



Declaration of Outputs and Outcomes Compliance for Funded Services

Organisation: _____

ABN: _____

I the undersigned, in my/our capacity as (job title) _____ of (organisation name) _____ declare that (organisation name) _____ 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 delivered in full	All funding was utilised for the purpose for which it was allocated or, authority to use it otherwise was received	Outcomes have been met in full	Compliance period, insert financial year or specific timeframe
Individually Funded Services	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Family Support Services	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Disability Professional Services – Targeted	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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	Outcomes have been met in full	Compliance period, insert financial year or specific timeframe
Disability Professional Services – Comprehensive	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Recreation	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Advocacy	<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	<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.
- 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.

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

Service Agreement Type	Explanatory note (if required):
Recreation	
Advocacy	

I have no knowledge of any significant operational, financial, strategic and/or governance contract risk that would impact negatively on the Department for Communities, Disability Services, (organisation name) _____ or people with disability. Furthermore, I undertake to inform the Department for Communities, Disability Services of any significant operational, financial, strategic and/or governance organisational change. In the event that (organisation name) _____ 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 Disability Services and/or or the Office of the Auditor General access to these records if requested.

(signature) _____

Signed, (job title) _____

Date: _____

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