



AGED SERVICES.
DISABILITY/ACCESSIBILITY
MATTERS.
HACC
GOVT GRANT - COMM OPIED

Mr Mike Rayner
General Manager
Tweed Shire Council (ID 413)
PO Box 816
MURWILLUMBAH NSW 2484

TWEED SHIRE COUNCIL	
FILE No:	AGREEMENTS
DOC. No:	
RECD:	14 MAY 2012
ASSIGNED TO:	
HARD COPY	<input type="checkbox"/>
IMAGE	<input checked="" type="checkbox"/>

Contact: Sara Stubbs
Contact number: 02 6621 1400
ADHC Region: Northern
Ref: AHA11/38845 & AHA12/42602
DofS ID: 02376-02-003

Dear Mr Rayner

Ageing, Disability and Home Care (ADHC), NSW Department of Family and Community Services has approved changes to your organisation's funding. Please refer to the attached Description of Service (DofS) for information about your funding grant.

Changes to your funding are made pursuant to Clause 6.1 and/or Clause 4.1 of ADHC's Funding Agreement. This can include both significant and/or non significant changes.

Significant Changes

Where the change to your funding is considered to be significant as outlined in the Funding Agreement, the appropriately Duly Authorised Representative(s) are required to sign each copy of the Acceptance of Funding Variation. A Notice of Change of Duly Authorised Representative is included for your reference and should be updated if ADHC's records are out of date.

Funding cannot be paid to your organisation until both copies of the Funding Variations are signed and returned. Funding Variations may be returned by email or fax however it will still be necessary to return the originals by post. Return details are:

Email: Funding.Administration@facns.nsw.gov.au
Fax: 02 9765 5130
Postal: Funding Administration
NSW Department of Family and Community Services
Locked Bag 7466
LIVERPOOL BC 1871

Once signed, the funding is considered part of your current Funding Agreement and replaces any previous versions of your DofS that may have been issued.

Non Significant Changes

Should changes to your funding be non significant as outlined in the Funding Agreement the Acceptance of Funding Variation is not attached and is not required. ADHC will assume that you accept these changes unless you advise otherwise in writing.

Please contact **Sara Stubbs** on **02 6621 1400** should you require any further information regarding this funding approval or require any additional DofS for your organisation.

Yours sincerely



Rhea Rivera
Client Service Operator
8 May 2012



ACCEPTANCE OF FUNDING VARIATION

We, as duly authorised representatives of the Service Provider, agree that the Service Provider will comply with the Funding Agreement between Ageing, Disability and Home Care (ADHC), Department of Human Services NSW and the Service Provider and agree that the Service Provider will comply with the Schedules attached to this Funding Variation.

The Common Seal (if required) of **Tweed Shire Council (413)**

was hereunto affixed in accordance with its articles of association in the presence of:

(Name) (Position) (Signature)

(Name) (Position) (Signature)

Affix Common Seal
if required

Signature block for second organisation providing services subject to the Agreement

The Common Seal of (if required) _____ was hereunto affixed in accordance with its articles of association in the presence of:

(Name) (Position) (Signature)

(Name) (Position) (Signature)

Affix Common Seal
if required

ADHC's Use Only

SIGNED as a Deed on this

(Day) (Month) (Year)

Signed sealed and delivered by:

(Name) (Signature)

Pursuant to the authority vested in him/her under an instrument of delegation executed by Minister for Ageing and Minister for Disability Services, New South Wales.

Before me:

(Name) (Signature)



ACCEPTANCE OF FUNDING VARIATION

We, as duly authorised representatives of the Service Provider, agree that the Service Provider will comply with the Funding Agreement between Ageing, Disability and Home Care (ADHC), Department of Human Services NSW and the Service Provider and agree that the Service Provider will comply with the Schedules attached to this Funding Variation.

The Common Seal (if required) of **Tweed Shire Council (413)** was hereunto affixed in accordance with its articles of association in the presence of:

_____	_____	_____
(Name)	(Position)	(Signature)
_____	_____	_____
(Name)	(Position)	(Signature)

Affix Common Seal if required

Signature block for second organisation providing services subject to the Agreement

The Common Seal of (if required) _____ was hereunto affixed in accordance with its articles of association in the presence of:

_____	_____	_____
(Name)	(Position)	(Signature)
_____	_____	_____
(Name)	(Position)	(Signature)

Affix Common Seal if required

ADHC's Use Only

SIGNED as a Deed on this

_____ (Day) (Month) (Year)

Signed sealed and delivered by:

_____ (Name) (Signature)

Pursuant to the authority vested in him/her under an instrument of delegation executed by Minister for Ageing and Minister for Disability Services, New South Wales.

Before me:

_____ (Name) (Signature)



Family & Community Services
Ageing, Disability & Home Care

NOTICE OF CHANGES TO DULY AUTHORISED REPRESENTATIVES

Service Provider Name: Tweed Shire Council

Service Provider ID: 413

Name of Contact:

Phone Number:

Email Address:

Date: 09/05/2012

For non-government community based organisations, at least one office bearer and one member of the management committee, as authorised by the committee.
For local government authorities, the Mayor and a Councillor, or a delegated officer as resolved by Council.
For other government agencies, the Chief Executive Officer or equivalent, and an appropriately delegated officer.

