unspent Funding Report**

please complete and submit via Our Online Reporting System - P2i

|  |  |
| --- | --- |
| **Funded Organisation** |  |
| **Service outlet** |  |
| **Agreement number** |  |

|  |
| --- |
| **RECEIPT AND EXPENDITURE OF FUNDING SUMMARY** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reporting period** | **Unspent Funding from previous period** | **Funding received in this period** | **Expenditure of Funding in this period** | **Unspent Funding in this period** |
| **Term of Agreement** |  | **$** | $ | $ |
| **If there is unspent Funding for this period, provide a comment below:** |

**CERTIFICATION**

**I/We hereby certify that:**

1. The amounts stated above have been expended in accordance with the Service Agreement.

2. The undersigned is/are authorised to sign on behalf of the Funded Organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Signature** |  |
| **Name** |  | **Name** |  |
| **Position** |  | **Position** |  |
| **Date** |  | **Date** |  |