Department of Social Services

Dear

**Letter of Agreement**

I am pleased to offer the following Grant to your organisation to undertake the following Activity under the following Program.

Note: the amounts in this table may have been rounded. For exact Milestone amount/s, see **Grant Payment.**

SAMPLE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program** | **Activity Name** | **Grant Amount (excl. GST)** | **GST (if applicable)** | **Total (incl. GST if applicable)** |
| Disability and Carer Support |  |  |  |  |
|  | **Total** |  |  |  |

To accept this offer and enter into an agreement with the Commonwealth, represented by the [Commonwealth entity name], [Commonwealth entity ABN] in relation to the Grant, please sign the attached Grant Agreement and return the signed copy within twenty (20) business days from (insert date here) to the address below, otherwise this offer will lapse.

[Program Schedule Managing Office High Value]

Provided the signed copy of the Grant Agreement is received by the Commonwealth within the timeframe specified, this letter and the Grant Agreement will form a legally enforceable agreement in relation to the Grant.

If you have any questions about this offer, please contact [Program Schedule Managing Office LOV Low Value].

Yours sincerely



Michele McLaughlin  
A/g Director  
Community Grants Hub  
Transitions Centre of Expertise  
Delivery – Network Operations

(insert date here)

**Parties to this Agreement**

# The Grantee

|  |  |
| --- | --- |
| Full legal name of Grantee |  |
| Legal entity type (e.g. individual, incorporated association, company, partnership etc.) |  |
| Trading or business name |  |
| Any relevant licence, registration or provider number |  |
| Australian Company Number (ACN) or other entity identifiers |  |
| Australian Business Number (ABN) |  |
| Registered for Goods and Services Tax (GST) |  |
| Date from which GST registration was effective |  |
| Registered office (physical/postal) |  |
| Relevant business place (if different) |  |
| Telephone |  |
| Fax |  |
| Email |  |

# The Commonwealth

The Commonwealth of Australia represented by Department of Social Services   
71 Athllon Drive, GREENWAY ACT 2900  
ABN 36 342 015 855

# Grant Details

# Grant Activity

**Activity Information**

| Organisation ID: |  |
| --- | --- |
| Agreement ID: |  |
| Program Schedule ID: |  |

|  |  |
| --- | --- |
| **Activity Name** | National Disability Conference Initiative – Disability Conference Activity – [Activity ID] |
| **Activity Start Date** | 1 July 2021 |
| **Activity End Date** | 30 June 2022 |
| **Activity Details**  **(what you must do)** | **Disability Conference Activity (DCA)**  The National Disability Conference Initiative (NDCI) is a program delivered by the Commonwealth Government as a commitment under the [National Disability Strategy](https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020), supporting the vision of the Strategy for inclusive and accessible communities.  The NDCI is part of the department’s Disability and Carer Support component, under the Disability, Mental Heath and Carers Program (the program). The program provides community-based initiatives and support for people with disability or mental illness and for carers so they can develop their capabilities and actively participate in community and economic life.  The objectives of the program are to provide a foundation for integrated, community led program delivery that understands and meets local needs and promotes innovation and collaboration.  In undertaking the Disability Conference Activity you must:   * help people with disability participate in nationally-focused, disability-related, conferences held in Australia where: * the majority of the conference schedule focuses on national (rather than state, local or regional) issues; and * is open to participants from across Australia (rather than being restricted to participants in a particular state or territory). * assist people with disability with the costs of attending conferences (for example, with conference fees, accommodation, travel for domestic participants); and/or assist family members or carers providing support to a person with disability attending a conference (for example, with conference fees, accommodation, travel for domestic participants); and/or facilitate access so that people with disability can participate in conferences (for example, by funding: * accessible materials; * assistive computer devices or software; * technology enhancements so people with disability can participate remotely; * Auslan interpreters; * aids or appliances; or * other costs of ensuring venue accessibility.   The outcomes of the NDCI that are expected to be achieved by the Grant funding are:   * people with disability are provided with greater opportunities to participate in all areas of Australian life by assisting them and their carers to participate in and influence disability-related and mainstream conferences that might otherwise be inaccessible to them; and * raise awareness among organisations/service providers participating in mainstream conferences of how their activities can benefit from being more inclusive of people with disability.   You must provide us with a signed statement for the period of 1 July 2021 to 30 June 2022 which includes:   * a brief summary of the conference, including: * the purpose of the conference; * where and when it was held; * number of people with disability and carers that attended; * total attendance; * key conference outcomes. |