Name:	Position:	Correct	Remove
Mr Barry Longland	Elected Councillor	<input type="checkbox"/>	<input type="checkbox"/>
Mr David Oxenham	Director Community & Natural Resources	<input type="checkbox"/>	<input type="checkbox"/>
Mr Gary Corbett	Manager Community & Cultural Services	<input type="checkbox"/>	<input type="checkbox"/>
Mr Kevin Skinner	Elected Councillor	<input type="checkbox"/>	<input type="checkbox"/>
Mr Michael Rayner	General Mgr	<input type="checkbox"/>	<input type="checkbox"/>
Mrs Joanne Watters	Coordinator Community Options	<input type="checkbox"/>	<input type="checkbox"/>

NEW Duly Authorised Representatives:

Name:	Position:

AUTHORISATION

Current Duly Authorised Representative 1:

Signature:		Date:
Print Name:		

Current Duly Authorised Representative 2:

Signature:		Date:
Print Name:		

Please post the completed form to:
Funding Administration
Department of Human Services NSW
Locked Bag 7466
Liverpool BC 1871
Fax: 02 9765 5130 (Originals must follow if it is faxed)
Email: funding.administration@dhs.nsw.gov.au



Service Provider Name: Tweed Shire Council
Service Provider ID: 0413
Service Provider Address: Tweed Community Options Hacc Centre, Heffron Street
 TWEED HEADS SOUTH NSW 2486
Funding Agreement ID: 13485
Administering Department: Ageing, Disability and Home Care
ACN: 0
ABN: 90178732496

Schedule 1: Description of Service (DofS) 02376-02-003

SERVICE

Description of Service Name:		Tweed Council Community Worker HACC (#2376)			
Bank Details:		CBA Murwillumbah NSW	062-580	00000048	
DofS Id:	Administrative Address:	DofS Start:	DofS End:	Region:	LPA:
02376-02-003	PO Box 816 MURWILLUMBAH NSW 2484	01/07/2009	30/06/2012	Northern	Far North Coast
		Scheduled Extended Date:			
DofS Status:	Approved				

Sub Program:	Service Model:	MDS Code:	
Non Output Services	10.20.02 Ageing & Disability Officer	10.20	
Sub-Programs/Service Model Description:	https://portal.dadhc.nsw.gov.au/guidelines/Sub_Program/non_output_services.pdf		
	https://portal.dadhc.nsw.gov.au/guidelines/Service_Model/ageing_and_disability_officer.pdf		
Special Conditions :		Start Date	End Date
Aged and Disability Officer - This funding will support the Seniors Steering Committee at Banora Point Community Centre and other Seniors information outlets as needed		01/07/2009	30/06/2012

OUTLETS

MDS Id:	Outlet Id:	Outlet Address:	Min Clients:	Max Clients:	%:
	21388	City of the Arts Space (Old Art Gallery) Tumbulgum Rd MURWILLUMBAH NSW 2484			



LGA:	Tweed			
Target Group:	General			100%
Outputs:	Type:	None	Amount:	0

ANNUAL FUNDING VARIATION

O-Id:	Type [Frequency]:	Annual Amount:	CYE:	One-Off:	Funding Period:	Description:
N/A	One-off [One-off]	\$0.00	\$10,000.00	\$10,000.00	01/07/2011-30/06/2012	2011/12-2nd-NR-FNC-07 : Brochures publicity catering venue hire and activities \$10,000
Sub Total:		\$0.00	\$10,000.00	\$10,000.00		

ANNUAL FUNDING

O-Id:	Type [Frequency]:	Annual Amount:	CYE:	One-Off:	Funding Period:	Description:
N/A	Base [Quarterly]	\$27,544.00	\$27,544.00	\$0.00	01/07/2009-30/06/2012	
N/A	Growth [Quarterly]	\$52,000.00	\$52,000.00	\$0.00	01/01/2011-30/06/2012	2010/11-2nd-GR-FNC-06
N/A	Indexation [Quarterly]	\$705.00	\$705.01	\$0.00	01/07/2010-30/06/2012	
N/A	Indexation [Quarterly]	\$2,063.33	\$2,063.33	\$0.00	01/07/2011-30/06/2012	2010/11-2nd-GR-FNC-06
N/A	Indexation [Quarterly]	\$666.00	\$666.00	\$0.00	01/07/2009-30/06/2012	
N/A	One-off [One-off]	\$0.00	\$0.00	\$550.00	01/04/2010-30/06/2010	(HACC%) 09-10 AHA10/20216.
N/A	One-off [One-off]	\$0.00	\$0.00	\$8,500.00	01/01/2011-01/01/2011	2010/11-2nd-GR-FNC-06. Laptop (\$2,000); desk, chair, filing cabinet, phone (\$1,500); brochures & printing (\$5,000)
N/A	One-off [One-off]	\$0.00	\$0.00	\$479.57	16/06/2011-16/06/2011	
Sub Total:		\$82,978.33	\$82,978.34	\$9,529.57		
Grand Total:		\$82,978.33	\$92,978.34	\$19,529.57		

ANNUAL OUTPUTS VARIATION

O-Id:	Outputs:	Units:	CYE:	Start Date:	End Date:
-------	----------	--------	------	-------------	-----------



ANNUAL OUTPUTS

O-Id:	Outputs:	Units:	CYE:	Start Date:	End Date:
21388	None	0	0	01/07/2009	30/06/2012