



# **Service Agreement (Part C) – Specifications for Disability Services**

**The Department of Communities, Child Safety and Disability Services (Disability Services) Service Agreement comprises three sections:**

- **Service Agreement (Part A) - Standard Terms of Funding**
- **Service Agreement (Part B) - Specific Terms of Funding**
- **Service Agreement (Part C) - Specifications**

**The Service Agreement (Part C) - Specifications is designed to document:**

- **Organisation and service details;**
- **Service descriptions;**
- **Funded outputs;**
- **Service specific additional conditions (if applicable);and**
- **Reporting requirements.**



# Service Agreement (Part C) – Specifications for Disability Services

## *Disability Services Act 2006*

**Director-General for the Department of Communities, Child  
Safety and Disability Services**

Name of Funded Organisation	
ABN	
Funded Organisation number	

**Date of Commencement of Service Agreement:** [INSERT DATE]

**Date of Expiration of Service Agreement:** [INSERT DATE]

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# 1 Formation of Service Agreement

## 1.1 Parts of the Service Agreement

The following documents form the Service Agreement:

- (i) The Service Agreement (Part A) - Standard Terms of Funding version 2.1, current as at 3 April 2012 available on Our website, currently ([www.communities.qld.gov.au](http://www.communities.qld.gov.au));
- (ii) the Service Agreement (Part B) - Specific Terms of Funding Disability Services (Part B) version 2.1, current as at 3 April 2012 that specify those terms and conditions specific to the Services and the *Disability Services Act 2006*, available on Our website, currently ([www.communities.qld.gov.au](http://www.communities.qld.gov.au));
- (iii) this part referred to as the Service Agreement (Part C) - Specifications; and
- (iv) any other document agreed in writing by the parties varying or extending the Service Agreement.

## 1.2 Term of Service Agreement

Date of Commencement of Service Agreement: [INSERT DATE]

Date of Expiration of Service Agreement: [INSERT DATE]

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# 2 General

## 2.1 Funded organisation/service provider contact details

Contact Officer	
Position	
Postal address	
Telephone number	
Fax number	
E-mail address	

## 2.2 Service Outlet details

Service Outlet details are contained in the table in item 6.1.

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# 3 Services

## 3.1 Description of Services

The Services to be provided under the Service Agreement are specified in Item 6.1.

## 3.2 Funding area

*Not applicable, intentionally deleted]*

## 3.3 Target Group/Service Users

*Not applicable, intentionally deleted]*

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## 4 Delivery of Services (one-off funding only)

### 4.1 Service Commencement Date

*[Insert Service Commencement Date or if Not Applicable insert the words "Not applicable, intentionally deleted"]*

### 4.2 Milestones

Tasks	Timeframe

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## 5 Exit Strategy

Not applicable, intentionally deleted.

## 6 Funded outputs, performance measurement and reporting

### 6.1 Funding, Outputs, Output measures and Output reporting

<b>Total Recurrent Funding per Financial Year \$</b> .....						
<small>(Includes all recurrent individual and block funding allocations )</small>						
Region	Service Outlet number	Output (DS NMDS code)	Output Measure	Quantity (per annum)	Minimum number of service users	Service Report Required

<b>Service Users with Individual Funding Allocations</b>							
Region	Service Outlet number	First name	Surname	Output (DS NMDS code)	Output Measure	Quantity (per annum)	Service Report Required

<b>Service Users with Block Specified Funding Allocations</b>							
Region	Service Outlet number	First name	Surname	Output (DS NMDS code)	Output Measure	Quantity (per annum)	Service Report Required

### Initiative Specific Block Funding Allocations

Region	Service Outlet number	Initiative Name	Output (DS NMDS code)	Output Measure	Quantity (per annum)	Minimum number of service users	Service Report Required

### Initiative Specific Individual Funding Allocations

Region	Service Outlet number	First Name	Surname	Initiative Name	Output (DS NMDS code)	Output Measure	Quantity (per annum)	Service Report Required

### One-off Block Funding Allocations

Region	Service Outlet number	Start Date	End Date	Funding	Output (DS NMDS code)	Output Measure	Quantity (per one-off period)	Minimum number of service users	Service Report Required

### One-off Individual Funding Allocations

Region	Service Outlet number	First Name	Surname	Start Date	End Date	Funding	Output (DS NMDS code)	Output Measure	Quantity (per one-off period)	Service Report Required

## 6.2 Performance reports

You must submit to Us the reports as specified in Item 10.

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## 7 Funding Details

The Funding Details for the Services are described in item 6.

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## 8 Assets

Refer to separate assets agreement, if applicable.

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## 9 Timing of Payments

Payments of the Funding will be made in advance subject to the lodgement of all statements and reports as required by Us under the Service Agreement.

