

Agreement Number : [Enter Agreement Number]
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Contractor : [Enter Contractor Name]

ACTIVITY SCHEDULE

Item A PHN Activity information

PHN activity name : **Family, Domestic and Sexual Violence (FDSV)**

A.1 Primary Health Networks

PHNs have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

A.2 PHN Family, Domestic and Sexual Violence Pilot

PHNs have been funded to establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV).

Key objectives of the FDSV pilot in primary care providers include assisting in the prevention, early identification, intervention, and coordination of referrals to support services for victim-survivors of:

- (1) family and domestic violence.
 - (2) sexual violence; and
 - (3) child sexual abuse.
-

Item B Activity Information

Activity Name : **FDSV Primary Care Integration**

Activity Start Date : **On execution.**

Activity End Date : **30 June 2026**

B.1 Activity Description

The Activity aims to improve the effectiveness of the primary care response to FDSV and integrate this into the broader local support system through a social work service embedded into general practices. It will assist primary care providers to increase their skills and confidence, create safe environments for disclosure and work collaboratively with specialist FDSV providers to improve care pathways, as part of a whole of practice response to FDSV. As part of the national Supporting Primary Care Pilot, the Activity will also support training, innovation, integration, and evaluation activities coordinated by WAPHA in the Local Government Area (LGA) Cities of Armadale, Gosnells, and Canning.

B.2 Activity Requirements

The Contractor is required to perform the Activity in accordance with the following requirements.

- (1) Build the capacity of general practices to provide safe and effective care for patients experiencing the impact of family, domestic and/or sexual violence. This includes establishing internal referral processes; increase the understanding of trauma informed care within the practice; build the understanding of all of the practice team roles; establish the role of Social Work within practice's clinical and other meetings.
- (2) Conduct activities to improve the integration of general practice care into the local service response to people impacted by family, domestic and sexual violence. This includes building referral processes ; establish relationships between general practice stakeholders and local services to promote positive general practice response to people impacted by family, domestic and sexual violence.
- (3) Assist in activities implemented by WAPHA related to the pilot, through attendance, planning support and advice, and facilitating engagement by clinical and non-clinical general practice stakeholders.

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- (4) Assist in developing and embedding referral pathways so individuals are referred to the most appropriate service for their needs.

B.3 Objectives of the service

The objectives of the Activity are to:

- (1) Establish and maintain a service that:
 - (a) Supports primary care with providing safe and trauma informed care for patients experiencing the effects of FDSV.
 - (b) Support system integration within the local area and capacity building for the primary care network.
 - (c) Participates in the national evaluation of the pilot program and continuous improvement activities.

B.4 Service Outcomes

The outcomes of this Activity are to:

- (1) Improve primary care outcomes for individuals experiencing FDSV.
- (2) Improve general practitioner and practice staff knowledge, awareness, and confidence in supporting and treating patients experiencing FDSV.
- (3) Increase the practice staff knowledge of services in the local area and referral pathways.
- (4) Improve integration between the primary care and FDSV service within the local area.

B.5 Establishment Period

An establishment period from contract execution to 31 July is available. If an establishment period is required, the full activity requirements under B.6 Key Elements and Strategies are to commence no later than 1 August 2024. Activities to be undertaken in the establishment period are to cover but not limited to:

- (1) Recruitment of social workers with specialist expertise in family violence, sexual violence and child sexual abuse, and complete training that may need to be undertaken to work in a primary care environment.
- (2) In partnership with WAPHA, confirmation of colocation arrangements with general practices in the pilot and establishment of referral processes for assistance to other general practices in the local area.
- (3) Establishment of data collection and reporting systems as per guidance below in B.7.9 Commonwealth Data Requirements. Completion of training to use InfoXchange CRM, which will be coordinated by WAPHA and delivered by InfoXchange.
- (4) Establish monthly meetings with WAPHA to review CRM data, activity outcomes, general practice engagement, and strategies to collaboratively achieve project objectives.
- (5) Initial activities to promote and raise awareness of the service within the pilot practices such as education for general practice staff and referral processes; engage with other local general practices to establish referral processes and expectations of service delivery and networking with relevant local service providers.
- (6) Compulsory attendance at a two-hour WAPHA kick off workshop by at least 2 Contractor representatives.

