ACTIVITY SCHEDULE

Item A PHN Activity information

PHN activity name: Mental Health and Suicide Prevention (MHSP)

A.1 (MHSP)

PHNs are to lead mental health and suicide prevention planning, commissioning and integration of services at a regional level to improve outcomes for people with or at risk of mental illness and/or suicide, in partnership with state and territory government, general practitioners (GPs), non-government organisations, National Disability Insurance Scheme providers and other related services, organisations and providers.

A.1.1 Activity Aims

The aims of the MHSP activity are:

(1) increasing the efficiency and effectiveness of primary mental health and suicide prevention services for people with or at risk of mental illness and/or suicide;

(2) improving access to and integration of primary mental health care and suicide prevention services to ensure people with mental illness receive the right care in the right place at the right time; and

(3) aligning activities to complement those undertaken as part of the PHN: Indigenous Mental Health Activity, where relevant and possible.

A.1.2 Activity Objectives and Priority Areas

The objectives and priority areas of the MHSP activity are to:

(1) improve targeting of psychological interventions to most appropriately support people with mild mental illness at the local level through the development and/or Commissioning of low intensity mental health services;

(2) support region-specific, cross sectoral approaches to early intervention for children and young people with, or at risk of mental illness (including those with severe mental illness who are being managed in primary care) and implementation of an equitable and integrated approach to primary mental health services for this population group;

(3) address service gaps in the provision of psychological therapies for people in under-serviced and/or hard to reach populations, including rural and remote populations, making optimal use of the available service infrastructure and workforce;

(4) commission primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness who are being managed in primary care, including through the phased implementation of primary mental health care packages and the use of mental health nurses;

(5) encourage and promote a regional approach to suicide prevention including community-based activities and liaising with Local Hospital Networks (LHNs) and other providers to ensure appropriate follow-up and support arrangements are in place at a regional level for individuals after a suicide attempt and for other people at high risk of suicide; and

(6) enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level facilitating a joined-up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and other drug services.

Item B Activity Information

Activity Name: **Youth Enhanced Services - Country WA PHN**

Activity Start Date: **On execution of Service Agreement**

Activity End Date: **30 June 2026**

B.1 Activity Description

The Contractor will establish a Youth Enhanced Services (YES) Program (Activity) to provide clinical treatment (including medication management – prescribing, monitoring, education) and associated support directed towards functional recovery to young people aged 12 -25 years who meet criteria for stage 1b-2[1] in the service model and their families. The goal of the Activity is maximise symptomatic and functional improvement/recovery through the provision of expert, multidisciplinary team-based care.

This will be achieved through the use of:

(a) developmentally appropriate multi-dimensional (transdiagnostic) assessments;

(b) personalised treatment planning;

(c) coordinated provision of acceptable stage-specific multi-faceted clinical treatments, psychological and social interventions and other supports;

(d) care coordination; and

(e) routine outcome monitoring aligned, accordingly.

The Contractor is required to deliver the Activity based on a co-developed local instance of the YES Model.

This must enable the sustainable provision of all essential elements of the YES model either directly or through formal partnerships. It is also essential that the service is functionally integrated with local headspace centres, first/early episode services, other relevant PHN commissioned services (in situ and virtual) and state-funded adolescent and/or youth mental health and AOD services and teams. It is essential this should include integrated access to MOST, the Orygen on-demand mental health service for young people currently being commissioned by WAPHA across WA. It is also important the provider develop referral and care pathways with general practice and other MBS funded allied health and specialists as well as government funded and/or provided welfare, employment, education/training and housing services.

Core clinical services will be provided by regulated practitioners complimented with appropriately trained, experienced, and supervised psychosocial support staff [trained in this model].

At a minimum this requires the service to have sufficient and timely access to:

- medical practitioners (psychiatry (psychiatrists including trainees) and/or psychiatry-supported general practitioners) and clinical psychologists to undertake comprehensive assessment and treatment planning,
- allied health practitioners (registered psychologists, occupational therapists, or social workers),
- registered nurses (including nurses with a sole qualification in mental health); and
- unregulated psychosocial support staff, as required and locally determined.

Specialist clinical provision can be from directly employed staff or brokered through formal agreements with Health Service Providers, for example, or a combination of both. The service and associated activities should be provided within an organisational clinical governance, safety and quality improvement framework that is risk assured. Arrangements must be in place to recognise and respond to clinical deterioration including pathways to emergency care.