Payment	Month of Payment
We will make payment to You on a quarterly basis when You have provided Your: <ul style="list-style-type: none"><li>▪ Directors Certification; and</li><li>▪ DS NMDS quarterly transmissions for each of Your service outlets</li></ul>	Payment occurs within 28 days after receipt of the Directors Certification and DS NMDS quarterly transmissions for each of Your service outlets

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## 10 Financial statements and reports

### 10.1 Financial statements and reports

You must submit the following statements and reports to Us at the following address, during the Term of the Service Agreement. Statements and reports will be required for the following periods for each year by the following due dates:

Report	Period	Due date	To
DS NMDS transmissions	Quarterly	1 month after the end of the quarter	<ul style="list-style-type: none"><li>▪ On-line (ODC) – Website: <a href="https://odc.disability.qld.gov.au">https://odc.disability.qld.gov.au</a></li><li>▪ Electronic (own system) – Email: <a href="mailto:cstdanmdsdata@disability.qld.gov.au">cstdanmdsdata@disability.qld.gov.au</a></li><li>▪ Paper forms – Mail: Reply Paid 430 Department of Communities, Child Safety and Disability Services GPO Box 806 BRISBANE QLD 4001</li></ul>

Director's certification	Quarterly	1 month after the end of the quarter	As specified in item 10.2
Service Report (only if required in Item 6.1)	Annual	1 month after the Annual General Meeting	<ul style="list-style-type: none"> <li>▪ DS_OTIS@communities.qld.gov.au</li> <li>▪ Fax: 3224 8103</li> <li>▪ Funding Administration GPO Box 806 BRISBANE QLD 4001</li> </ul>
Financial statements as specified in Service Agreement (Part A) – Standard Terms of Funding clause 8.1 (a) (ii)	Annual	Within 6 months of the end of Your financial year	As specified in item 10.2
Financial statements as specified in Service Agreement (Part B) – Specific Terms of Funding clause 9 (a) & 9 (b)	Annual	Within 6 months of the end of Your financial year	As specified in item 10.2

## 10.2 Address for financial statement and reports

Financial statements or reports are to be submitted to Us, by the dates shown in the above table, at the following address:-

NGO Financial Assessments Team  
Funding Administration  
Department of Communities, Child Safety and Disability Services  
GPO Box 806  
BRISBANE QLD 4001

OR  
Faxed to:  
NGO Financial Assessments Team on 3224 8103

OR

Emailed to:  
[dsggrants@communities.qld.gov.au](mailto:dsggrants@communities.qld.gov.au)

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## 11 Additional conditions

Where Funding is provided under any of the programs specified below You must ensure that the Services provided are in accordance with the specific program guidelines as advised.

<List relevant programs for example PSS >



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## 12 Departmental Officer

<b>Name</b>	<i>[Insert name]</i>
<b>Position</b>	<i>[Insert position]</i>
<b>Postal address</b>	<i>[Insert postal address]</i>
<b>Telephone number</b>	<i>[Insert telephone number]</i>
<b>Fax number</b>	<i>[Insert fax number]</i>
<b>E-mail address</b>	<i>[Insert email address (if any)]</i>

# EXECUTED as an Agreement

SIGNED by *[insert name]* *[insert position]*  
as delegate for the Director-General of the  
Department of Communities, Child Safety and  
Disability Services

)  
)  
)  
)  
)  
)  
)

x

\_\_\_\_\_  
Signature

x

\_\_\_\_\_  
Signature of Witness

x

\_\_\_\_\_  
Date

x

\_\_\_\_\_  
Name of Witness

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**(This EXECUTION CLAUSE is to be used for  
any NGSP that is NOT a company delete this  
instruction when printing)**

**(Delete the entire clause if the annexure  
clause on the next page is to be used- delete  
this instruction when printing)**

SIGNED by *[insert name]* *[insert position]* for  
and on behalf of *[insert name of Service  
Provider]* as its duly authorised officer:

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)  
)  
)  
)  
)

x

\_\_\_\_\_  
Signature

x

\_\_\_\_\_  
Signature of Witness

x

\_\_\_\_\_  
Date

x

\_\_\_\_\_  
Name of Witness

This **EXECUTION CLAUSE** is for use by companies only - delete this instruction when printing)

(delete entire clause if the other annexure clause is used - delete this instruction when printing

**SIGNED** for and on behalf of

**[NAME OF CORPORATION]**

in accordance with section 127 of the *Corporations Act 2001*

x \_\_\_\_\_  
(signature of director/secretary)

\_\_\_\_\_  
(name of director/secretary)

x \_\_\_\_\_  
(signature of director)

\_\_\_\_\_  
(name of director)

\_\_\_\_\_  
(date)