**Deliverables**

|  |  |
| --- | --- |
| **Description of Deliverable** | **Due Date** |
| For the period of 1 July 2021 to 30 June 2022 provide a signed statement with a brief summary as outlined in the Activity Details for the conferences held or to be held. | 31 July 2022 |
| Financial Declaration from 1 July 2021 to 30 June 2022 to verify you have spent the Grant on the Acitvity in accordance with the Agreement, and specify any amount (if any) of the Grant that remains unspent. | 31 October 2022 |

# Other Conditions

None Specified

**Grant Payment**

The total amount of the Grant is $[Overall Activity Value for all financial years] excluding GST (if applicable).

**Grant Information**

| **Milestone** | **Anticipated Date** | **Amount (excl. GST)** | **GST (if applicable)** | **Total (incl. GST if applicable)** |
| --- | --- | --- | --- | --- |
| Full yearly payment of 2021-22 funds |  |  |  |  |
| **Total Amount** |  |  |  |  |

The Grant will be paid by the Commonwealth in accordance with the agreed Milestones, and compliance by the Grantee with its obligations under this Agreement.

**Invoicing**

The Grantee agrees to allow the Commonwealth to issue it with a Recipient Created Tax Invoice (RCTI) for any taxable supplies it makes in relation to the Activity.

The Grantee must ensure that the Grant is held in an account in the Grantee’s name and which the Grantee controls, with an authorised deposit-taking institution authorised under the *Banking Act 1959*(Cth) to carry on banking business in Australia.

The Grantee’s nominated bank account into which the Grant is to be paid is:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Your bank account details** | **BSB Number** |  |
|  | **Financial Institution** |  |
|  | **Account Number** |  |
|  | **Account Name** |  |

| **Organisation ID:** |  |
| --- | --- |
| **Agreement ID:** |  |
| **Program Schedule ID:** |  |

## 

|  |
| --- |
| **Signatures** |

\*Note: See explanatory notes on the signature block over page

**Executed as an Agreement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |
|  | |  | |  |
| (Name of Departmental Representative) | |  | | (Signature of Departmental Representative) |
|  | |  | | …./…./…… |
| (Position of Departmental Representative) | |  | |  |
|  | |  | |  |
| (Name of Witness in full) | |  | | (Signature of Witness) |
|  | |  | | …./…./…… |
|  | |  | |  |
| Signed for and on behalf of [Program Schedule Organisation Legal Name], ABN [Program Schedule Organisation ABN] in accordance with its rules, and who warrants they are authorised to sign this Agreement: | | | | |
|  | |  | |  | | |
| (Name of Signatory) | |  | | (Signature) | | |
|  | |  | | …./…./…… | | |
| (Position of Signatory) | |  | |  | | |
|  | |  | |  | | |
| (Name of second Signatory if applicable) | |  | | (Signature of second Signatory if applicable) | | |
|  | |  | | …./…./…… | | |

(Position of second Signatory if applicable)

**Explanatory notes on the signature block**

* If you are an **incorporated association**, you must refer to the legislation incorporating the association as it will specify how documents must be executed. This process may differ between each State and Territory. If an authorised person is executing a document on behalf of the incorporated association, you should be prepared to provide evidence of this authorisation upon request.
* If you are a **company**, generally two signatories are required – the signatories can be two Directors or a Director and the Company Secretary. Affix your **Company Seal**, if required by your Constitution.
* If you are a **company with a sole Director/Secretary**, the Director/Secretary is required to be the signatory in the presence of a witness (the witness date must be the same as the signatory date). Affix your **Company Seal**, if required by your Constitution.
* If you are a **partnership**, the signatory must be a partner with the authority to sign on behalf of all partners receiving the grant. A witness to the signature is required (the witness date must be the same as the signatory date).
* If you are an **individual**, you must sign in the presence of a witness (the witness date must be the same as the signatory date).
* If you are a **university**, the signatory can be an officer authorised by the legislation creating the university to enter into legally binding documents. A witness to the signature is required (the witness date must be the same as the signatory date).
* If you are a **trustee of a Trust**, the signatory must be a trustee (NOT the Trust) – as the trustee is the legal entity entering into the Agreement. The words ‘as trustee of the XXX Trust’ could be included at the end of the name.