B.6 Key Elements and Strategies

The services delivered in this Activity are:

- (1) **Capacity Building** - The Contractor will use a whole-of-practice approach to capacity building, supporting each person within the general practice to implement strategies appropriate to their role, and fostering a supportive team approach that includes general practitioners, practice nurses, allied health, practice manager(s), reception staff and any other worker providing services at the practice. Support should include the following, as indicated by capacity and willingness of participating practices involved:
 - (a) Raise awareness and understanding of the prevalence, drivers, at risk groups and impact of FDSV and how patients impacted may potentially be recognised.
 - (b) Assess and develop the practice approach to staff and contractors who are personally impacted by FDSV, including awareness, support, policies, and procedures.

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- (c) Assist administration and practice management staff to create a waiting room environment and reception experience that fosters safety for victims of violence and abuse and promotes relevant support services.
- (d) Assist clinicians to:
 - (i) safely screen at-risk or indicated patients, including adults, children, and young people.
 - (ii) create a safe environment for disclosure of FDSV by patients and/or family members.
 - (iii) conduct risk assessments and safety plans appropriate for the scope and capacity of general practice.
 - (iv) Develop or utilise existing clinical guidelines for responding to FDSV.
 - (v) Confidently write clinical notes, assessments, referrals and other documentation using an approach that promotes safety for victims of violence and accountability for people who use violence.
 - (vi) Where clinicians do not have capacity to conduct the above with or without assistance by the Contractor, the Contractor may conduct screening, risk assessments, safety planning and appropriate interventions directly with patients.
 - (vii) Establish consent processes to support streamlined and safe referrals to FDSV services that avoid re-traumatisation and repetition of a patient's story.
 - (viii) Make appropriate referrals to FDSV specialist services and other relevant services with, or on behalf of general practice clinicians and staff.
 - (ix) Conduct follow-up with the patient and/or services to improve referral outcomes and advise referring clinicians of the outcome of referral.
 - (x) Coach clinicians and non-clinical practice staff, where desired, in relation to their response to patients experiencing FDSV. This should include coaching in culturally competent and inclusive practice.
 - (xi) Implement strategies to empower patients in the collection, storage and sharing of their records relating to FDSV.
 - (xii) Provide feedback as requested to the National Centre for Action on Child Sexual Abuse in relation to the development of new resources for primary health care workers.
 - (xiii) Utilise as appropriate resources developed by the National Centre for Action on Child Sexual Abuse.
- (2) **Integration** - Conduct activities to improve the integration of general practice care into the local service response to people impacted by family, domestic and sexual violence.
 - (a) Develop clarity regarding the role and scope of general practice within the local service response to FDSV. Work with providers in other pilot sites to develop a shared national approach to scope of practice.
 - (b) Represent general practice perspectives at FDSV-related networks, events and meetings as appropriate.
 - (c) Provide education to FDSV services (including but not limited to the South-East Metro Healing Service) regarding the challenges and opportunities within general practice regarding FDSV support, and how services can work effectively with general practice to improve patient outcomes.
 - (d) Provide informal and, if appropriate, formal feedback to general practices regarding the opportunities for improved care that are identified by FDSV services and/or lived experience representatives.
 - (e) Conduct face-to-face opportunities for general practitioners and practice teams to build relationships of mutual trust with FDSV services.
 - (f) Identify any system issues that act as a barrier to integration of primary healthcare into a systems response to FDSV.

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- (3) **Training Activities** – Assist in activities implemented by WAPHA related to the pilot, through attendance, planning support and advice, and facilitating engagement by clinical and non-clinical general practice stakeholders. These activities include:
- (a) Workshops on Design and Innovation.
 - (b) Training sessions.
 - (c) Integration/Networking activities.
 - (d) Quality improvement activities.
 - (e) Community-of-practice/peer learning activities.