1 Stage 1b: attenuated psychiatric and comorbid syndromes: characterised by increased symptom severity and specificity (moderate but sub-threshold), moderate neurocognitive changes (attention, learning, memory, executive functioning) comorbidity and moderate to severe functional decline:
GAF/SOFAS: 60-70, QIDS 11-20, YMRS >9

B.1.2 Principles, Core Components and Essential Elements of Care

The Activity is framed by the Youth Enhanced Service model[1] and described in a number of subsidiary and associated documents (see Annexure):

[1]Youth Enhanced Service model: underpinning principles and core components (Orygen, 2021)

[2]Youth mental health service models and approaches: considerations for primary care (Orygen 2018).

[3]Clinical Panel – Measures table (appended) developed in-house by Orygen for indicative options

Essential elements of care

Intake screening: The provider is required to develop a standardised referral and intake screening process. Data collection can be manualised (with or without inbuilt decision rules) and completed by a support worker. Criteria should be explicit and understandable to referrers. It should have the minimum information necessary but must include a brief safety screening (young persons and others)

Comprehensive assessment: The provider will develop a standardised process for comprehensive measurement-based assessment linked to the determination of clinical stage and the co-creation with the young person of a personalised treatment plan, matching preferences to evidence-based interventions (medical, psychological and social). This must be undertaken by or under supervision of a psychiatrist and clinical psychologist and balance symptom management with facilitating functional recovery.

At a minimum it will cover the elements listed below and include a formulation and management plan linked to recovery-oriented goals:

(1) mental health status

(2) physical health

(3) suicide and self-harm

(4) sleep-wake/circadian disturbance

(5) history: medical, developmental, family

(6) education and employment

(7) alcohol/substance use

(8) social relationships

(9) family relationships

(10) functional needs

Clinical staging

Clinical staging offers a framework that differentiates early clinical presentations from those seen during later or chronic phases of illness with YES designed to provide stage 1b-2 specific treatments, interventions, and supports aligned, accordingly.

Stage 1b: attenuated psychiatric and comorbid syndromes: characterised by increased symptom severity and specificity (moderate but sub-threshold), moderate neurocognitive changes (attention, learning, memory, executive functioning) comorbidity and moderate to severe functional decline:

GAF/SOFAS: 60-70, QIDS 11-20, YMRS >9

First episode of psychiatric syndrome/disorder: meets threshold for fully developed syndromal presentation characterised by sustained/persistent severe and specific major mood, anxiety, or psychotic condition/syndrome with major functional and neuropsychological impairment:

GAF/SOFAS: 40-60, QIDS >20, YMRS>15

B.2 General Requirements

The Activity provides integrated measurement-based clinical assessment, medically supervised treatment, psychological interventions, case management and other clinical, social and welfare support for young people aged 12-25 years, and their families, residing within the identified location, who meet clinical stage 1b-2 criteria as specified in the YES model of care.

B.2.1 Service implementation

A phased approach to implementation of this Activity is expected:

Co-development

The Contractor will establish a YES model co-development group, to localise the service design and implement the model of care within the parameters of the:

- Commonwealth guidance and funding for PHNs - https://www.health.gov.au/sites/default/files/documents/2021/04/primary-health-networks-phn-mental-health-care-guidance-child-and-youth-mental-health-services.pdf
- the Orygen YES Core components and underpinning principles <https://www.orygen.org.au/About/Service-Development/Youth-Enhanced-Services-National-Programs/Primary-Health-Network-resources/Youth-Enhanced-Service-Model-Core-Components-and-
- U/Orygen_YES_Model_Core_Components_Underpinning_Prin.aspx?ext,
- Youth mental health service models and approaches: Considerations for primary care https://www.orygen.org.au/About/Service-Development/Youth-Enhanced-Services-National-Programs/Primary-Health-Network-resources/Youth-mental-health-service-models-and-approaches/Youth-mental-health-service-models-and-approaches?ext= ;
- and other relevant and related materials including local headspace and state-based service policies and operations.

The group must include representatives from all relevant partner agencies and organisation and relevant providers identified in B.1. This must include, but is not limited to, headspace, state health services providers, and GPs, as well a representation from potential service users (local young people and their families).

