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| Application for a Statement of Service |
| For child and family, community inclusion, and homelessness programs |
| FUNDED CONTRACT MANAGEMENT | Form | 23 February 2021 |

Instructions

Before filling in this form, read the guide to [Applying for a *Statement of Service*](https://www.facs.nsw.gov.au/providers/working-with-us/fcm-resources/applying-for-a-statement-of-service/).

When you’ve completed the form and signed the declaration, send the application by email to your DCJ contract manager.

# Application details

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| --- | --- |
| Date of application | Click here to enter a date. |
| Service provider name | <Organisation name> |
| Account ID  This can be obtained from the Contracting Portal. |  |
| Service provider’s representative  The contact person for this application. | Name:  Position:  Phone number:  Email address: |
| DCJ contract manager  This can be obtained from the Contracting Portal. |  |

# Applicable contract

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| --- | --- |
| Program contract ID  This can be obtained from the Contracting Portal. |  |
| Contract start and end dates  This can be obtained from the Contracting Portal. | Click here to enter a date. to Click here to enter a date. |

# *Statement of Service* requirements

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| Why is the *Statement of Service* required? |  |
| Which government agency requires the *Statement of Service*? | Name:  Address: |
| Are there any specific matters that must be addressed in the *Statement of Service*? |  |
| Who is the *Statement of Service* to be sent to? | Name:  Position:  Email address: |

# Part 2. Service provider’s declaration

1. As authorised representatives of <Organisation name>:
   1. we confirm that our governing body is aware of this application;
   2. we understand that in fulfilling our request for a *Statement of Service*, you have an obligation to provide details about the contractual arrangements with us as well as relevant information about our organisation, drawn from your experience in funding and interacting with us;
   3. we understand that details about the contract and relevant information our organisation will include:
      1. the period of funding and the amount funded (either as a total or annual figures);
      2. the services or activities being funded, and the requirements for performance and reporting; and
      3. whether there have been any issues with compliance with the terms and conditions of the contract, or known performance issues, stated as ‘Yes’ or ‘No’, only; and
   4. you will request that all information provided about us remains confidential.

Please use the signature block that applies to your organisation. Note that each person signing for the organisation must be an [authorised or delegated signatory](https://www.facs.nsw.gov.au/providers/funded/resources/authorised-signatories).

#### Signature block for organisations with multiple authorised signatories

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* |  | *Name* |
|  |  |  |
| *Position* |  | *Position* |
|  |  |  |
| *Signature* |  | *Signature* |
|  |  |  |
| *Date* |  | *Date* |

#### Signature block for organisations with one authorised signatory

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Name* |  | *Witness name* |
|  |  |  |
| *Position* |  |  |
|  |  |  |
| *Signature* |  | *Signature* |
|  |  |  |
| *Date* |  | *Date* |