B.6.2 Skills and Experience

Social Workers employed under the Activity require a level of expertise and authority that enables them to fulfil the role of FDSV specialist within a general practice setting. It is expected that staff will have a minimum of five years' experience in direct work in the FDSV field, including risk assessments and safety plans, along with some experience in supervision, training and/or mentoring. All staff are required to have undergone formal training in responding to family violence, child sexual abuse and sexual assault.

If this is not possible, the Contractor must ensure that all three types of expertise are represented within the team employed, and that arrangements for sharing of this expertise across all participating practices are in place.

It is critical that the service can provide expertise on responding to all three types of violence, and to confidently coach primary care workers in appropriate responses. Staff will also require a solid awareness of local referral pathways and support services available to victims of violence and abuse in the Armadale/Canning/Gosnells LGAs.

To support a culturally safe service, staff are required to have completed training in cultural safety within the last 12 months, or within the first 3 months of employment.

B.6.3 Modality

The Services are to be provided using any combination of the following modalities, on the condition that face-to-face support is provided to practices via part-time inreach on the days negotiated following contract execution:

- (1) Telephone
Services are sessions/consultations where the main provision of information and support is conducted via telephone. Telephone support is the strategy chosen by the organisation to deliver the service as opposed to telephone calls that are simply part of routine follow-up/administration.
- (2) Video
Services are sessions/consultations that take place face to face via video conferencing or similar facilities.
- (3) Individual Face-To-Face
Services are sessions/consultations that take place face to face with an Individual.
- (4) Group Face-To-Face
Services are group sessions that take place face to face with a group of Individuals. The same group of Individuals generally attend several sessions, with each session building on the information from the previous one through interactive learning. Sessions are run by a facilitator and new participants do not normally join after the first session.
- (5) Office/Centre Based
Services are sessions/consultations that take place face to face with an Individual or group of Individuals at the Contractors premises or premises utilised by the Contractor for providing sessions/consultations.
- (6) Inreach-named location
Services are to be provided part-time at a minimum of general practices selected by WAPHA. Hours of inreach will be negotiated directly between the Contractor and the general practice representative, with the support of WAPHA if required.

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B.7 Eligibility and Target Group

(1) Mandatory Criteria

To be a person eligible to receive Services under the Activity (an Individual), the person must be:

- (a) A primary care worker in the pilot region; or
- (2) A patient of a primary care service in the region; and
 - (a) Impacted by family violence or sexual violence (including child sexual abuse)

B.7.2 Target Focus

The Activity is to have a focus on providing services for Individuals who fall into the following target group(s):

- (1) Staff of General practices who have a formal agreement with WAPHA to participate in the activity.
- (2) Women and children who are patients of a general practice in the region.
- (3) Patients of general practices that have a formal agreement with WAPHA to participate in the activity.

B.7.3 Hours of Operation

The Services under the Activity are to be provided at the following times:

Service is to be initially available during working hours, 5 days a week. Change of opening hours to suit stakeholders is encouraged but must be agreed by WAPHA.

B.7.4 Collaboration and Integration

As part of the Activity and in delivering the Services under the Activity the Contractor is to, as far as is practicable:

- (1) work closely with other providers of related services to develop and maintain referral pathways,
- (2) develop formal agreements with key partners, identifying responsibilities of each party and a commitment to work collaboratively;
- (3) where appropriate promote and participate in shared care and planning arrangements;
- (4) where possible maximise the ability, and use of electronic health information sharing systems, including promoting the consent to such use by Individuals; and
- (5) where relevant, work closely with tertiary services and/or local community organisations to ensure a smooth transition between acute, secondary, primary care and community services.

B.7.5 Substantive Equality

The Contractor must give consideration to equal opportunity legislation and promote substantive equality in its practices and Service delivery, ensuring that Services are sufficiently tailored, where relevant to the Services, to meet the needs of Western Australia's diverse community including individuals and groups from Aboriginal, ethnic and social minority communities.

