



SERVICE PROVIDER ANNUAL COMPLIANCE (ACR) RETURN 2016

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|-----------------------------|--|
| SERVICE PROVIDER NAME: | |
| SERVICE PROVIDER/VENDOR ID: | |

I/We, the duly authorised signatory for the above service provider, confirm that the Chair of the Board of Management and/or Management Committee and CEO/General Manager are aware of all ongoing responsibilities and contractual obligations for compliance with the terms and conditions of the Funding Contract between the organisation and TfNSW, which include:

| (please tick as appropriate) | Compliant | Not Compliant # |
|---|--------------------------|--------------------------|
| 1) Provision of accurate and timely Reporting of data | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Compliance with relevant legislation, policy and CHSP/CCSP/CTP standards including: | | |
| a) Legislated criminal record and working with children checks | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Community Care Common Standards | | |
| c) Third Party Verification | | |
| d) Implementation of appropriate probity in employment checks | | |
| 3) Compliance with Driver Authorisation requirements | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Maintaining appropriate levels of insurance including agreed levels of public indemnity and adequate cover for volunteers | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Maintaining appropriate complaints handling practices | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Meeting the agreed Outputs and Outcomes as specified in the Schedules of Service/Program Guidelines | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Ensuring risk identification, risk management and reporting requirements are in place. | <input type="checkbox"/> | <input type="checkbox"/> |

see definitions on Action Plan

I/We certify, as duly authorised representative/s on behalf of this organisation, that the above answers are a true and accurate and reliable view of the current performance of the organisation. To the best of my/our knowledge and belief there are no circumstances which render any information provided to be misleading, inaccurate or unreliable.

I/We confirm that these results have been agreed/endorsed by the Chair of the Board of Management and/or Management Committee and CEO/General Manager and that they have been provided a copy of the attached Action Plan indicating the steps being taken to address partial and/or non-compliance. The Board will ensure that areas identified as partial and/or non compliance will be addressed as outlined in the attached Action Plan.

Signature

Signature

Name of authorised representative

Name of authorised representative

Date

Date

Please print, sign and return to the Annual Compliance Return 31 October 2016
EMAIL: community.transport@transport.nsw.gov.au
POST: Accounts Officer, Community Transport Agreements, Level 6, Wentworth St PARRAMATTA NSW 2124

SERVICE PROVIDER COMPLIANCE ACTION PLAN

Definition of Terms

- **Compliant** – the organisation currently complies with ALL requirements as set out in the TfNSW Funding Contract.
- **Partially Compliant** – the requirements are not fully met or the outcome is only partly effective.
- **Not Compliant** – the requirements are not met or the outcome is not effective.

This Action Plan is to be completed where there are items marked partially compliant or non-compliant in the ACR. The Action Plan is to be brought to the attention of the Board prior to submission to TfNSW to remind members of their fiduciary and organisational responsibilities and ensure the risks associated with partial and/or non-compliance are being suitably addressed.

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|------------------------------------|--|
| SERVICE PROVIDER NAME: | |
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Actions and Timeframes **please attach a separate sheet if required*

| Area of partial or non-compliance | Outcome to be achieved | Action to be undertaken | Responsibility / Due date |
|---|------------------------|-------------------------|---------------------------|
| 1. Reporting of Data | | | |
| 2. Legislation, Policy, HACC, STP, Disability Standards | | | |
| 3. Driver Authorisation | | | |
| 4. Insurance | | | |
| 5. Complaints | | | |
| 6. Outputs and Outcomes | | | |
| 7. Risk Management | | | |