The co-developed service design and implementation model of care must be completed and submitted to WAPHA in an agreed format for review/approval/acceptance on or before XDATEX.

Implementation

Service implementation is to begin once WAPHA has accepted/endorsed the service design and implementation model (timeframe?) with service delivery to begin on XDATEX.

B.2.2 Modality

The Services can be provided using the following modalities as informed by the Individual's needs:

(1) Individual Face-To-Face

Services are sessions/consultations that take place face to face with an Individual.

(2) Office/Centre Based

Services are sessions/consultations that take place face to face with an Individual at the Contractors premises or premises utilised by the Contractor for providing sessions/consultations.

(3) 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.

(4) Web-based/online

Services are web/online based training or sessions conducted via web-based technology. This is not about one-off contacts (online "hits" to a website or simple access to information) but is the structured delivery of training, education or therapy that assists an Individual to address behaviours or conditions.

(5) Outreach

Services are sessions/consultations that take place face to face in an environment that is suitable for the Individual or group of Individuals that is not the Contractors premises, or premises utilised by the Contractor for providing consultations (i.e. an Individuals home, a community centre or other suitable location).

B.2.3 Eligibility

(1) Mandatory Criteria

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

(a) experiencing severe mental illness where needs are too complex for primary care but do not qualify for state-based services and;

(b) Youth aged 12 – 25 years of age

B.2.4 Hours of Operation

The Services under the Activity are to be offered with extended hours (including outside office hours, weekends) as determined by co-development group based on local considerations.

B.2.5 Collaboration and Integration

As part of the Activity and in delivering the Services under the Activity the Contractor is to:

(1) establish a memorandum of understanding (MOU) with local health service providers, including the Western Australian Country Health Service as relevant, within proximity to the Contractors premises or premises utilised by the Contractor for providing sessions/consultations prior to service implementation.

(2) develop formal agreements with key partners, identifying responsibilities of each party and a commitment to work collaboratively.

(3) maximise the ability, and use of electronic health information sharing systems, including promoting the consent to such use by Individuals.

(4) work closely with other providers of related services to develop and maintain referral pathways.

(5) where appropriate promote and participate in shared care and planning arrangements.

B.2.6 Substantive Equality

The Contractor must abide by 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.2.7 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.2.8 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.2.9 Independent Evaluation of Activity

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.2.10 Accreditation Requirements – Mental Health and Suicide Prevention Minimum Standard

The Contractor is required to be accredited against one the following standards:

(1) National Safety and Quality Primary and Community Healthcare Standards, Australian Commission on Safety and Quality in Health Care 2021. Minimum requirement where the provider is directly responsible for the governance of medical services.

(2) National Safety and Quality Mental Health Standards for Community Managed Organisations, Australian Commission on Safety and Quality in Health Care 2022. Minimum requirement where the provision of medical services is under the governance of an external provider organisation.

Provider who are only currently accredited against the National Standards for Mental Health Services (2010) are not excluded where there is a transition plan to move to the relevant Australian Commission on Safety and Quality in Health Care managed standards cited above within one calendar year from contract execution. Re-accreditation is required to occur every three (3) years thereafter, before the accreditation expiry date.

B.2.11 Commonwealth Data Requirements - Primary Mental Health Care Minimum Data Set (PMHC-MDS)

The Contractor is required to comply with the requirements of the PMHC-MDS, as well as the following:

(1) all data specifications within the PMHC-MDS are mandatory;

(2) all data to be input to the PMHC-MDS no later than 31 days from its occurrence;

(3) for episodes coded as “closed – treatment concluded” a minimum of 70% are to have a valid clinical outcomes measure collected at “episode start” and “episode end”;

(4) provision of Services to Aboriginal and Torres Strait Islander persons are to be coded as being provided by a person that:

  (a) is of Aboriginal or Torres Strait Islander origin; or

  (b) is employed by an Aboriginal Community Controlled Health Service; or

  (c) has indicated they have completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.

(5) Any person who is referred to the Activity, who is flagged as being suicidal, is to be contacted within 7 days of receipt of the referral.

Further detail and information on the PMHC-MDS and the requirements that must be followed can be found at the following link: https://pmhc-mds.com/.