B.7.6 HealthPathways WA

(1) Service Information

The Contractor is to, where required by WAPHA, provide and keep up to date information on the Services it provides under the Activity including as a minimum: locations from which services are provided; the referral process; contact details for the specific Service; referral criteria. This information may, at the discretion of WAPHA, be published on the HealthPathways WA website.

(2) Training/Education

Where the Contractor is providing training or education to health professionals in relation to the Services under the Activity, the Contractor is required to include information on HealthPathways as a component of the training and to promote the use of HealthPathways.

B.7.7 Needs Assessments

The Contractor is required to participate in workshops and provide input and assistance as required by WAPHA for WAPHA to develop and update its needs assessments.

B.7.8 Independent Evaluation of Activity

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Should WAPHA choose to undertake an independent evaluation of the Activity the Contractor will work with, and provide assistance to, WAPHA and any third party engaged by WAPHA, as is reasonably required:

- (1) in the development of the evaluation framework; and
- (2) to carry out the evaluation (including providing ongoing access to data and information).

B.7.9 Commonwealth Data Requirements

The Contractor is required to participate in reporting as part of the National Evaluation of the Supporting Primary Care PHN FDSV Pilot program conducted by the Sax Institute. WAPHA will not require activity reporting in addition to this. This includes but is not limited to the following:

- (1) Data collection: Information to be provided monthly about each meaningful contact the funded staff members have with primary care providers and other stakeholders. Meaningful contacts include relationship building, providing FDSV-related resources, delivering formal FDSV-related training, supporting FDSV-related quality improvement activities, providing advice about FDSV (general and patient-specific) and the characteristics of any direct referrals accepted by the FDSV Workers. Further details are provided in Appendix A.
- (2) A purpose-built CRM tool has been developed by InfoXchange to capture the required data across all pilot sites. The Contractor is encouraged to use the InfoXchange tool, with training provided by InfoXchange, however the Contractor may choose to instead provide manual reporting of the information contained in Appendix A. The Contractor will have an opportunity to contribute to finalising the design of the CRM tool, along with other commissioned providers across all pilot sites. This CRM will also allow access for the Contractor to real-time reporting about the Contractor's services and implementation of the FDSV Pilot, for use in own management system or quality improvement activities.
- (3) Collecting brief pre-post surveys from participants of any formal training activities delivered or coordinated by the FDSV Workers. Surveys will be provided by the Sax Institute in a variety of formats.
- (4) Inviting all Contractor Personnel that the funded FDSV Worker(s) have engaged with to complete an online follow-up survey regarding the impact and intended outcomes of the FDSV pilot.
- (5) Participating in interviews or focus groups to be conducted in early 2025 and 2026 by the Sax Institute. These interviews will explore interviewees' views in relation to:
 - (a) How well the FDSV Pilot was implemented.
 - (b) Any barriers and facilitators of the FDSV pilot's implementation.
 - (c) How well the FDSV Pilot met the needs of primary care services and FDSV victim-survivors.
 - (d) Whether the FDSV Pilot achieved its intended outcomes for the three target groups outlined above; and;
 - (e) Whether the FDSV pilot's impact was equitably distributed across participant sub-groups.
- (6) Nominating a selection of key stakeholders to participate in similar interviews at the same time points, including GPs, other practice staff, any other primary care workers targeted, staff at specialist FDSV agencies and FDSV victim-survivors (up to ten interviews/small group discussions be conducted for each PHN).

B.7.10 Charges for Services Under the Activity

- (1) All Services provided under the Activity are to be provided at no out of pocket financial cost to Individuals.
- (2) The Contractor must ensure that its personnel and contractors comply with Commonwealth legislation and Medicare requirements relating to practitioners' Medicare billings and acknowledge and agree that it is a fundamental principle of Medicare that a Medicare benefit is not payable where a practitioner (anyone with a Medicare provider number eligible to bill Medicare) renders a professional service which has been funded from another source (such as a service which the Australian Government has directly or indirectly funded and includes Fees provided under this Activity).

