

Contact name

Providers name

Address

Tēnā koe **First name**

Further to our recent communication, please review this Grant and provided that it is satisfactory, arrange to have it signed in accordance with the rules of your organisation. Please ensure the following:

- the Grant is signed, scanned and emailed as a PDF to **Contract_Development_Team@ot.govt.nz / Advisor Email address**
- the scanned document includes the whole Grant with all pages in order
- the Grant is not annotated other than in the designated areas. If you have any additions please contact me.

Please forward an invoice to me. Please ensure:

- the invoice is completed with the specified amount as per Inland Revenue guidelines
- if not done so previously, a blank bank deposit slip is supplied.

Further points to note:

- The Grant does not come into force until it is signed by both Parties; and
- A copy of the Grant will be emailed to you at **(provider email address)** once it has been signed on behalf of the Crown.

Purpose of this grant

Oranga Tamariki—Ministry for Children (**Oranga Tamariki**) would like to grant **Provider name (The Provider)** a total of **\$0.00** excluding GST under the terms and conditions contained in this Grant.

This Grant has been made to the Provider to provide the following Activity/Initiative:

Activity/Initiative	Service Area
Services description	(Delete TA and SDU)

Payment

Oranga Tamariki will pay the Grant to the Provider as follows:

Payment	Payment is subject to:
\$0.00	Following the signing of this Grant by both Parties and upon receipt of a valid Tax Invoice.
\$0.00	Total funding payable under this Grant excluding GST.

Please note these payments exclude GST. However, payments for GST registered providers will have GST added subject to the terms and conditions of this Grant.

Reporting

Report on the achievement of key milestones for the Activity/Initiative. The Provider will complete delivery of the Activity/Initiative and provide a final report upon completion or cessation, as detailed in in Appendix One/Two of this Grant. This should be submitted no later than DD Month YYYY.

Terms and conditions of Grant

Oranga Tamariki is paying the Grant to the Provider under the following terms and conditions:

1. The Provider must only use the Grant for the Activity/Initiative.
2. The Provider will inform Oranga Tamariki of any funding received from any other source for the Activity/Initiative.
3. The Provider agrees to acknowledge the assistance of Oranga Tamariki in any publicity about the Activity/Initiative.
4. The Provider will not do or omit to do any act that brings Oranga Tamariki into disrepute.
5. The Provider will repay a portion of the funding paid by Oranga Tamariki, if either the Provider does not satisfactorily deliver the Activity/Initiative; or does not complete the Activity/Initiative because this Grant is terminated. This Grant is a one-off contribution to the Activity/Initiative for the term. Oranga Tamariki cannot guarantee that there will be any money available to further fund the Activity/Initiative after the term and the Provider should not expect or rely on continuing funding.
6. This Grant may be superseded by a subsequent grant. Both parties will negotiate in good faith if entering into a subsequent grant.
7. Oranga Tamariki reserves the right to terminate the Grant if you do not comply with these terms and conditions.
8. The Provider will not subcontract or assign the benefits or obligations of this Grant with any organisation other than an organisation/s specified in this Grant without prior written permission from Oranga Tamariki, and no third party may enforce this Grant.

Signatures (Ensure all signatories are on the same page with text.)

Oranga Tamariki—Ministry for Children

Signed by

Commissioning & Market Building

Signed

Date

Name

Signed by

Name

Designation

Signed

Date

Signed by

Name

Designation

Signed

Date

If you have any questions regarding this Grant or if there is a change in the circumstances under which you operate or to the Activity/Initiative being provided, please contact me.

Nāku iti nei, nā

Name

Advisor, Partnering for Outcomes

Phone

Email

Provider Return Report

Provider name Report Form for Period 01 July 2021 to 30 June 2022

Report Due Date
Upon completion of the Project, but no later than (manually enter final reporting date).

Signed by: _____

Date: _____

Name: _____

Position: _____

Project / Service Description (choose one and delete instruction)	Unit of Measure	Quantity of Project / Service	Report Actual
Services description	Primary Reporting measure	1	
	Secondary reporting measures	Report actual	
	Secondary reporting measures	Report actual	
	Secondary reporting measures	Report actual	

<p>Narrative section [If the report is not required quarterly insert: to be completed twice per year – due 10 October YYYY and 5 December YYYY or to be completed once per year – due 10 July YYYY]</p>
<p>Please provide (in brief) the following information:</p>
<p>An explanation of the variance (if any) between volumes contracted and volumes delivered.</p>
<p>The highlights/achievements over reporting period.</p>
<p>A description of the issues, trends, gaps and challenges for this service.</p>
<p>Please also provide information on how you know your service is making a difference for clients. If you do not currently collect information on this, please tell us how you plan to collect this information in the future.</p> <p>Guidance: Below are Results Based Accountability (RBA) performance measures for assessing the effectiveness and efficiency of services. These can help you identify the type of information you would need to include to report on this.</p>
<p>Service quality and efficiency</p>
<p>An explanation of how you assess the quality and efficiency of the service.</p> <p><i>This can include things such as timeliness of service, service accessibility and reach, qualifications of staff delivering the service, staffing ratios, and/or the professional or organisational practice standards that staff work under.</i></p>
<p>Service effectiveness</p>
<p>The service/programme objectives</p> <p><i>Information on what results you expect to achieve for clients through the delivery of the service/programme.</i></p>
<p>The evidence that you have that indicates the success or otherwise of the service/programme meeting its objectives.</p>

<i>This can include information from client evaluations, provider assessments and service evaluations.</i>
A summary of what the evidence shows – ie, whether anyone was better off as a result of the service/programme. <i>This could include an improvement in client skills/knowledge, attitude, behaviour and life circumstances.</i>

Important note: If you are submitting your Provider Return Report by email please send it to **ENTER THE CONTRACT MANAGER'S EMAIL**.

THIS NARRATIVE SECTION ONLY APPLIES TO SOCIAL CAMPAIGNS CONTRACTING. PLEASE DELETE IF NOT REQUIRED
Narrative section: to be completed once per year – due Enter Required Date
Please provide the following information:
An explanation of the variance (if any) between the service measures funded and the service measures delivered.
What were the highlights/achievements of this project for your organisation?
What were some of the challenges you faced with this project?
Outcomes and reflections
What were the outcomes/results – intended and unintended?
Are there any learnings from the activities that you would like to share?
How has the project contributed to improved attitudes and behaviours?

Important note: If you are submitting your Provider Return Report by email please send it to **ENTER THE CONTRACT MANAGER'S EMAIL**.