B.2.12 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.2.13 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 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.3 Performance Criteria

B.3.1 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 as outlined in this Agreement and subsequent co-developed model of service

(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.4 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.5 Governance and Risk Management

B.5.1 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.5.2 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.6 Branding and Activity Disclaimers

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.7 Location and Service Area

The Contractor 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:

PHN	Site Location(s)	Service Area(s)
Country WA	[Address(s) from which the Contractor will be providing the services]	Geraldton

---

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 Country WA PHN:

Financial Year	Fee Stream	Fee Amount (Ex. GST)	Total Fee (Inc. GST)
2024-2025	Mental Health and Suicide Prevention (MHSP)	$1,717,433.00	$1,889,176.30
	FY Total	**$1,717,433.00**	**$1,889,176.30**
2025-2026	Mental Health and Suicide Prevention (MHSP)	$1,746,629.00	$1,921,291.90
	FY Total	**$1,746,629.00**	**$1,921,291.90**
	Activity Total	**$3,464,062.00**	**$3,810,468.20**

C.2 Fee Streams

(1) Mental Health & Suicide Prevention (MHSP)

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.2.11.

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 Outcomes Map and 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
- are primarily the responsibility of state and territory governments; or
- are more appropriately funded through other programs.

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.

Where applicable; plans, reports and deliverables must clearly identify and provide information on each of the PHNs separately.

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 Mental Health Performance Indicators

Improved Health Equity	Target	How it is measured and collected
1. % of low socio-economic status	1. >50% clients residing in SEIFA deciles 1-3	1. Through the entry of information in the postcode field of the PMHC – MDS
2. % ATSI clients	2. >10% clients being Aboriginal status	2. Through the entry of information in the client ATSI field of the PMHC-MDS.
3. % services delivered to ATSI clients being delivered by a culturally appropriate trained health professional	3. 100% ATSI clients contact culturally appropriate	3. Through the entry of information in the Practitioner – ATSI Cultural Training filed of the PMHC-MDS.
Improved Patient Experience	Target	How it is measured and collected

1. % clients felt safe using this service 2. % clients had access to this service when they needed it 3. % clients reporting that their individuality and values were respected 4. % clients reporting positive overall experience in the last 3 months	1. >70% clients reporting usually or always 2. >70% clients reporting usually or always 3. >70% clients reporting usually or always 4. >70% clients reporting good, very good or excellent	Through the YES Survey which is administered via the PMHC-MDS to clients whose episodes have been closed.
Improved Health Outcomes	Target	How it is measured and collected
1. % of clients who demonstrate clinical improvement 2. Outcomes compliance 3. % clients at risk of suicide followed up within 7 days of referral	1. % clients clinically improved: >65% Severe/Very Severe, >50% Moderate, 35% Mild 2. >70% matched pairs on conclusion of episode 3. 100% clients at risk of suicide followed up within 7 days	1. Through the entry of information after undertaking the K10, K5 or SDQ and entering accordingly into the PMHC MDS. 2. Through the entry of information after undertaking the K10, K5 or SDQ and entering accordingly into the PMHC MDS 3. Through the suicide flag field under the PMHC MDS
Improved Cost Effectiveness	Target	How it is measured and collected
1. Total number of episodes 2. Average cost per episode	1. 5% increase on prior year 2. On par or below prior year	1. Through the number of Episodes of Care field through the PMHC MDS. 2. By dividing the amount of funding for that financial year by the total number of episodes (contained in PMHC MDS) in that financial year.

E.1 Financial Reports

E.1.1 Variances

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).

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	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 Variation.	-	-
F.2	2024-25 Payment 1	Satisfaction with Activity progress to date	1 Jul 2024	NOR - $00.00 SOU - $00.00	$00.00 $00.00
F.3	2024-25 Payment 2	Satisfaction with Activity progress to date.	1 Jan 2025	NOR - $00.00 SOU - $00.00	$00.00 $00.00
F.4	2024-25 Financial acquittal - unaudited	Submission of financial acquittal - unaudited in accordance with E.2.2 for the period from 1 July 2024 to 31 December 2025. [On Request by WAPHA]	31 Jan 2025	-	-
F.5	2024-25 Payment 3	Satisfaction with Activity progress to date.	1 Apr 2025	NOR - $00.00 SOU - $00.00	$00.00 $00.00
F.6	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	-	-

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