B.7.11 Appropriate use of Language

- (1) Whilst being required to adhere to the contractual obligations under the Activity the Contractor is not required to duplicate the language used in this Activity Schedule into operational documentation, related

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materials and practice such that it would impede the effectiveness of the delivery of the Services under the Activity.

- (2) The way in which the Services are described, worded or otherwise presented or packaged to stakeholders should be appropriately amended in a manner that reflects the understanding and context of the intended audience. For example the Services may reasonably be described as coaching, training, or counselling as such terms may better reflect common understanding of what is being offered (giving consideration to the culture, perspective, orientation, preference and other relevant factors of the audience).

B.8 Performance Criteria

B.8.1 The Contractor acknowledges and accepts that payment under this Agreement will be linked, and is subject, to delivery against these performance criteria:

- (1) achievement of the Activity outcomes;
- (2) the delivery of the Activity/ies as outlined in this Agreement;
- (3) completion of all plans, reports and deliverables as outlined in this Agreement; and
- (4) provision of information to support the reporting responsibilities of WAPHA as outlined in this Agreement.

B.9 Conflicts

Without limiting clause 25.4 of the Terms and Conditions, the Contractor is required to:

- (1) identify, document and manage conflicts of interest;
- (2) put in place appropriate mitigation strategies; and
- (3) structure its arrangements to avoid, or actively and appropriately manage conflicts of interest.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of conflicts of interest generally and specifically in relation to the Activity.

B.10 Governance and Risk Management

B.10.1 Governance

The Contractor is responsible for:

- (1) ensuring a high-quality standard of service delivery which is supported by appropriate quality assurance processes;
- (2) ensuring the workforce is practising within their area of qualification and competence;
- (3) ensuring appropriate supervision (including clinical where relevant) arrangements are in place;
- (4) establishing and maintaining appropriate consumer feedback procedures, including complaint handling procedures;
- (5) ensuring appropriate crisis support mechanisms are in place to provide information to Individuals on how to access other services in a crisis situation; and
- (6) ensuring transition pathways are in place that allow Individuals to seamlessly move to an appropriate alternate service should their circumstances change.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of its governance responsibilities as outlined above.

B.10.2 Risk

The Contractor is required to:

- (1) identify, document and manage risks and put in place appropriate mitigation strategies; and
- (2) be responsible for managing risks to its own business activities and priorities.

If requested by WAPHA at any time the Contractor is to provide evidence of its active management of risks generally and specifically in relation to the Activity.

B.11 Branding and Activity Disclaimers

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Where referring to the national pilot under which this activity is funded, the Contractor must use the title “Supporting the Primary Care Response to Family, Domestic and Sexual Violence PHN Pilot”. When referring to local activities funded under the pilot, the Contractor may use whatever terms or activity title are most appropriate for the context, to ensure an effective message.

The Contractor is required to apply Activity branding as directed by WAPHA, including a WAPHA approved acknowledgement and disclaimer, in a prominent position on any materials or platforms where the Activity is promoted or referred to including:

- (1) websites, digital platforms and presentations; and
- (2) Activity Materials and collateral;

except where the materials or platforms are solely for the use of the Contractor internally within its organisation.

B.12 Location and Service Area

In the first twelve months of service delivery, the Contractor is required to deliver the service from the following locations.

- A minimum of six general practices that have signed formal agreements with WAPHA to participate in the activity for twelve months. Each general practice will host the service part-time, with hours to be negotiated by the Contractor, with WAPHA’s support if required.
- A specialist FDSV service provider location within the pilot region has advised that all or part of the Activity will be delivered from the site location(s), and service the service area(s) specified below:

In the second year of service delivery, WAPHA will determine general practice locations in consultation with the Contractor and general practices. Locations may be adjusted through negotiation with WAPHA based on feedback regarding the initial sites.

If and when resources funded under the activity are surplus to the needs of primary care providers in the pilot region, WAPHA may advise the Contractor to expand the region of operation to the larger Perth South East region and/or or Perth South West Region (see B.12.1)

PHN	Site Location(s)	Service Area(s)
Perth South	[Address(s) from which the Contractor will be providing the services]	[Local Government Areas of the Cities of Canning, Gosnells and Armadale.

