GOVERNMENT OF WESTERN AUSTRALIA

Disability Services Commission

Declaration of Outputs and Outcomes Compliance to the Disability Services Commission for Funded Services

Organisation: [insert name of organisation]

I the undersigned, in my/our capacity as [insert title] of [insert name of organisation] declare that [insert name of organisation] has complied with the terms and conditions, and delivered the contracted services, of the Service Agreement, as read with the General Provisions for the Purchase of Community Services by Public Authorities:

Service Agreement Type	**Outputs[1] delivered in full.**	**All funding was utilised for the purpose for which it was allocated or, authority to use it otherwise was received.**	**Outcomes[2] have been met in full.**	**Compliance period, insert financial year or specific timeframe.**
Individually Funded Services	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
Family Support Services	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
Disability Professional Services - Targeted	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
Disability Professional Services - Comprehensive	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	
Recreation	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	

[1] 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.

[2] By end of June every year, service providers are required to enter information in ACDC on the number of Individual Plan Service Sections that have been started, reviewed and completed within specified time frames. Individuals Plans are compulsory and a start and review date must be recorded, with the exception of DPS - where detailed in their service agreement, DPS providers submit a performance report. Outcomes are not met if reporting on Individual Plans has not been undertaken within the specified time frame recorded in ACDC.

If no to any of the above, provide (or attach if required) explanatory notes including reference to under and over delivery of outputs. Requests to transfer hours to 2015/16 can also be made as part of the explanation:

Service Agreement Type	**Explanatory note (if required):**
Individually Funded Services	
Family Support Services	
Disability Professional Services - Targeted	
Disability Professional Services - Comprehensive	
Recreation	

I have no knowledge of any significant operational, financial, strategic and/or governance contract risk that would impact negatively on the Commission, [insert name of organisation] or people with disability. Furthermore I undertake to inform the Commission of any significant operational, financial, strategic and/or governance organisational change.

In the event that [insert name of organisation] is not able to comply fully, a comprehensive explanatory report will accompany this Declaration.

I am aware that under Section 13 of the General Provisions for the Purchase of Community Services by Public Authorities, Service Providers must keep their own records to support this declaration and allow the Commission and/or or the Office of the Auditor General access to these records if requested.

……..
Signed, [Insert title]

Date: Insert <dd/mm/yyyy>

- Please email the signed completed form to funding@dsc.wa.gov.au
- Reporting forms can be found at www.disability.wa.gov.au > Disability Service Providers.