



# Declaration of Outputs and Outcomes Compliance for Funded Services

**Organisation:** Enter organisation name

**ABN:** Enter the ABN

**Compliance period:** 1 July 2019 – 30 June 2020

I the undersigned, as an authorised representative of Enter organisation name (Organisation), declare that:

- The Organisation has complied with the terms and conditions, and delivered the contracted services, of the Service Agreement(s) between the Disability Services Commission t/a Department of Communities (Disability Services) and the Organisation, as read with the [General Provisions for the Purchase of Community Services by Public Authorities October 2018 Edition](#) (General Provisions) as outlined below:

Service agreement type	Outputs delivered in full	All funding was utilised for the purpose for which it was allocated or, authority to use it otherwise was received
<b>Individually Funded Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Family Support Services</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<b>Service agreement type</b>	<b>Outputs delivered in full</b>	<b>All funding was utilised for the purpose for which it was allocated or, authority to use it otherwise was received</b>
<b>Disability Professional Services – Targeted</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Disability Professional Services – Comprehensive</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Advocacy</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Please note:

- Outputs are defined as the contracted services covered in the individual plans, or in the case of Disability Professional Services (DPS) the contracted services detailed in the Service Agreement(s).
2. I will provide a comprehensive explanatory report to accompany this Declaration in the event that the Organisation is not able to comply fully with the Service Agreement(s):

<b>Service Agreement Type</b>	<b>Explanatory note (if required):</b>
<b>Individually Funded Services</b>	Enter explanatory text.
<b>Family Support Services</b>	Enter explanatory text.
<b>Disability Professional Services – Targeted</b>	Enter explanatory text.
<b>Disability Professional Services – Comprehensive</b>	Enter explanatory text.
<b>Advocacy</b>	Enter explanatory text.

3. I will notify Disability Services of any operational, financial, strategic or governance risks that could impact the Organisation’s capacity to meet the conditions of the Service Agreement(s). Under the Service Agreement(s) and the Clauses 14, 15 and 16 of the General Provisions, the Organisation must notify Disability Services of

contract risks including, but not limited to, Notifiable Incidents and any legal action being taken against the Organisation. These obligations are continuous throughout the term of the Service Agreement(s).

4. I understand that the Organisation is required to comply with the access and record requirements of the Service Agreement(s) in accordance with Clause 6 and Clause 12 of the General Provisions. I understand that Disability Services reserves the right to request evidence in relation to this declaration.

**Signed:** \_\_\_\_\_

Enter name

Enter job title

**Date:** Enter the date

1. Please email the signed completed form to [funding@communities.wa.gov.au](mailto:funding@communities.wa.gov.au)
2. More information on [reporting requirements](#) can be found online.