B.12.1 Perth South PHN Regions

- (1) Perth South East Region is as per the Australian Bureau of Statistics (ABS) definition of Perth South East (SA4).
- (2) Perth South West Region consists of Perth - South West (SA4), Mandurah (SA4), Waroona (SA2) and Murray (SA2) as per the ABS definitions.

Item C Fees

Where the Activity relates to more than one PHN the Fees must only be used for the delivery of the Activity in the PHN for which they are provided, as detailed below.

C.1.1 Perth South PHN:

Financial Year	Fee Stream	Fee Amount (Ex. GST)	Total Fee (Inc. GST)
2023-2024	FDSV	\$200,000.00	\$220,000.00
	FY Total	\$200,000.00	\$220,000.00
2024-2025	FDSV	\$1,282,000.00	\$1,410,200.00
	FY Total	\$1,282,000.00	\$1,410,200.00

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2025-2026	FDSV	\$1,282,000.00	\$1,410,200.00
	FY Total	\$1,282,000.00	\$1,410,200.00
Activity Total		\$2,764,000.00	\$3,040,400.00

C.2 Fee Streams

(1) Family, Domestic and Sexual Violence Pilot

Unless otherwise stated in this Activity Schedule or advised in writing by WAPHA to the contrary Activities receiving Fees from this funding stream are required to adhere to the reporting requirements of B.6.11.

C.3 Allowable Use of Fees

Fees are to be used for achieving the Activity Outcomes in accordance with the Agreement and the Activity in accordance with the approved Budget.

C.4 Non-allowable Use of Fees

Fees are not to be used for:

- capital works or the purchase of capital assets, unless these are specifically detailed in an approved Budget or otherwise approved by WAPHA; or
- duplication of services that are currently provided; or
- services that are primarily the responsibility of state and territory governments; or
- services that are more appropriately funded through other programs.
- Case management services or support for clients who are not active patients of a primary care provider in the Armadale, Gosnells or Canning LGAs.

Item D Budget

The Contractor is to submit Budgets in accordance with the timeframes and for the time periods as set out in Item F of this Schedule.

Budgets must clearly identify and provide detail separately for the Activity on each of the PHNs to which the Fees apply.

Budgets must, where a template is provided by WAPHA, be submitted in the format of the template provided.

On submission of a Budget WAPHA may require additional information or amendments to be made prior to approval of the Budget.

Once a Budget has been approved by WAPHA the Contractor is to perform the Activity in accordance with the approved Budget.

Item E Plans/reports/deliverables

The Contractor must submit plans, reports and deliverables in accordance with the timeframes set out in Item F of this Schedule.

On submission of a plan, report or deliverable WAPHA may require additional information or amendments to be made prior to approval of the plan, report or deliverable.

Plans, reports and deliverables must, where a template is provided by WAPHA, be submitted in the format of the template as required by WAPHA.

Completion of the requirement of a plan, report or deliverable is not met until the same has been accepted and approved by WAPHA in writing.

Unless directed otherwise all Deliverables are to be submitted by email to deliverables@wapha.org.au.

E.1 Financial Reports

E.1.1 Variances

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For all financial acquittals, the Contractor is to provide an explanation of any variances between the budget and the actuals, where the variance amount is both:

- (1) 10% or more of the individual line item; and
- (2) 1% or more of the total actual expenses.

E.1.2 Financial Acquittal - Unaudited

WAPHA may request this report and the Contractor is expected to supply within 14 working days. This report is to consist of:

- (1) a financial declaration signed by the Contractors authorised representative confirming that:
 - (a) the Fees for the Activity have been used in accordance with the Agreement;
 - (b) the income and expenditure statement adheres to the applicable Australian Accounting Standards and is based on proper accounts and records; and
 - (c) is a fair presentation of the financial statements and related disclosures;
- (2) an income and expenditure statement that aligns to the approved Budget, detailing the actuals against the approved Budget for the period indicated.

E.1.3 Financial Acquittal - Audited

This report is to consist of:

- (1) a financial declaration signed by the Contractors authorised representative confirming that the Fees for the Activity have been used in accordance with the Activity.
- (2) an income and expenditure statement that aligns to the approved Budget, detailing the actuals against the approved Budget for the period indicated which has been independently audited by an independent auditor;
- (3) an audit opinion which shall include a statement by an independent auditor attesting that it has examined the Contractors financial statements and accompanying disclosures and that the income and expenditure statement:
 - (a) adheres to the applicable Australian Accounting Standards and is based on proper accounts and records; and
 - (b) is a fair presentation of the financial statements and related disclosures;

E.1.4 An independent auditor for the purposes of E.1.3(2) and E.1.3(3) must be:

- (1) a Registered Company Auditor under the Corporations Act 2001 (Cth); or
- (2) a member of CPA Australia; or
- (3) a member of the Institute of Public Accountants in Australia; or
- (4) a member of the Institute of Chartered Accountants in Australia; or
- (5) where the Contractor is a Federal or State Government body, a person who has been authorised to make such a statement as detailed in E.1.3(2) and E.1.3(3).

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Item F Milestone/deliverables/payment schedule

The following table combines all the Contractor’s reporting and other Deliverables for all Activities and Payment under this Activity Schedule. Where relevant in this schedule the PHNs Perth South, Perth North and Country WA are abbreviated to SOU, NOR and COU respectively.

Milestone/Deliverable Payment		Requirements	Due Date	Payment Amount	
				(GST excl.)	(GST incl.)
F.1	2023-24 Payment 1	On execution of this agreement.	-	\$200,000.00	\$220,000.00
F.2	2024-25 Budget	Submission of Budget in accordance with Item D for the period 1 July 2024 to 30 June 2025.	20 Business Days from execution of this Contract.	-	-
F.3	2024-25 Payment 1 (55%)	Satisfaction with Activity progress to date and approval of F.2 2024-25 budget. Satisfaction with Activity progress to date. Service is established Colocation arrangements confirmed Referral processes established with partner practices Submission of capacity-building priorities for each participating general practice, developed in consultation with practice teams, including clinical meetings Data collection system exists and data collection begun	1 July 2024	\$705,100.00	\$775,610.00
F.4	2024-25 Payment 2 (25%)	Internal referral processes exist SW engagement in clinical meetings at each practice Data collection system exists and data collection occurs with monthly reviews Referral processes to local service providers exists	1 Jan 2025	\$320,500.00	\$352,550.00

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Milestone/Deliverable Payment		Requirements	Due Date	Payment Amount	
				(GST excl.)	(GST incl.)
F.5	2024-25 Financial acquittal - unaudited	Submission of financial acquittal - unaudited in accordance with E.1.2 for the period from 1 July 2024 to 31 December 2024. [On Request by WAPHA]	31 Jan 2025	-	-
F.6	2024-25 Payment 3 (20%)	Satisfaction with Activity progress to date. Referral processes to local providers exists Practices are confident re their ability to work effectively with people who have an experience of FDSV Training and other activities have been attended	1 Apr 2025	\$256,400.00	\$282,040.00
F.7	2024-25 Financial acquittal - audited	Submission of financial acquittal - audited in accordance with E.1.3 for the period from 1 July 2024 to 30 June 2025.	30 Sep 2025	-	-

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Item G Subcontractors

The following subcontractors are approved to undertake the Activity/ies as indicated:

Activity	Subcontractor(s)
[TBA]	[TBA]
[TBA]	[TBA]

Item H Specified Personnel

The following Specified Personnel are required to undertake the Activity/ies as indicated:

Activity	Specified Personnel
[TBA]	[TBA]
[TBA]	[TBA]

Item I Prior Services

None specified.

Item J Intellectual Property Rights

The following are specified for the purposes of the corresponding definitions in the Agreement.

WAPHA Material	None specified.
Contractor Material	[TBA]

The following Party is specified as the owner of Intellectual Property Rights in Activity Material for the purposes of Clauses 9 and 10 of the Agreement.

Party	WAPHA
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